

- Trinity Life Insurance Company
- Family Benefit Life Insurance Company

Administrative Office:
 PO Box 5205 Frankfort, KY 40602-5205
 Phone: 866-440-1357 Fax: 502.875.7084

Social Security Benefit Billing Authorization Form For Checking and Savings Accounts

AUTHORIZATION AND SIGNATURE

I hereby request and authorize any of the Companies named above to pay and charge to my account checks and electronic fund transfers (EFTs) drawn on my account by and payable to the order of the Company provided there are sufficient collected funds in my account to pay such checks and EFTs upon presentation. As a convenience to me, I wish for the life insurance premium payments to match my Social Security Benefit Deposit. I agree that the Company's rights in respect to each check and EFT shall be the same as if it were a draft drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until the Company actually receives such notice. I agree that the Company shall be fully protected in honoring any such check or EFT.

I further agree that if any such check or EFT is dishonored, whether with or without cause and whether intentionally or inadvertently, the Company shall have no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Date:

Account Holder's name typed or
printed EXACTLY as it appears on
account

Account Holder's signature EXACTLY as it
appears on account

PREAUTHORIZED TRANSFER PLAN DATA

- Apply to attached application
 Apply to existing policies listed below

Insured's Name (First, Last) _____
 Existing Policy Numbers _____

PREMIUM PAYMENT INFORMATION

Please select date of Social Security Benefit Payment:

- 1st of month
 3rd of month
 2nd Wednesday
 3rd Wednesday
 4th Wednesday

BANK INFORMATION

Name of Bank: _____

Bank address: _____

COMPLETE THE FOLLOWING and SUBMIT A VOIDED CHECK

Account Type:

- Checking
 Savings

Bank Routing Number:

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Bank Account Number:

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