Horace Mann
Founded by Educators for Educators

EFT LAGDOCS

Horace Mann Life Insurance Company (the "Company")
1 Horace Mann Plaza
Springfield, Illinois 62715-0001
Fax: 877-832-3785

Authorization Agreement for EFT (Electronic Fund Transfer) for Life Initial Premium Deposit and/or Monthly Payments

☐ I wish to have the **initial premium** deducted from my account designated below for the following policy:

Policy number	Name of proposed insured	Name of proposed policy owner	Initial premium amount

☐ I wish to have the **monthly premium** payments (other than the initial premium) deducted from my account designated below for the policy(ies) indicated below. This monthly EFT authorization is:

☐ New authorization
☐ Change in a present authorization to: ☐ Add policies ☐ Change financial institution
☐ Change financial institution account owner's name

The deduction date for monthly EFT policies will be the day of the month the policy is approved and issued.
Changes to the draft day can be made after the policy is issued by contacting Horace Mann at 1-800-999-1030.

This monthly EFT authorization agreement relates to premium amounts for:

Policy number	Name of policy owner or proposed policy owner	Monthly deduction amount

Financial institution account owner's (depositor's) name ______________________________

Financial institution name ______________________________

City, State and ZIP ______________________________

ABA routing number (9 digits) ______________________________

Account number ☐ checking account ☐ savings account ______________

I understand that signing this authorization for an initial premium does not mean that insurance is effective or that the policy applied for will be issued. Insurance will become effective under the Conditional Receipt for Premium Deposit only if the conditions of the Conditional Receipt are met. I understand that if the actual initial premium is less than the initial premium stated above, the Company may process the lesser amount; and that if the actual initial premium exceeds the initial premium stated above by $5.00 or less, the Company may process the higher amount. The initial premium deposit will be processed within five (5) business days of the date of this authorization. If the actual initial premium exceeds the initial premium stated above by more than $5.00 or is not processed within five (5) business days of the date of this authorization, the Company will contact me to request my approval for processing the higher amount or at the later date. I understand that premium payments are necessary to fund the policy(ies). If my financial institution does not honor a draft, a replacement payment will be required to avoid a lapse of the policy(ies). The Company shall not be required to give notice of premium payment(s) becoming due if payment is being made under this authorization. One deduction shall be drawn for the total of all monthly premium payments due on all listed policies. Any increase or decrease in a monthly premium due to a change made by the Company will require notification to the policy owner at least 10 days prior to the change; any change directed by the policy owner will not require this notice. Any automatic premium loan provision (APL) will be inoperative while premiums are being paid by EFT. This authorization shall automatically terminate upon the death of the depositor or if within any one-year period any three items are not paid upon presentation. This authorization may also be terminated by either the depositor or by the Company by providing the other party with thirty days prior written notice of such termination.

I request and authorize the Company to deduct funds from the financial institution account designated above for the purpose of paying premium on the policy(ies) listed above, subject to conditions stated above.

I hereby understand and agree to the terms and conditions set forth in this authorization.

Signature of financial institution account owner ______________________ Date ____________

Signature of policy owner/proposed policy owner ______________________ Date ____________

Agent's name/number ______________________ Date ____________