## METHOD OF PAYMENT FORM

## REQUIRED FORM - PLEASE RETURN 1 & 2

## Part I. Select Premium Payment Option

Initial Premium Payment (Select option #1 <u>or</u> #2)	
Initial premium amount (based on age at application date)	\$
1. Paper Check (submit signed check with application)	
2. Automatic Bank Account Withdrawal	
Ongoing Premium Payments (Select option #1a, #1b, or #2)	
I want my payments automatically withdrawn from my bank     a. Choose the day payments will be deducted every month     from your bank account	1 <sup>st</sup> through the 28 <sup>th</sup> or the last day of every month
OR	Week (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , last)
b. Choose the week and weekday that payments will be	
deducted every month from your bank account	Weekday (Mon, Tue, Wed,
(For Example: 3rd Wednesday of every month)	Thu, Fri)
2. I will mail my premium to the company every 3, 6, or 12 months.	everymonths
(Monthly billing is not allowed. <b>Select</b> frequency of billing)	Insert 3, 6, or 12
When choosing automatic bank account withdrawal, MONEY WILL BE WITHDRAWN FROM YOUR ACCOUNT IMMEDIATELY UPON POLICY APPROVAL AND ISSUE. The first withdrawal date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is placed inforce, the amount of the first ongoing withdrawal may exceed one modal premium and may occur on a date other than the policy date. The Proposed Insured(s) will not receive premium billing notices while on this premium payment option. We <b>CANNOT</b> establish electronic payments from foreign banks.	
Each month, payments will be automatically deducted from the account below on the day selected abov premiums will be deducted on the policy date (which is determined at the time the policy is issued and car Ongoing deductions will begin once the policy is issued. If the scheduled deduction date begins on a wee will process on the following business day.	be found within the policy).
Part II. Payor Information	
<ol> <li>Account Owner Name, if different than applicant's</li></ol>	
Part III. Muti-Policy Discount	
You may be eligible for a lower premium rate based on your answer to the statement in this section	
Are you applying for or have you applied for a Medicare supplement policy with Mutual of Omaha Insurance Company or its affiliates within the last 30 days?	Y N Y N



Part IV. Account information
Complete the Following ONLY if <u>Automated Bank Account Withdrawal</u> is Chosen: This section is intended as authorization to debit your bank account. Complete bank account information below <b>OR</b> attach a copy of a voided check (Do NOT use a deposit slip)
Applicant A  Account Type (check one): Checking Savings  Name of Financial Institution  Routing Number (9 digits on lower left side of check)  Account Number (Do NOT use Debit/Credit Card numbers)  Name as Shown on Account
Name as Shown on Account
Payments cannot be postponed until a later date. Payment from a third party, including any foundation, will not be accepted, except in certain pre-approved situations. All refunds will be made to the applicant in the event of rejection, incomplete submission, overpayment, cancellation, etc.    Account Holder Name   Do NOT include the check # in the Routing or Account Number.
I authorize Mutual of Omaha Insurance Company ("Mutual of Omaha") to withdraw funds from my account for the initial and/or monthly renewal premiums and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to Mutual of Omaha any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. This authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, Mutual of Omaha may require written confirmation from me within 14 days after my verbal notice.
Applicant A
Authorized Signature as Shown on Account
Date



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