PROSPERITY LIFE GROUP®

SBLI USA Life Insurance Company, Inc.
S.USA Life Insurance Company, Inc.
Shenandoah Life Insurance Company
(Each the "Company")
Members of the Prosperity Life Group†

PREMIUM PAYMENT AUTHORIZATION FORM

Insured Name: _____ Policy Number: _____

☐ New Application

☐ Existing Policy
(This authorization shall replace any previous authorization)

AUTHORIZATION AND SIGNATURE

As a convenience to me, I hereby authorize the Company to make charges from my debit/credit card identified below or withdrawals from my bank account with the financial institution identified below ("withdrawals") for payment of insurance premiums becoming due. I understand that these charges will continue until my policy has been paid-up or until I revoke this Authorization. This Authorization is subject to the following conditions:

- Authorized withdrawals constitute due notice of premiums being due.
- I must give the Company at least 7 days' written notice of a change to an upcoming withdrawal or revocation of this Authorization.
- Amounts not honored by the bank or credit card company shall constitute non-payment of premium, and coverage may lapse.
- The Company may discontinue withdrawals at any time and bill me directly.

Accountholder's Name: _____
(Name printed exactly as it appears on account)

Accountholder's Signature: _____ Date: _____

Address on Account: _____

Relationship to Proposed Insured/Insured:

☐ Self

☐ Other, describe:_____

SECTION 1: PREMIUM PAYMENT DATE

The options below allow you to select the date that best fits your needs. If you are submitting this form with an application for a new policy, please note that coverage will not be effective until we receive your first premium payment.

Mode (choose one): ☐ **Monthly** ☐ **Quarterly** ☐ **Semi-Annual** ☐ **Annual**

Payment Date (choose one):

☐ Draft/charge on policy effective date and on same modal date thereafter (default if no selection made)

☐ Draft/charge on specific day of the month _____ (1 to 28) and on same modal date thereafter*

☐ Check this box if the 1st or 3rd was selected above and the draft/charge is linked to your monthly Social Security deposit**

☐ Draft/charge on the 2nd, 3rd, or 4th Wednesday of every month based on the payor's birthdate**

(DOB: _____)

Birthdates: 1st to 10th (second Wednesday), 11th to 20th (third Wednesday), 21st to 31st (fourth Wednesday)

* For a new insurance application, the initial draft/charge date must occur within 35 days after the application is signed. For an existing policy, this form must be received at least 7 days prior to the requested draft/charge date, otherwise the draft/charge will begin the following month.

**** Note: For these selections, if the date you selected falls on a weekend or holiday, deduction will be on prior business day. All other selections, if draft/change date falls on a weekend or holiday, deduction will be on next business day.**

PREMIUM PAYMENT AUTHORIZATION FORM (Continued)

SECTION 2: PAYMENT METHOD

Select one of the three payment options below:

☐ **Electronic Fund Transfer (EFT)**

Bank Name: _____

Routing Number: _____ Account Number: _____

Checking or Savings:_____ (not all banks allow EFT debit to a savings account)

☐ **Direct Express Master Card**

Card Number: 5332 48 ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ OR

Card Number: 5115 63 ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration Date: _____ CCV: _____

Address at time of card issuance: _____

City/State/Zip: _____

Phone Number: _____

☐ **Debit Visa or Debit Master Card Linked to a Bank Account**

Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration Date: _____ CCV: _____

Address at time of card issuance: _____

City/State/Zip: _____

Phone Number: _____

Mail form to:

SBLI USA Life Insurance Company, Inc.
100 West 33rd Street, Suite 1007
New York, NY 10001-2914
1-877-725-4872

S.USA Life Insurance Company, Inc.
P.O. Box 1050
Newark, NJ 07101-1050
1-866-787-2123

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P.O. Box 12847
Roanoke, VA 24029
1-800-848-5433, ext. 62059

† *Only SBLI USA Life Insurance Company, Inc. is licensed in New York.*