

**Authorization to Honor Pre-Authorized Account Withdrawals in Favor of  
Pan-American Life Insurance Company, New Orleans, Louisiana  
Pan-American Assurance Company, New Orleans, Louisiana**

To: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Bank or Financial Institution

\_\_\_\_\_ Street Address \_\_\_\_\_ Please Print Name of Account Holder  
as it appears on Bank or Financial Institution Records

\_\_\_\_\_ City and State

As a convenience to me, I hereby request and authorize you to pay and charge to my account withdrawals from my account by and payable to the order of Pan-American, provided there are sufficient collected funds in said account to pay. I agree that your rights in respect to each withdrawal shall be the same as if it were a check drawn on you and signed personally by me. 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 withdrawal.

I further agree that if any such withdrawal is not honored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

\_\_\_\_\_ Bank or Financial Institution Signature of Premium Payor \_\_\_\_\_ Account or Sort Number

In consideration of your participating in a plan which the PAN-AMERICAN LIFE INSURANCE COMPANY OR PAN-AMERICAN ASSURANCE COMPANY (hereafter called "Company"), has put into effect by which amounts due on policies of insurance or annuity contracts are collected by withdrawals made by the COMPANY on the accounts of persons who are responsible for these payments, the COMPANY does hereby agree that:

- (1) It will indemnify and hold you harmless from any liability to any person arising out of the payment by you of any withdrawal drawn by the COMPANY on said account of such person, or arising out of the dishonor by you, whether with or without cause, of any such withdrawal drawn by the COMPANY, whether or not such claim or liability asserted against you be based upon the forfeiture, or alleged forfeiture, of a policy of insurance or annuity contract the payment on which is sought to be collected by the COMPANY by any such withdrawal; and
- (2) It will refund to you any amount erroneously paid by you to the COMPANY on any such withdrawal if claim for the amount of such erroneous payment is made by you within twelve months from the date of the withdrawal on which such erroneous payment was made.
- (3) It will defend at its own cost and expense any action which might be brought by any depositor or other persons because of your actions taken pursuant to the foregoing arrangement or in any manner arising by reason of your participation in the foregoing plan of premium collection.
- (4) Your participation in the plan or that of the depositor may be terminated by written notice from either party to the other. Likewise, your participation and that of the COMPANY may be terminated by thirty days written notice from either party to the other.
- (5) This Company's obligations hereunder are performable in the State and County in which is located your principal place of business.

*William T. Steen*  
 William T. Steen  
 Corporate Secretary

*Authorized in a Resolution adopted by the Board of Directors of the Pan-American Life Insurance Company on August 20, 1996.*

*William T. Steen*  
 William T. Steen  
 Corporate Secretary

*Authorized in a Resolution adopted by the Board of Directors of the Pan-American Assurance Company on August 20, 1996.*

**Important**

- 1. Complete both pages of this form. List all policy numbers involved.
- 2. Send entire form to the Home Office with a **Voided Blank Check or Deposit Slip**.
- 3. Please type or print **full name and address** of Bank or Financial Institution.
- 4. Deposit date will be effective day of policy unless otherwise specified. Deposit date must be the first through the twenty-eighth of the month.

**Authorization to Make Withdrawals from My Account**

Policy No.(s)		Deposit Date	<input type="checkbox"/> Checking
			<input type="checkbox"/> Savings
Name of Account Holder as on Bank or Financial Institution Records		Account Number	
Full Name of Bank or Financial Institution		Address	
City	State	Zip Code	Bank or Financial Institution Transit No. & Routing & Symbol _____
<b>Send Sample Check</b>			

I hereby authorize you to make withdrawals monthly from my account maintained at the above named Bank or Financial Institution. This authorization is limited to payment to the Company in connection with policy or annuity contracts listed above, of:

**Monthly Premium Payment of \$** \_\_\_\_\_  **Monthly Policy Loan Payment of \$** \_\_\_\_\_

My Bank or Financial Institution has been authorized to pay and charge to my account any withdrawals by and payable to you for this purpose. It will not be necessary for any person employed by the Company to personally authorize such withdrawals. 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 making any such withdrawals.

I understand that if any such withdrawal is not honored by my Bank or Financial Institution and any monthly amount due to the Company is not paid within the time stipulated in the policy or annuity contract, said policy or contract shall become null and void except as otherwise provided therein. I also understand and agree that if any such withdrawal is not honored, except as a result of an error by the Bank or Financial Institution or the Company, this arrangement may be terminated at the discretion of the Company.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Account Holder as on Bank or Financial Institution records

**Attach Voided Blank Check or Deposit Slip Here**