



AUTHORIZATION FOR ELECTRONIC FUNDS PAYMENTS (ACH DEBIT/BANK DRAFTS)

By signing below, I hereby authorize Primerica Life Insurance Company ("Primerica Life") to electronically debit my account at the depository financial institution ("bank") listed below (and, if necessary, electronically credit my account to correct erroneous debits) through a recurring preauthorized monthly bank draft (the "Payment Plan") in the amount specified in the Life Insurance Policy (the "Policy") indicated below (each such debit being a "Payment Transfer") on the draft date specified below (the "Draft Date"). I hereby represent under penalty of perjury that I am an authorized signer and user of the bank account designated below. By signing below, I also acknowledge that I have received and retained a completed copy of this Authorization for Electronic Funds Payments (ACH Debit/Bank Drafts) Form (the "Authorization Form"). By accepting the terms of this Payment Plan, you acknowledge and agree to the following terms and conditions:

- 1. Payment Plan Term and Termination.** Each Payment Transfer will take place once per month each month on the Draft Date, or, if the Draft Date falls on a weekend, bank holiday, or the month does not have the Draft Date, on the following business day, beginning on the first such date immediately after Primerica Life's receipt and processing of this Authorization Form and continuing until expressly revoked by you in accordance with the terms of this authorization, or terminated by Primerica Life or your bank. A Policy premium payment will be considered as having been made and received by Primerica Life only if the Payment Transfer for that Policy premium is completed by your designated bank. The entry on your bank's account statement showing that a Payment Transfer has been made will be your notice of our receipt of the Payment Transfer. If a Payment Transfer is rejected, dishonored, returned, reversed or readjusted by your designated bank for any reason, including a stop payment order or for insufficient funds, **you will be responsible for any resulting charges or fees incurred by you or by Primerica Life, and Primerica Life may make a second attempt to have a Payment Transfer made from your account for the unpaid portion of Policy premiums due, unless such account has been closed.** The second attempt for a Payment Transfer will be made within 10 days of the Draft Date unless you have paid the required amount. Any subsequent Payment Transfer or any other payment will be applied toward back premiums and may not prevent a lapse of the policy for non-payment of premium(s). If Primerica Life receives notice of the failure of our second attempt to have a Payment Transfer made from your account, and you do not elect another method of billing or provide another bank account within 30 days of receipt of such notice by Primerica Life, your billing mode will automatically change to direct billing on a quarterly basis.
- 2. Revoking this Authorization.** You may revoke this authorization or change the account to be used for the Payment Plan only by (1) logging into your account at my.primerica.com and changing the billing information, (2) submitting a written revocation to Primerica Life Insurance Company Billing Department at PLIC@primerica.com or at 1 Primerica Parkway, Duluth, Georgia 30099-0001, or (3) calling our toll-free Client Services phone line at 1-800-257-4725. Primerica Life must receive notice of revocation from you at least ten (10) days prior to the next scheduled date for a Payment Transfer.
- 3. Exclusion From Liability.** Neither Primerica Life nor any of its affiliate companies will be liable for any loss, damage or expenses of any kind or nature, including the forfeiture of insurance, resulting directly or indirectly from, or in any way connected with the rejection, dishonor, return, reversal or readjustment of a Payment Transfer by your designated bank.

PLEASE RETAIN A COMPLETED COPY OF THIS AUTHORIZATION FORM FOR YOUR RECORDS.

Please complete the requested information below and fax this Authorization Form to 470-564-6454 or mail it to Primerica Life Insurance Company, Attn: PAC, 1 Primerica Parkway, Duluth, GA 30099-0001. Allow 3-10 business days after receipt by Primerica Life Insurance Company for this Authorization Form to be processed. You can log in to your account at myprimerica.com and change the billing information.

Policy Number

Policy Owner Name (please print)

Street Address of Policy Owner

City State ZIP Code

Draft Date Bank Name Checking Savings

Bank Account Owner Name (please print)

Routing Number Account Number

X _____
 Signature of Authorized Signer on Bank Account

Date - -