



Federal Life Insurance Company
P.O. Box 147, Lincolnshire, IL 60069
800-233-3750
www.federallife.com

EFT Change Form

Section A: Contract Information

Contract Number(s)	Full Name of Insured (life policy) or Annuitant (annuity contract)
Contract Owner's Full Name <i>(if different than insured)</i>	Contract Owner's Phone Number
Contract Owner's Email Address	Contract Owner's Mailing Address

Section B: EFT Change Request

1. I would like to make the following Electronic Funds Transfer ("EFT") change to the contract(s) listed above – *select all the apply*:

- ☐ **Start/Add** EFT payments—*please attach a voided check or deposit slip*
☐ **Change** my banking information on existing EFT payments—*please attach a voided check or deposit slip*
☐ **Change** my existing EFT payment frequency
☐ **Change** my existing EFT draft day
☐ **Stop** existing EFT payments

2. If **adding** or **changing** your EFT details, fill out the corresponding field(s) below.

a. Desired EFT Processing Day (1 st to the 28 th)*	_____ <i>*Payments will be deducted 1-3 business days after the selected processing day</i>	
b. Premium payment frequency	☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual	
c. Banking information	Financial Institution Name	
	Routing Number	
	Account Number	
	Account Type	☐ Checking ☐ Savings

Section C: Signature(s)

This Request for Electronic Funds Transfer (EFT) form is an agreement between you and Federal Life Insurance Company (the "Company"). This agreement will let you pay insurance premiums to the Company through recurring EFT payments from your account with the financial institution indicated below (Bank), and it authorizes your Bank to honor the EFT. If you want to change or terminate this agreement, you must provide thirty days written notice to the Company. The Company may change or terminate this agreement at any time. EFT payments for the contract(s) listed above will be made from your Bank according to the EFT Process Date that you selected. If you did not specify an EFT Process Date, the Company will assign one. It is your responsibility to ensure that your Bank account has sufficient funds available for these recurring EFT payments. The Company is not responsible for any overdraft charges and/or fees that your Bank may charge to your Bank account. If your EFT payment is declined for any reason, we will not attempt another EFT from that same Bank account unless you contact the Company first. We will remove your insurance contract from the EFT payment method and instead send premium notices to the most recent address of the contract owner that we have on record. If premiums are not paid when due, coverage may lapse as defined in the insurance contract(s) listed above. This agreement does not alter any of the provisions of the insurance contract(s) listed above. By signing this form, you acknowledge that you have accepted the terms of this agreement.

Bank Account Owner's Signature <i>(electronic signatures not accepted)</i>	Printed Name	Date
Joint Bank Account Owner's Signature	Printed Name	Date