

PREAUTHORIZED CHECK AGREEMENT

If adding to an existing bank draft policy, please list policy number here _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP

Withdrawal Day: (circle one) 7 14 21 28

Policies to be included:

If you are setting up a new bank draft, complete all the the sections below. _____

Name of Bank _____

Name of Branch (if any) _____

Address of Bank _____

City _____ State _____ Zip _____

Bank Account Number _____

Pre-authorized Check Agreement

Terms and conditions:

I agree that the presentation of such withdrawals to the institution named above shall constitute due notice of premiums being due upon the policy or policies. I agree that if any withdrawal for the payment of premium is dishonored, or if the amount has been refunded to the bank on its request, the premium shall be considered to be in default and if payment of premium in default is not made within 31 days of the date on which such premium was due, the policy shall terminate except as may otherwise be provided in the policy.

I agree that this arrangement may be discontinued by either of us for any reason at any time upon written notice to the other. On or after such discontinuance, premiums shall be payable as provided for in the policy and at the Company's rate for the method of payment selected.

I hereby authorize North America Life Insurance Company of Texas also acting as Administrator for Lincoln Memorial Life Insurance Company, World Insurance Company and Memorial Service Life Insurance Company, to make withdrawals each month against the account at the institution listed above, for the purposes of paying premiums on the policy or policies listed above.

I agree that this request is subject to the terms and conditions above.

Bank Depositor's Signature _____ Date _____