



PREAUTHORIZED BANK DRAFT WITHDRAWAL

I authorize KSKJ Life to draft specified premiums from the account listed below. I understand the draft will occur on the date I select in Section A. If I select no date, the debit will occur upon approval.

Section A—Draft Date and Banking Information

Please indicate your preferred draft date (1st–28th):

Month _____ Date* _____ **Please indicate a date between the 1st and 28th only.*

Dates not available: 29th - 30th - 31st

Insured Name
Insured Address
City _____ State _____

New applications only: Would you like the initial premium to be drafted upon approval? Yes No

Payor Name _____

Payor Phone # _____
(Best number to be reached at Mon-Fri 9 a.m. - 4 p.m.)

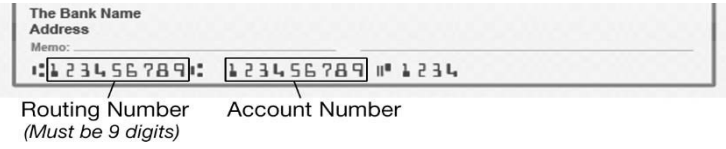
Bank Name _____

Bank Address _____

Routing # _____

Account # _____

Checking Savings



Please do not send in a bank deposit slip in place of a voided check for setting up bank drafts. Some banks use different routing numbers on the deposit slip and checks. If the wrong routing number is used, this can result in NSF drafts.

Section B—Preauthorized Bank Draft Withdrawal Terms and Conditions

It is agreed that:

1. KSKJ Life debits your account monthly on the date you specify above. You will not receive a premium notice.
2. KSKJ Life may immediately terminate the Preauthorized Bank Draft Withdrawal agreement if any check is not paid upon presentation.
3. The Preauthorized Bank Draft Withdrawal's use shall in no way alter or amend policy provisions with respect to termination.
4. **Should your preferred draft date fall on a holiday or weekend, the funds will be withdrawn on the next business day.**

Section C—Signatures

By signing below, the account holder(s) acknowledge they have received, read, and agreed to the Preauthorized Bank Draft Withdrawal agreement's terms and conditions. Signatures should appear the same as on bank records.

Print Authorized Account Holder's Name _____

Print Additional Authorized Account Holder Name(s) _____

Authorized Account Holder's Signature _____ Date _____

Additional Authorized Account Holder Signature(s) _____ Date _____

Please attach a copy of a voided check with this form and send with application —REQUIRED

HOME OFFICE USE ONLY	
Certificate # _____	Premium Amount \$ _____
<input type="checkbox"/> Initial Premium	<input type="checkbox"/> New Bank Draft
<input type="checkbox"/> Change: _____ Date _____ Bank _____	
Notes: _____	