

Interstate Life Insurance Company

3750 West Deerfield Road • Riverwoods, Illinois 60015

(800) 233-3750 • www.interstatelife.com

Request for Electronic Funds Transfer (EFT)

Contract Owner's Name _____

Insured's Name _____

Interstate Life Contract Number(s) _____

This Request for Electronic Funds Transfer (EFT) form is an agreement between you and Interstate Life Insurance Company (the "Company"). This agreement will let you pay insurance premiums to the Company through recurring EFT payments from your account with the financial institution indicated below (Bank), and it authorizes your Bank to honor the EFT. If you want to change or terminate this agreement, you must provide thirty days written notice to the Company. The Company may change or terminate this agreement at any time. EFT payments for the contract(s) listed above will be made from your Bank according to the EFT Process Date that you selected. If you did not specify an EFT Process Date, the Company will assign one. It is your responsibility to ensure that your Bank account has sufficient funds available for these recurring EFT payments. The Company is not responsible for any overdraft charges and/or fees that your Bank may charge to your Bank account. If your EFT payment is declined for any reason, we will not attempt another EFT from that same Bank account unless you contact the Company first. We will remove your insurance contract from the EFT payment method and instead send premium notices to the most recent address of the contract owner that we have on record. If premiums are not paid when due, coverage may lapse as defined in the insurance contract(s) listed above. This agreement does not alter any of the provisions of the insurance contract(s) listed above. By signing this form, you acknowledge that you have accepted the terms of this agreement.

EFT Process Date (1st to the 28th) _____ Payments will be deducted one to three business days after the EFT Process Date.

Premium Payment Frequency:

EFT Monthly

EFT Quarterly

EFT Semi-Annual

EFT Annual

Name of Financial Institution _____

Account Type: Checking Savings

Routing Number _____

If your routing number starts with a "5", please call your bank and request the proper routing number for EFT.

Bank Account Number _____

Bank Account Holder's Name

Print _____

Signature _____ Date _____

Joint Bank Account Holder's Name (if applicable)

Print _____

Signature _____ Date _____

Ken Doe 101 Main Street Alltown USA 10012	007
PAY TO THE ORDER OF _____	\$ _____
_____ DOLLARS	
MEMO _____	
⑆ 234 56 78 9 ⑆	⑆ 00 234 56 78 ⑆ 00 ?

Routing No.
9 digits

Account No.

Please attach voided check or deposit slip.

www.interstatelife.com

800-233-3750 ext. 505 • Fax 847-850-3304