



National Life Insurance Company®
 Life Insurance Company of the Southwest®

Request For Preauthorized Check Plan "PACP"

I hereby request and authorize Life Insurance Company of the Southwest (LSW)/National Life Insurance Company (The Company) to periodically charge my account at the depository institution named below, for the purpose of making payments on the LSW Policy or Certificate shown below.

Name of Bank or Depository Institution: _____ Address: (Street, City, State & Zip Code) _____

Date to Begin Drafting: (specific date not available for loans) _____

Policy/Certificate No:	Owner:	Amount: (leave blank for loan repayments)
_____	_____	_____
_____	_____	_____

Conditions of Preauthorized Check Payment Method

This authorization is subject to the following conditions:

- (1) This method shall not in any way modify any provision in the Policy or Certificate;
- (2) This method may be discontinued by the Company or by me upon thirty (30) days written notice. The Company may automatically discontinue this method and require payment by quarterly installment if any check is dishonored by the depository institution upon presentation unless it is the result of error by the Company or the depository institution.

For Checking Accounts: Please Write "Void" on a blank check (Deposit slip not acceptable), which shows the routing number and account number.

For Savings Accounts: Please Write "Void" on a blank withdrawal slip, which shows the routing number and account number.

Authorization To Honor Checks

I hereby request and authorize the above mentioned Bank or Depository Institution to pay and charge to my account for checks (either electronic or paper) drawn on my account by Life Insurance Company of the Southwest (LSW)/National Life Insurance Company, provided there are sufficient funds in said account. I agree that your rights with respect to each such check shall be the same as if it were a check drawn on you and personally signed by me. This authority shall remain in effect until revoked in writing by me, and until you actually receive such written notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you will be under no liability whatsoever even though such dishonor results in forfeiture of insurance coverage.

Account No.: _____ Routing No.: _____ Account Type: Checking Savings

Depositor's Name: (Please Print) _____ Depositor's Name: (Please Print) _____

Depositor's Signature: _____ Depositor's Signature: _____

Dated this _____ day of: (month & year) _____

