Now You'll Never Have To Write Another Insurance Check To Colonial Penn Again!

Take advantage of Colonial Penn's **Automatic Premium Payment Plan** *NOW* and your payment will be automatically deducted from your bank account on the date that is best for you.

Here's How to Sign Up Today:

- 1. Please complete all of the information requested. Be sure to elect your deduction date and tell us the month and day you'd like your deductions to begin. Sign and date the authorization below. Be assured that Colonial Penn honors the confidentiality of all the information you provide us.
- 2. Return this form, in the return envelope provided. If you have a checking or money market account, attach a voided check; if you have a savings account, attach a pre-printed deposit slip. After we receive your information, we'll set up your automatic deduction.

| receive your information, we'll set up your automatic deduction. | | | | | |
|---|--|----------|--|-----------|--|
| Insured's Name(s) | | | | | |
| Insurance Account Number(s) or Billing Case Number | | | | | |
| Insured's Address | | | | Apt.# | |
| City | | State | | Zip | |
| Insured's Telephone # (area code) | | | | | |
| Bank Name | Bank Telephone # (area code) | | | | |
| I would like my prem | iums deducted from my: Checking Savings Money Market Account | | | | |
| Premium Deduction Day (choose any day from the 3rd to the 28th of the month): | | | | | |
| Month/Day you want deductions to begin: | | | | | |
| Authorization for Automatic Premium Payment Deduction I authorize Colonial Penn Life Insurance Company to charge my insurance premiums, including past due amounts, to my bank account on or after the day I have selected below. I understand that if a draft on my bank account fails due to insufficient available funds, Colonial Penn will submit the draft again within a week. This authorization is to remain in effect until I inform Colonial Penn otherwise and allow reasonable time to cancel this payment arrangement. | | | | | |
| Payor's Signature (As n | ame appears on bank account | <i>,</i> | | ay's Date | |
| CHECKING OR MONEY MARKET ACCOUNT, ATTACH YOUR VOIDED CHECK HERE. | | | | | |
| IF YOU WANT US TO DEDUCT PREMIUMS FROM YOUR SAVINGS ACCOUNT, ATTACH YOUR PRE-PRINTED DEPOSIT SLIP HERE. | | | | | |

Colonial Penn Life Insurance Company, Policy Holder Services Dept. PO Box 1918, Carmel, IN 46082

Any Questions?
Call Us Toll Free
1-800-523-9100 for Life Insurance
1-800-523-4000 for Health Insurance
8:30 AM - 5:30 PM