

**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS TO
Alfa Life Insurance Corporation
Montgomery, Alabama**

Please provide policyowner contact information should we have any questions.

Phone Number: _____ Email Address: _____

Bank Name: _____

Account Number: _____

Life Policy Number(s): _____
List all policies to draft on this bank account

Payor Name: _____ Payor Address: _____
Must match check information

Insured's Name: _____

If this is a Universal Life policy, indicate correct monthly Planned Periodic Premium: \$ _____

Choose a PAC draft day between the 1st and 28th of the month that the premium is due. PAC Draft Day (1-28)*: _____

ALFA CANNOT GUARANTEE THE PROCESSING OF PAC CHANGES IF NOT RECEIVED IN HOME OFFICE AT LEAST THREE (3) DAYS PRIOR TO THE NEXT SCHEDULED DRAFT.

ATTACH VOID CHECK HERE

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks, drafts and other orders whether by electronic or by paper means drawn on my account by and payable to the order of Alfa Life Insurance Corporation, Montgomery, Alabama, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice and have had reasonable opportunity to act on it prior to charging my account, I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Signature of Payor (as listed on bank account) _____
Date

Social Security Number of Payor

Owner Signature (if making payor change)

AGREEMENT WITH THE BANK

In consideration of your agreement to participate in the arrangement authorized by your depositor, whereby amounts payable to this Company are collected by you through items drawn by the Company on the account of your depositor, Alfa Life Insurance Corporation ("Company") hereby agrees:

To indemnify and hold you harmless from any loss, including the reasonable costs of defending any legal action you may suffer as a result of any act or omission of your bank in connection with any item drawn and presented to you by Alfa Life Insurance Corporation pursuant to the authorization on the reverse side, whether or not such loss resulted from an intentional or inadvertent dishonor of such item or results in the forfeiture of insurance coverage, except that notice of dishonor must be given to the Company promptly in accordance with accepted banking practices, and except that the Company will only refund any amounts paid by you on any item presented by the Company for payment and wrongfully or erroneously paid by you, provided that notice and demand for same is made within twelve (12) months of the date such item is charged to customer's account.

Either party may terminate participation in this agreement by giving thirty (30) days notice to the other party and to the customer. The agreement shall automatically terminate, as to any individual customer, immediately upon the closing of the customer's account or upon your receipt of written notice from the customer revoking such customer's authorization. Termination of this agreement shall not terminate or extinguish the Company's liability hereunder with respect to pretermination acts, omissions or breaches of covenants.

Alfa Life Insurance Corporation

