



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

Policy/Contract Number(s): _____

ELECTRONIC PAYMENT AUTHORIZATION (PAC)

Please select one: Add to New Policy/Contract Add to an Existing Policy/Contract Change of Bank Account Information

1. INSURED(S) INFORMATION

Name _____ Policy/Contract Number(s) _____

2. OWNER(S) INFORMATION (Required only on in force contracts)

Name _____

Street Address _____ City _____ State _____ ZIP _____

3. BANK ACCOUNT INFORMATION

Bank Account Owner Name _____ Bank Name _____

Account Type:
 Checking Savings

Routing Number (9 digits) _____ Bank Account Number _____

4. WITHDRAWAL OPTIONS

One-Time Debit Option (This can be used for initial deposit premium payment or any in force payment.)

I authorize a one-time debit of \$ _____ to be debited from the bank account 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.*

I authorize a recurring monthly debit on the _____ of each month.
 (1st - 28th)

* 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) will be terminated. No premium is considered paid until the 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 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) _____

Signature of Contract Owner (Required only on in force contracts) _____ Date (mm/dd/yy) _____