

Authorization To
AMERICAN HERITAGE LIFE INSURANCE COMPANY
For Pre-Authorized Bank Draft Plan of Premium Payments

I, _____,
hereby authorize American Heritage Life Insurance
Company of Jacksonville, Florida, to draw drafts on

_____ against my checking account with the
(Day of Month)

(Name of Bank)

of _____
(Address of Bank)

to pay premiums for insurance on the life of

_____ issued under Policy No. _____

I hereby agree that the presentation of such drafts shall constitute due notice of premiums being due on this policy.

Dated at: _____

Mo./Day/Yr. _____

(Bank Account Number)

X _____
(Signature as it appears on signature card at Bank)

Please Sign Top & Bottom of this Form and Attach Sample Voided Check from this Account

**Authorization to honor drafts drawn by the
AMERICAN HERITAGE LIFE INSURANCE COMPANY • JACKSONVILLE, FLORIDA**

To: (Bank) _____

Bank Address _____

As a convenience to me, I hereby request and authorize you to pay and charge to my account drafts drawn on my account by and payable to the order of **AMERICAN HERITAGE LIFE INSURANCE COMPANY** provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such draft shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such draft.

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

Date

X

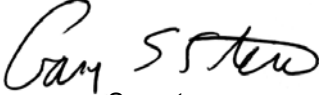
Signature must be the same as on signature card at bank and if a company account, the name of the account must be shown.

B-062 (6-99)

To: The Bank named on the reverse side.

So that you may comply with your depositor's request this company agrees:

1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such check, draft or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in forfeiture of the insurance.
3. To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan of premium collection.


Secretary

This is the reverse side of the lower half of form B-062 (6-99).