



AUTHORIZATION FOR AUTOMATIC DEPOSITS

I (we) hereby authorize Assurity Life Insurance Company (*Company*) to make deposits to my (*our*) account at the depository institution shown on void check and I authorize the depository institution to accept these deposits. Such authorization does not allow the Company to debit entries to my (*our*) account.

This authorization will continue until I notify Assurity Life Insurance in writing to stop. Such notification will not affect deposits already sent to the bank.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Automated Clearing House Association and agrees to be bound thereby.

_____ *Date (MM/DD/YYYY)* _____ *Agent Signature*

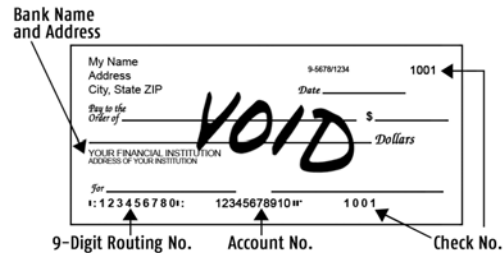
Agent's Identification No. _____ (if new agent, provide last six digits of Social Security No. or Tax I.D. No.)

Agent's Name (printed) _____

Agent's Address _____
Street Address _____ *City* _____ *State* _____ *Zip+4*

Agent's Phone No. _____ Agent's Email _____

Please confirm that your routing number and account number are correct.
**TO ENSURE CODING ACCURACY,
 ATTACH VOIDED CHECK**



Depository Institution _____ Type of Account: Checking Savings

Address _____
Street address _____ *City* _____ *State* _____ *ZIP +4*

Nine-digit Bank Routing No. _____ Account No. _____

Notes for completing form:

Indicate if checking or savings account;

Ensure that all information has been entered;

Date and sign;

If returning by mail, attach a VOID CHECK and mail to the address shown above, Attn: Contracting Department;

If returning by fax, confirm that your routing number and account number are correct and fax to (402) 437-3865.