

Bank Authorization Form



Mail, fax or Email a copy of the completed form to:
Pacific Guardian Life Insurance Company
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814
Fax Number: (808) 942-1295

Contact Us:
Policyholder Service: (800) 367-5354
ClientRelations@pacificguardian.com

Section 1: Type of Request

- New authorization
- Change of bank account/existing arrangement
- Add policy/contract to existing Bank Authorization with policy # _____

Section 2: Bank Account Ownership Information

- Individual** (or individuals, if the account is co-owned)

| | | | |
|--|---------------|-----------|----------|
| Owner - First Name | Middle Name | Last Name | |
| Street Address | City | State | Zip Code |
| Phone Number (<input type="checkbox"/> Mobile) | Email Address | | |
| Co-Owner - First Name | Middle Name | Last Name | |

- Trust, Charity, or Business Entity**

| | | |
|--|--|-----------|
| Full Name of Trust/Charity/Business Entity | | |
| Date of Trust (mm/dd/yyyy) | Tax ID Number of Trust/Charity/Business Entity | |
| Contact person - First Name | Middle Name | Last Name |
| Phone Number (<input type="checkbox"/> Mobile) | Email Address | |

Section 3: Payment Arrangement Information

| Contract Number Only list policy number if setting up Direct Deposit arrangement | Premium Amount | Withdrawal Date (mm/dd/yyyy) | Home Office Use Only |
|---|-----------------------|--|-----------------------------|
| | | | |
| | | | |
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| | | | |

Section 4: Bank Information

We CANNOT establish electronic payments from some foreign bank accounts (unless it is being paid in U.S. Dollars through a U.S. correspondent bank).

* A voided check is recommended, not required.

The diagram shows a check form with the following fields and labels:

- Top right: _____ 20 _____
- Payee line: PAY TO THE ORDER OF _____ \$ []
- Amount line: _____ DOLLARS
- Memo line: MEMO _____
- Routing Number: #1234567890#
- Account Number: #7890123456789#
- Below routing number: Routing Number
- Below account number: Account Number

Account Type: Checking Savings

Name of Bank

Bank Routing Number

Bank Account Number

Section 5: EFT (Electronic Funds Transfer) Withdrawal Authorization

I (we), the Bank Account Holder(s), hereby authorize:

1. Pacific Guardian Life to initiate withdrawal and credit entries from the deposit account designated above at the Bank named above;
2. Recurring withdrawals in the amount set forth in Section 3 and such additional amounts that may be required under the terms and conditions of the relevant policy/contract; and
3. Withdrawals and credits made from time to time, as I authorize.

I understand that:

1. The origination of electronic withdrawals to my account must comply with the provisions of U.S. law;
2. Pacific Guardian Life requires notification of at least two (2) business days prior to a scheduled payment to either terminate the BA account or to prevent a scheduled payment;
3. If withdrawals are made for insurance premiums, paying such premiums monthly may result in a higher annual out-of-pocket cost or different cash values;
4. Premiums may increase in accordance with the terms and conditions of the policy or contract. If I am not the owner of any policy or contract identified above, I will not receive advance notice of any change in the amount of any authorized withdrawal with respect to such policy or contract; and
5. The owner of the policy or contract is responsible for ensuring that adequate premiums are paid to keep the policy/contract in force.

Section 6: Bank Authorization Disclosures

Automatic Withdrawals

- Recurring withdrawals will not start unless the policy/contract is in force.
- All withdrawals authorized will appear on your bank statement.
- If the payment withdrawal date selected falls on a weekend or holiday, the account will be debited on the next business day.
- By authorizing automatic withdrawals, Pacific Guardian Life (PGL) established a bank authorization (BA) account control number for you. The BA account control number is a payment method available to pay for policies/contracts issued or sold by PGL. Once you have a BA account control number, other PGL products can be included with this account so that payments can be withdrawn on the same date.

Multiple Payment Withdrawals

Multiple payments may be withdrawn when:

- More than one policy/contract payment is due or needed to bring your policy/contract up to date.
- You requested a life insurance be back-dated resulting in more than one payment due at time of issue.
- The withdrawal date selected is after the contract date for life insurance policies with flexible premiums.
 - ◆ Note: Guarantees may be affected if payments are missed or delayed.

Ending the Withdrawal

The BA account shall remain in full force and effect until one of the following occurs:

- You notify PGL of the termination of the BA account. PGL requires notification of a least two (2) business days prior to a scheduled payment to either terminate the BA or to prevent a scheduled payment.
- The policy(ies)/contract(s) is/are no longer in effect.
- The bank account used for withdrawals is closed or is otherwise terminated.

General Information

If you change your bank or the bank account that you use for deductions, you must stop your current agreement and complete a new BA form.

- If you are not able to submit the new BA form in advance of a previously authorized draft date, please be sure to leave sufficient funds in your original account to cover the deduction for that month.
- To obtain a new form, refer to the contact information below.

Please be sure to have adequate funds in your bank account to cover the total monthly deduction on the BA form.

- If there are inadequate funds, your payment(s) into the policy(ies)/contract(s) may not be completed or may be applied late. Either situation could result in a life insurance policy losing certain guarantees or a life insurance policy lapsing.
- Please note that many banks charge their customer when there are inadequate funds for an electronic draft.

Based on the policy/contract, premiums can increase or decrease.

Should a policy/contract no longer be paid by electronic funds transfer, premiums or payments will be payable at the most frequent mode of payment available for that policy/contract.

PGL will not consider refund requests until ten (10) business days after the withdrawal.

If your mailing address changes or if you want to determine the status of your policy and any other policy/contract information, please contact your agent or call us at 1.800.367.5354.

Section 7: Signatures

| Owner type | Signature requirement |
|--|---|
| Individual acting on behalf of the Owner | The full name of the Owner’s fiduciary or Agent and the legal documentation of the authority to act (e.g. power of attorney, guardianship papers, etc.). |
| Trust | Signatures, followed by the word "Trustee," of all required Trustees. |
| Partnership | The full name of the firm should be printed with the signature of all general partners (not limited partners). Partnership Resolution or Partnership Records is required. |
| Sole Proprietorship | The full name of the business should be printed with the signature of the Owner followed by the word "Owner". |
| Corporation/Charity | The signature and title of one officer (other than the insured). Most common authorized officers include: Chief Financial Officer, President, Vice President, Treasurer, Corporate Secretary, Principal (LLC), Managing Member (LLC), or Loan Officer (on behalf of collateral assignee). Corporate Seal, Board Resolution or Certification of Corporate Records is required. |

By signing this document, I accept the terms of this Bank Authorization agreement. I further certify that I have the right to make this request without the authorization or permission of any court, person, firm or corporation.

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United State of America that the foregoing is true and correct. State

Executed this _____ **day of** _____, **20** _____ **at** _____, _____, _____, _____
Day Month Year City State

Country

| | | | | | | | | |
|---|--|--|---|--|--|----------------------------|--|--|
| _____ Signature of Owner of Bank Account | | | _____ Title (if acting in a representative capacity) | | | _____ Date (mm/dd/yyyy) | | |
| Print - First Name | | | Middle Name | | | Last Name | | |
| | | | | | | | | |
| _____ Signature of Co-Owner of Bank Account | | | _____ Title (if acting in a representative capacity) | | | _____ Date (mm/dd/yyyy) | | |
| Print - First Name | | | Middle Name | | | Last Name | | |