

INSTRUCTIONS FOR COMPLETING FORMS ON REVERSE SIDE

1. Fill out the top and bottom portions before sending to the Home Office.
2. Do not make alterations or corrections. If an error is made, complete a new form.
3. Verify bank transit and routing numbers against one of the payor's blank checks.
(If possible, attach one of the payor's blank checks).
4. Send the completed form unseparated to:

FOUNDATION LIFE INSURANCE COMPANY OF ARKANSAS

109 NORTH 6th ST.

FORT SMITH, ARKANSAS 72901

To: The Bank on the front side

In consideration of your compliance with the request and authorization of your depositor named on the front side hereof, Foundation Life Insurance Company of Arkansas agrees that:

1. This corporation will indemnify and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, whether or not **genuine, purporting** to be executed by Foundation Life Insurance Company of Arkansas and received by you in the regular course of business, for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such check shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance.
3. To defend at the corporation's own cost and expense any action which might be brought by any person because of your actions taken pursuant to the request on the front side, or in any manner arising by reason of your participation in the plan of premium collection described on the front side.
4. Your participation in said plan as between you and the corporation may be terminated by thirty days' written notice by either party to the other.

Authorized by vote of the Board of Directors of
Foundation Life Insurance Company of Arkansas

**AUTHORIZATION TO FOUNDATION LIFE INSURANCE COMPANY OF ARKANSAS
(HEREIN CALLED THE COMPANY)**

1. In order to pay premiums on the policies listed below, please draw checks monthly on my following bank account:

_____ (Print name of payor as it appear on Hank records) _____ (Account No., if any)
 in the _____ (Name of Bank) _____ (Name of Branch)
 _____ (Address of Bank or Branch) _____ (Transit No., Routing No.)

- 2. Drawing and presenting these checks will be equivalent to notice by the Company to me of premiums due on the policies. The checks will not act as payment until they are honored.
- 3. These checks when cancelled will act as receipts for the payment of the monthly premiums.
- 4. The payment of premiums under this may be terminated by: (a) the Company, if any check is not paid upon presentation, or (b) the undersigned or the Company upon written 30-day notice to the other.
- 5. MONTHLY PREMIUM _____
- 6. The policies to which this authorization applies are:

NEW POLICIES

POLICIES NOW IN FORCE

_____ (Name of Proposed Insured)	_____ (Name of Insured)	_____ (No.)
_____ (Name of Proposed Insured)	_____ (Name of Insured)	_____ (No.)
_____ (Date)	_____ (Signature of Premium Payor)	

_____ (Signature of Policyowner if other than Premium Payor)

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**AUTHORIZATION TO HONOR CHECKS DRAWN BY AND PAYABLE TO
FOUNDATION LIFE INSURANCE COMPANY OF ARKANSAS
FORT SMITH, ARKANSAS**

To: _____ (Name of Bank) _____ (Branch and Number, if any)
 _____ (Address of Bank or Branch) _____ (Routing Symbol)

In consideration of your compliance with my request contained herein, I hereby request and authorize you to pay and charge to my checking account checks drawn by and payable to Foundation Life Insurance Company of Arkansas. I agree that your rights in respect to each such check shall be the same as if it were a check signed personally by me. I understand and agree that you shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of payment and charge of such checks to my account. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such check.

MONTHLY PREMIUM \$ _____

I also agree that if any such check be dishonored, by error or otherwise, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance. I understand and agree that you may terminate this agreement at any time upon thirty days' written notice to me.

I further agree that this agreement shall be binding upon my heirs, executors, administrators, beneficiaries and assigns.

Date _____ Signature _____