U.S. FINANCIAL LIFE Insurance Co.
An AXA Financial Company

P. O Box 4763
Syracuse, New York 13221
Phone: (800) 959-3894
Fax: (315) 477-2828
USFLI-POS@AXA-Equitable.com

FORM MUST BE COMPLETED IN FULL AND ACCOMPANIED BY A PERSONAL CHECK MARKED "VOID."

AUTHORIZATION TO U.S. FINANCIAL LIFE INSURANCE COMPANY TO INITIATE DEBIT ENTRIES ON BANK ACCOUNT

For the purpose of paying premiums for insurance on the life of

_____
Name of Insured/Proposed Insured

Issued under Application No. _____ or, in force under Policy No. _____

I hereby authorize U.S. Financial Life Insurance Company to initiate debit entries, from my account at:

Bank Name	Bank Account No.	Routing No. (First 9 digits in the left-hand corner of check)

City	State	Zip

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Such authorization to be revocable only upon receipt by U.S. Financial Life Insurance Company of a written revocation. I agree that the initiation of such debit entries to such bank shall constitute due notice of premiums being due upon the policy.

My debit date is the same as the policy date unless otherwise indicated **(Debit date cannot exceed 5 days from effective date of policy)**:

The debit will occur in the next policy month on the date selected.

Other Date ☐1 ☐5 ☐10 ☐15 ☐20 ☐25

Universal Life Only – The debit must always occur on or before the effective day of the contract unless an additional modal payment(s) is made prior to onset of draft.

AS POLICYOWNER, I HEREBY NAME THE INDIVIDUAL NAMED BELOW AND NAMED ON THE ATTACHED VOIDED CHECK AS PAYER OF MY POLICY. AN ACKNOWLEDGEMENT OF THAT CHANGE WILL BE SENT TO ME AT MY ADDRESS OF RECORD AND TO THE PAYER AT THE ADDRESS SHOWN BELOW.

_____ _____
POLICY OWNER SIGNATURE DATE

AUTHORIZATION TO MY BANK TO HONOR DEBIT ENTRIES ON BANK ACCOUNT

I hereby request and authorize my bank to honor debit entries, with said debits made to my account and drawn by U. S. Financial Life Insurance Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the bank's rights in respect to such debit shall be the same as if a check was written and signed personally by me. I hereby agree that if any debit is not paid by the bank for any reason, with or without cause or whether such nonpayment is intentional, inadvertent, or otherwise, the bank shall be under no liability whatsoever, even though such nonpayment results in the forfeiture of insurance. This authorization is to remain in full force and effect until revoked by me upon 30 days written notice, and until the bank actually receives such notice I agree that the bank shall be fully protected in honoring any such debit to my account.

_____ _____ _____
PRINT NAME OF PAYER DATE PAYER STREET ADDRESS

_____ _____
SIGNATUREOF PAYER (As it appears on bank records) CITY, STATE, ZIP