



Pre-Authorized Annuity Loan Payment Plan

Complete the authorization form below, attach a voided check, and return it to us at the P.O. Box address above.

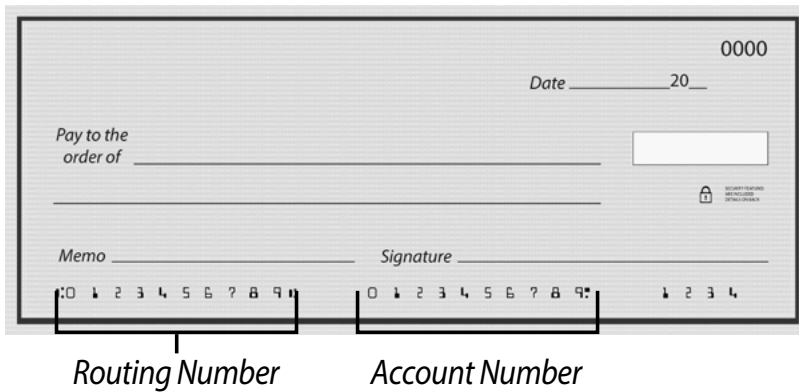
Annuitant Name: _____

Policy Number: _____

Phone Number: (with area code) _____

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____



0000
Date _____ 20____
Pay to the order of _____
Memo _____ Signature _____
MICR line: ⑆ 0 1 2 3 4 5 6 7 8 9 ⑆ 0 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 4

Routing Number Account Number

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I hereby request and authorize American Fidelity to deduct from my account funds representing loan payments due to American Fidelity. I agree that American Fidelity's rights in respect to each such deduction shall be the same as if it were a check payable to American Fidelity and signed personally by me. This authorization will remain in effect until American Fidelity receives revocation in writing from me in the form required by American Fidelity. I agree that American Fidelity shall be fully protected in honoring any such payment.

I further agree that if such ACH debit be dishonored, whether with or without cause and whether intentionally or inadvertently, such dishonor could result in a defaulted loan. If declared in default, I understand the outstanding loan balance will be reported as taxable income to me.

Account Owner's Signature: _____

Date: _____