Select Company Bankers Life and Casualty Company Colonial Penn Life Insurance Company Bankers Life and Casualty Company P.O. Box 2022 Colonial Penn Life Insurance Company Carmel, IN 46082-2022 Customer Service: 1-800-621-3724 Fax: 1-800-757-6324 **Automatic Monthly Bank Draft Authorization for Premium Payments** Authorization (Required) By signing this form, I (bank account owner) understand and accept these terms and conditions: I authorize CNO Services, LLC (the Company), on behalf of the above selected insurance company, to make electronic transfers from my account. The company will withdraw the scheduled premium payments from my account on or within 72 hours of the draft day. If a premium is not paid in full or in a timely manner for any reason, the Company shall not incur any liability for forfeiture of insurance, if any. If the first attempt at payment is returned for non-sufficient funds, the Company will try to withdraw payment with a second attempt. The Company will not be responsible for any non-sufficient bank fees. If I wish to cancel this authorization, I will provide 10 business days advanced notice to the Company by calling the number above. Before notice is received, and for a reasonable time after receipt of notice, the Company may honor any debit to my account without incurring any liability. I agree that the amount to be drafted and date of drafting may be changed under this authorization orally or in writing. See reverse for important information on the use of funds from a qualified account to pay your annuity and universal life premiums. Bank Account Owner Signature (Required) Date (Required) Policy and Account Information (If more than three policies, please attach additional forms) Policy Owner Name (Required) Amount Policy Number (Required) PLEASE PRINT Optional (Universal Life and Annuities Only) Arrears Payments – (This section is for active policies that are two or more payments behind) If your policy has lapsed please refer to your policy for reinstatement provisions. Please indicate how outstanding premiums will be paid: ☐ I have submitted a check for \$ ☐ I authorize payments against the account above for all outstanding premiums due. Please indicate timing below: Requested Date (Must be prior to lapse date) ☐ Immediately Rank Account Information (Required)

Built Account Information (Regun	ou,	
Bank Account Owner's Name		
Bank Account Owner's Address		
Name of Bank or Credit Union		
Routing Number	Account Number	
	, coosum rumsor	
Account Type ☐ Checking ☐ Savings		
Draft Day (1st – 28th Only) If no date is selected, the issue day will be defaulted.		

		2400
PAY		19 91-548/1221
TO THE ORDER OF		\$
		DOLLARS
		
FOR		
(122105278)	6724301068"	2400
Routing Number	Account Number	Check Number

A voided check is not required, but is encouraged to ensure accuracy.

Routing Number: Must be 9 digits, starts with 0,1,2 or 3. Routing numbers appear between the : symbols on your check.

Account number: Can be up to 17 digits. NOT a debit/credit card number. The account number will appear next to the resymbol.

Important Disclosures for Annuity and Universal Life Premium Payments Funded by or in Qualified Accounts
Bankers Life and Casualty requires your agent to provide you certain disclosures when she/he recommends that you use
funds from a qualified account, such as a 401(k) or an IRA, to pay premium for your annuity or universal life policy. If
your agent recommended that you use qualified funds to purchase a product, other than an annuity or universal life
product, or that you use qualified funds to pay your annuity or universal life premium and you did not receive the
Bankers Life and Casualty Annuity or Universal Life Disclosure Notice with that recommendation, or previously with
regard to recommendations relating to your annuity or universal life product, please contact us at 800-497-9946 so that
we can provide the disclosure to you.