

## Agreement for Electronic Fund Transfer

☐ Lincoln Benefit Life Company, PO Box 80469, Lincoln, NE 68501 Life Fax: 866-525-5433 Annuity Fax: 877-525-2689

☐ Allstate Life Insurance Company, PO Box 80469, Lincoln, NE 68501 Life Fax: 877-255-1329 Annuity Fax: 877-525-2689

I (we) authorize Allstate Life Insurance Company or Lincoln Benefit Life Company ("**The Company**") and its other affiliates to debit my (our) account indicated to pay the premiums/payments, and other charges (such as non-sufficient funds), from the account listed on the attached documentation/voided check. In addition, I (we) have read and agree to the provisions which appear below.

This agreement is for: ☐ New ☐ In-Force Policy(ies)/Contract(s). If for In-Force business, list policy/contract numbers to be billed from this account.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**The Company** will use the policy/contract effective date as the draft date unless an alternate draft date is requested.

☐ I would like to use an alternate draft date \_\_\_\_\_ *(Additional premium/payment may be required)*

For Annuities: Please draft the amount of \$ \_\_\_\_\_ monthly

**FOR CHECKING ACCOUNTS, ATTACH VOIDED CHECK**  
**(DEPOSIT TICKETS FOR CHECKING ACCOUNTS ARE NOT ACCEPTABLE)**  
  
**FOR SAVINGS ACCOUNTS, ATTACH BANK DOCUMENT ACCOUNT VERIFICATION**

The term "debit entry" shall include charges to my (our) account by orders initiated by electronic means, checks drafts or any other order. I have the right to stop payment of a debit entry by giving notice to my Financial Institution ("**The Institution**") in such time as to afford **The Institution** a reasonable opportunity to act prior to charging my (our) account. After my (our) account has been charged, I (we) have the right to have the amount of an erroneous debit immediately credited to such account by **The Institution** up to 15 days following issuance of statement or 45 days after posting, whichever comes first.

**The Institution's** treatment of each account debit, check, draft or other order initiated by **The Company**, and its rights with respect to it will be the same as if it were signed personally by me (us). If any such entry is dishonored for any reason, **The Institution** will not be under any liability even though dishonor results in the forfeiture of insurance.

In addition, I (we) have read, fully understand and also agree to the provisions on this form \_\_\_\_\_  
Dated (MM/DD/YYYY)

Sign Here

\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Signature of Joint Depositor, if any

\_\_\_\_\_  
Signature of Owner, if other than Depositor

**IT IS UNDERSTOOD THAT ALL DEBIT ENTRIES INITIATED BY THE COMPANY PURSUANT TO THIS AGREEMENT SHALL BE SUBJECT TO THE FOLLOWING PROVISIONS.**

This agreement shall not be effective until accepted by **The Company**.

**The Company** may initiate a debit entry under this Agreement that is different than the immediately preceding debit entry under this Agreement or may change the date of the billing cycle, provided **The Company** notifies me (either of us) in writing about the amount of the entry or the new date at least 10 days before initiating the entry to my (our) account or making the first entry to be affected by the new date.

**The Company** will not send premium/payment notices. Periodic statements, cancelled checks or other orders received by me (either of us) from **The Institution(s)** will be my (our) receipt.

This Agreement will end when (a) **The Company** or **The Institution** receives a written request from me (either of us) to end it, or (b) when **The Company** or **The Institution** sends me (either of us) written notice within 30 days prior to **The Company's** or **The Institution's** termination of this Agreement.

This Agreement may be ended automatically by **The Company** if any debit entry has been refused by **The Institution** because of insufficient funds in my (our) account.

If the Agreement ends for any reason, and no premium/payment is unpaid beyond its grace periods, all premiums/payments due on any policy/contract covered by this agreement will become directly payable to **The Company** by me (us) until payment/premium plan is agreed to in writing.

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This agreement is for: ☐ New ☐ In-Force Policy(ies)/Contract(s). If for In-Force business, list policy/contract numbers to be billed from this account.

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4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

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In addition, I (we) have read, fully understand and also agree to the provisions on this form \_\_\_\_\_ Dated (MM/DD/YYYY)

**SIGNATURES NOT REQUIRED ON CUSTOMER COPY**

Signature of Depositor

Signature of Joint Depositor, if any

Signature of Owner, if other than Depositor

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CUSTOMER COPY