

PREAUTHORIZED PAYMENT REQUEST

I agree to the following conditions:

1. The bank account submitted below must be located in the United States and denominated in U.S. \$.
2. This authorization is revocable by the undersigned upon receipt by the Company of written revocation.
3. If any such draw is dishonored, the premium for which the draw is made shall be considered in default.

I am paying other premiums to you in this manner: Policy Nos. _____ and desire to have one draw each month for all premiums on the _____.

Signature <small>(must be same as on file at bank)</small>	Joint account signature	Name of depositor <small>(as it appears on bank records; print)</small>
---------------------------------------------------------------	-------------------------	----------------------------------------------------------------------------



**REQUEST TO HONOR
PREAUTHORIZED PAYMENTS**

Drawn by and payable in U.S. \$ to:
CNA International Life Company

Date _____ To: _____
(Name and address of bank and branch, if any)

Name of depositor _____
(as it appears on bank records)

Checking account number _____

As a convenience to me, I hereby request and authorize the Bank to pay and charge to my account electronic debits, checks, or drafts, drawn on my account by and payable to the Bank the order of the company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the Bank rights in respect to each such draw shall be the same as if it were a check drawn on the Bank and signed personally by me. This authority is to remain in effect in honoring any such draw.

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

Signature <small>(must be same as on file at bank)</small>	Joint account signature	Name of depositor <small>(as it appears on bank records; print)</small>
---------------------------------------------------------------	-------------------------	----------------------------------------------------------------------------

(Attach copy of void check here)

So that you may comply with your depositor's request, CNA International Life Company agrees:

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

To:

Secretary

The above is an authorization from your depositor to accept electronic debits, checks or drafts drawn by and payable to the CNA International Life Company. Your depositor has purchased insurance from our company and wishes to arrange for payment of monthly premiums in this manner.