



# FAMILY BENEFIT LIFE INSURANCE CO.

ADMINISTRATIVE OFFICE:  
PO Box 5205 | Frankfort KY 40602-5205  
Phone: 866.440.1357 Fax: 502.875.7084

## REQUEST FOR PREAUTHORIZED TRANSFER PLAN (PAT)

### AUTHORIZATION AND SIGNATURE

I hereby request and authorize Family Benefit Life Insurance Company ("Family Benefit") to make preauthorized transfers from my bank account by way of draft, check, or electronic transfer for the payment of premiums for any policy/certificate(s) listed. This authorization shall be subject to the following conditions:

- (1) The preauthorized transfer shall occur on or after the premium due dates unless otherwise specified;
- (2) Family Benefit shall not incur any liability on any transfer returned by the bank;
- (3) Amounts not honored by the bank after initial deposit shall constitute non-payment of premium and coverage shall lapse subject to all provisions of each policy;
- (4) This authorization may be revoked by either party upon 30 days advance written notice, and Family Benefit may immediately revoke this request if any preauthorized transfer is dishonored by the bank when presented.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Depositor's name typed or printed  
EXACTLY as it appears on bank records

\_\_\_\_\_  
Depositor's signature EXACTLY as it  
appears on bank records

### 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

Payments to be made: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Enter date of month if specific charge day is requested (1<sup>st</sup> – 28<sup>th</sup> only): \_\_\_\_\_

Are premiums being paid with Social Security benefit deposits? ☐ Yes ☐ No

If "Yes" choose from following payment dates:  
☐ 1<sup>st</sup> of month ☐ 3<sup>rd</sup> of month  
☐ 2<sup>nd</sup> Wednesday ☐ 3<sup>rd</sup> Wednesday ☐ 4<sup>th</sup> Wednesday

### BANK INFORMATION

Name of Bank: \_\_\_\_\_  
Bank or branch address: \_\_\_\_\_

### COMPLETE THE FOLLOWING OR SUBMIT A VOIDED CHECK

Account Type: ☐ Checking ☐ Savings

Depositor's Bank Account Number:

Bank Routing Number: