

Pre-Authorized Checking (PAC) Agreement

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Zurich American Life Insurance Company (ZALICO)
Administrative Offices:
PO Box 19097
Greenville, SC 29602-9097
USA
(800) 449-0523

Owner _____
Joint Owner _____
Contract Number _____
Daytime Phone Number _____

Overnight deliveries can be sent to:
2000 Wade Hampton Blvd.
Greenville, SC 29615-1064
USA

This form is being submitted due to:

- Premium PAC Set Up
- Loan Repayment PAC Set Up
- Changes to Existing PAC

Section 1: General Information

Premium Pre-Authorized Checking Agreement (IRA and Non-Qualified contracts only)

Assets transferred to your account via check/electronic debit will be allocated according to the existing subaccount/general account designations.

Loan Repayment Pre-Authorized Checking Agreement

Loan Repayments transferred to your account via check/electronic debit will be used to reduce your loan balance on all active outstanding loans.

Any defaulted loan or loan beyond its term will not have payments allocated to them via Loan Repayment PAC. In these instances, a check must be mailed with specific instructions to pay off these loans.

Section 2: Dollar Amount & Frequency Options

Premium Pre-Authorized Checking Agreement

Initial Premium: Subject to Product Requirements

Subsequent Premium: \$100.00

Enter the dollar amount to be drafted from your account and the frequency with which drafts will be made. Debit my account for \$ _____ Date of first debit _____

Frequency: Monthly Quarterly Semi-Annually Annually

Loan Repayment Pre-Authorized Checking Agreement

Minimum Quarterly Loan Repayment: Equal to the sum of quarterly loan repayment amounts of all active loans.

Enter the dollar amount to be drafted from your account and the frequency with which drafts will be made.

Debit my account by the minimum quarterly loan repayment allowed

Debit my account for \$ _____ Date of first debit _____

Unless otherwise instructed, ZALICO will draft the minimum loan repayment amount from your account.

Frequency: Quarterly

*Minimum monthly amounts are 1/3 of minimum quarterly amounts.

Please note – If a loan status changes on your policy, such as an additional loan or a loan payoff, ZALICO will automatically update your draft amount based on the amount of the change.

Section 3: Financial Institution Information (attach a voided check, no deposit slips please. The Financial Institution must reside in US only. USA resident payees must use a financial institution in the USA.)

Name of Financial Institution: _____ Phone Number: _____
Street Address: _____ Account Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____

Section 4: Foreign Wire Instruction (required for payee who lives outside of the United States of America)

I (we) live outside of the United States of America. I have completed the form **ZA-2001 International Wire Transfer Authorization** and enclosed it with this form.

Note: Please go to the website <https://www.zurichamericanlifeinsurance.com/> and click on the menu link of Customer Service/ Download Forms to download ZA-2001 form. You can also use Customer Service Phone number 1-800-499-0523 or Fax number 1-866-605-3962 to request the form.

Section 5: Signatures

I hereby request and authorize the Financial Institution designated above to pay and debit my account for checks/electronic debits drawn on my account by Zurich American Life Insurance Company to its own order. This authorization will remain in effect until revoked by me in writing and until you receive such notice. I agree that you shall be fully protected in honoring any such check/electronic debit and that I will be responsible for losses due to Non-Sufficient Funds in my account at the time a check/electronic debit is drawn from my account.

I agree that your treatment of each check/electronic debit, and your rights in respect to it, shall be the same as if it were signed by me personally. I further agree that if any such check/electronic debit be dishonored, whether with or without cause, you shall be under no liability.

Zurich American Life Insurance Company is instructed to forward this authorization to you.

Name of Depositor: _____ Signature of Depositor: _____ Date: _____
Name of Joint Depositor (if any): _____ Signature of Joint Depositor: _____ Date: _____

Section 6: Indemnification of the Financial Institution

So that you may comply with your depositor's request, the Zurich American Life Insurance Company

1. To indemnify and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check/electronic debit or order, whether or not genuine, purporting to be executed by the undersigned and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonable incurred in connection therewith.
2. In the event that any such check/electronic debit or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in loss of insurance.
3. To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.

Zurich American Life Insurance Company



David Dietz – President



Richard Grilli – Chief Operations Officer