

Fraternal Membership Dues

Assured Life Association is a fraternal benefit society that exists solely for the well being of its members and their beneficiaries. You and all other certificate holders ARE the company.

One dollar per month will be added to your premium for membership dues, and you become part of the growing fraternity that is Assured Life Association. Your dues dollars help to make a difference in your community. You are contributing towards scholarships that your children or grandchildren may apply for. A portion of the dues are also used to contribute to charitable organizations in the communities in which our membership lives. You may even find yourself getting together with other members in your area on a social and volunteer basis. The dues help support all of these programs plus other benefits and programs.

Assured Life Association has a host of other benefits, discounts, and special offers for you to take advantage of, all for \$1.00 per month. Welcome to our society of fraternalists!

Part I. Select Premium Payment Option

<p>Initial Premium Payment (Select option #1 or #2)</p> <p> Initial premium amount (based on age at application date).....</p> <p>1. Paper Check (submit signed check with application)..... (California collect only one month's premium at time of application)</p> <p>2. Automatic Bank Account Withdrawal.....</p> <p>Ongoing Premium Payments (Select option #1a, #1b, or #2)</p> <p>1. I want my payments automatically withdrawn from my bank</p> <p>a. Choose the day payments will be deducted every month from your bank account.....</p> <p style="text-align: center;">OR</p> <p>b. Choose the week and weekday that payments will be deducted every month from your bank account..... (For Example: 3rd Wednesday of every month)</p> <p>2. I will mail my premium to the company every 3, 6, or 12 months. (Monthly billing is not allowed. Select frequency of billing).....</p>	<p>Applicant A</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>1st through the 28th or the last day of every month</p> <p>_____ Week (1st, 2nd, 3rd, 4th, last)</p> <p>_____ Weekday (Mon, Tue, Wed, Thu, Fri) _____</p> <p>every _____ months Insert 3, 6, or 12</p>	<p>Applicant B</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>1st through the 28th or the last day of every month</p> <p>_____ Week (1st, 2nd, 3rd, 4th, last)</p> <p>_____ Weekday (Mon, Tue, Wed, Thu, Fri) _____</p> <p>every _____ months Insert 3, 6, or 12</p>
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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 in force, 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 **CANNOT** establish electronic payments from foreign banks.

Each month, payments will be automatically deducted from the account below on the day selected above. If no date is selected, premiums will be deducted on the policy date (which is determined at the time the policy is issued and can be found within the policy). **Ongoing deductions will begin once the policy is issued. If the scheduled deduction date begins on a weekend or holiday, the payment will process on the following business day.**

Part II. Payor Information

<p>1. Account Owner Name, if different than applicant's.....</p> <p>2. If premium is NOT paid by Proposed Insured/Insured (includes spouse or joint-married account), indicate the bank account owner's relationship to Proposed Insured/Insured by selecting one of the following.</p> <p style="padding-left: 20px;">Employer (3 app minimum/applicant must be retired. Refer to List-Bill guidelines. N/A for Direct-to-Consumer business)</p> <p style="padding-left: 40px;">Living Trust</p> <p style="padding-left: 20px;">Power of Attorney or legal guardian (documentation required)</p> <p style="padding-left: 40px;">Business owned by applicant or applicant's spouse</p>	<p>Applicant A</p> <p>_____</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Applicant B</p> <p>_____</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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Part III. Account Information

Complete the Following ONLY if Automated Bank Account Withdrawal is Chosen:

This section is intended as authorization to debit your bank account.

Complete bank account information below **OR** attach a copy of a voided check (Do NOT use a deposit slip)

Can attach voided check here

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

Applicant B

Same account as 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

- 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.

Example:

The diagram shows a check with the following fields and callouts:

- Account Holder Name:** John Doe
- Do NOT include the check # in the Routing or Account Number:** Check #1234
- Routing/Transfer Number:** [23456789]
- Account Number:** 12345678
- Dollars:** 1234

Other fields on the check include: Street Address, Town, City, ZIP Code, Date, Pay to, Financial Institution Name & Address, Memo, and Signed By.

I authorize Assured Life Association to withdraw funds from my account for the initial and/or monthly renewal premiums and understand that the amounts may differ. This authorization shall apply to any future payments unless specifically revoked by me. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to Assured Life Association 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, Assured Life Association may require written confirmation from me within 14 days after my verbal notice.

Applicant A



Authorized Signature as Shown on Account

Date

Applicant B



Authorized Signature as Shown on Account

Date

