Bank Authorization

FARMERS INSURANCE GROUP — Symbol of Superior Service
FARMERS LIFE INSURANCE

Has this information been completed and submitted previously? ☐ Yes ☐ No If "Yes," please provide policy number(s).

_____

Account Holder's Name: _____ Policy Number: _____
(Please Print Clearly)

Bank Name: _____ Branch: _____

Bank Telephone Number: _____ Payable Through: _____
(Optional)

_____
Street Address City State ZIP Code

As a convenience to me, I hereby request and authorize you to pay and charge to my account, checks, electronic funds transfers or other orders drawn on or initiated to my account by and payable to the order of Farmers New World Life Insurance Company.

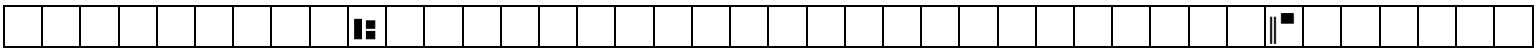
I agree that your rights in regard to each such check, electronic or other order shall be the same as if it were a check written to you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check, electronic or other order.

I further agree that if any such check, electronic or other order be 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.

Type of Account

☐ Checking
☐ Savings

Routing Number Account Number Check Number



If you change accounts or banks, please provide us with a Bank Authorization form containing the new account information. Please provide us with this information thirty (30) days in advance. **We recommend you leave sufficient funds in your old account to cover premiums until we begin drafting your new account and/or you receive notification that we have completed the change.**

Authorization To Farmers New World Life Insurance Company

I hereby request and authorize Farmers New World Life Insurance Company (the Company) to periodically draw a check on the account of the signer for the purpose of paying monies due on policies issued. This authority is to remain in effect until the Company has received written notice from me of its termination, in such time and manner as to afford the Company a reasonable opportunity to act upon it.

This method of payment is known as electronic funds transfer or Bank Check Plan. The Company reserves the right to revoke this method of payment.

The Company, at its discretion, may make or discontinue withdrawals from my account while this authorization is in effect. In the event of an unhonored draft for "Non-Sufficient Funds," a replacement draft may be submitted to my account.

_____ _____ _____
Signature(s) of Account Holder (as it appears on bank account) Relationship to Insured/Annuitant Date

_____
Street Address City State ZIP Code

Is this a new address? ☐ Yes ☐ No

Requested monthly draft date: _____ (Please note that we cannot draft on the 29th, 30th, or 31st of the month.)

Farmers New World Life Insurance Company
3003 77th Avenue S.E., Mercer Island, WA 98040-2890 / (206) 232-8400
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 / (614) 764-9975
Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 / 1-877-376-8008