



One Financial Way
Cincinnati, Ohio 45242
Telephone: 800.366.6654

AuguStar Life Insurance Company
AuguStar Life Assurance Corporation

Policy Number(s): _____ Name: _____

Electronic Debit Authorization Agreement

As indicated below and pursuant to the following terms, I authorize Debit(s) for the Initial Premium and/or Regular Monthly Debits from the bank account listed below for each policy applied for and/or for the policy number(s) indicated above.

Please Selection One:

Both Debit(s) for the Initial Premium and Regular Monthly Debits

Debit(s) For the Initial Premium Only
I authorize debit(s) for the purpose of either (a) collecting the initial premium for the insurance policy(ies) applied for, or (b) collecting any premium in addition to that submitted with the application(s) that is necessary to put the insurance policy(ies) into force. **The debit(s) will be made after approval of the application(s) for insurance for maximum amount not to exceed \$1,000 per policy applied for, unless a different maximum is specified below. I understand and agree that by granting this authorization, no insurance policy applied for will otherwise be in force until the insurance application for such policy has been approved by AuguStar, the full first premium for such policy is paid during the good health of the proposed insured and the statements and answers in the insurance application remain the same, without material change, as of the date the full first premium for such policy is paid by a debit.** I expressly acknowledge and agree that if the amount I have authorized below is insufficient to pay the full first premium by a debit for any policy applied for, no insurance coverage will be in force until the full first premium is paid for that policy.

Regular Monthly Debits Only
I authorize (a) monthly debits to pay the required monthly premium for the insurance policy(ies) applied for once the full first premium for such policy(ies) has otherwise been paid, and/or (b) monthly debits for the required premium and/or to reduce the loan balance for the policy number(s) indicated above. AuguStar will notify me in writing as to the date and amounts of the monthly debit. Thereafter, AuguStar will not provide separate notice of premiums due and debits will continue on a monthly basis while the policy(ies) remain in force. AuguStar will typically submit a draft to the bank one business day prior to the scheduled monthly debit, or later, if the scheduled monthly debit is on a Sunday or a holiday. In all cases, the actual deduction from the below listed account will occur one business day after the draft is sent. AuguStar will provide notice at least ten days before any change in the monthly debit amount to the address of the bank account owner, or if none is provided, to the address of the policy owner. The option of applying dividends to reduce premium will not be available unless that is the only dividend option specified in the policy.

Debits For Initial Premium Amount(s) over \$1,000 or when multiple months of premium are needed which exceed \$1,000
Please specify the authorized total Maximum Debit(s) for the Initial Premium

Amount Authorized (per policy) : \$ _____

If no amount is specified, AuguStar is authorized to debit the required premium up to a \$1,000 maximum debit per policy applied for. If the amount authorized is insufficient to pay the total premium due, a new authorization will be required for the amount necessary to pay the full first premium by a single debit.

This authorization may be revoked by verbal or written notice so long as such notice is received by AuguStar during regular business hours, at least one business day before the scheduled date of the debit. You may call us at 1-800-366-6654 to revoke this authorization. If any debit authorized hereunder is dishonored for insufficient funds or other reason, AuguStar will charge a returned debit fee of \$25 or the maximum fee permitted by law, whichever is less, and all future debits will cease. **In the event this authorization is revoked or if a debit is dishonored, any policy not yet in force will not otherwise go into force and any policy already in force may lapse unless the required premium is paid.**

Bank/Financial Institution Name _____ Routing Number _____ Account Number _____

Type of Account: Checking Savings

Add to existing Debit on Policy Number(s) _____

Signature of Applicant/Policy Owner _____

Date _____

Signature of Bank Account Owner(s) (if different) _____

Printed Name of Bank Account Owner(s) _____