

Liberty Life Assurance Company of Boston Service Center - MS 03B 100 Liberty Way Dover, NH 03820

Policy/Contract Number	(s):
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ELECTRONIC PAYMENT	AUTHORIZATION	(PAC)		
Please select one: ☐ Add to New Policy/Contract ☐ Add to an I	Existing Policy/Contra	ct Change of Bank Account Information		
1. Insured(s) Information	D.1: /0			
Name	Policy/Contract N	Number(s)		
2. OWNER(S) INFORMATION (Required only on in force contr	arts)			
Name	acis)			
Street Address	City	State ZIP		
2 Days Account by and the				
3. BANK ACCOUNT INFORMATION Bank Account Owner Name	Bank Name			
Dank Account Owner Name	Dank Ivanie			
Account Type:				
☐ Checking ☐ Savings				
Routing Number (9 digits)	Bank Account Nu	ımber		
4. WITHDRAWAL OPTIONS				
One-Time Debit Option (This can be used for initial deposit I	oremium payment or	any in force payment.)		
☐ I authorize a one-time debit of \$ to be debited	d from the bank accord	ant listed above.		
Recurring Monthly Debit Options (These options cannot be used for the initial deposit premium payment.) Select one:				
☐ I authorize a monthly debit occurring on the date of the month the contract was issued.*				
\square I authorize a recurring monthly debit on the $\frac{1}{(1^{\text{st}}-28^{\text{th}})}$ of each month.				
(1st - 28 th $)$				
* If the issue date is the 29th, 30th, or 31st of the month, the debit will occur on the first day of the following month.				
5. AUTHORIZATION				
The undersigned authorizes and requests Liberty Life Assurance Company of Boston (the Company) to effect payment for the				
premium amount owed on the contract listed above by the contract owner to the Company by initiating debit entries to the undersigned's account at the bank listed above on either a monthly basis or as a one-time debit, as indicated above. However,				
should any of these electronic debits be returned by the payor's bank for insufficient funds, the Company will immediately				
redeposit (three business days later) for the amount due. If an electronic debit is returned a second time the Company will				
electronically debit the following month for the new amount due (prior and current month's premium). If both attempts fail in the				
second month, the contract's Preauthorized Check Plan (PAC				
electronic debit has been accepted by the bank. It is understood that this agreement may be terminated at any time by written				
notification from either party to the other. Any such termination shall be effective only after notification has been received and the				
Company has had a reasonable opportunity to act on it. The C	Company shall incur	no liability as the result of the debit being		
dishonored by the bank. 6. SIGNATURES				
Signature of Bank Account Owner		Date (mm/dd/yy)		
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Signature of Contract Owner (Required only on in force contract	ets)	Date (mm/dd/yy)		

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