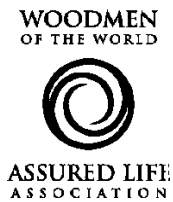


## The Bank Service Plan



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*"Just One Less Thing You Have to Worry About."*

By enrolling in the Bank Service Plan, you:

- Save time paying bills -- your premiums are automatically deducted monthly from your checking account
- Save postage -- no checks to write and mail
- Enjoy continuous coverage because you won't miss a payment -- every payment will be paid on time

The Bank Service Plan offers you privacy, convenience and assurance of having your premiums automatically deducted each month from your checking account.

For more information on the Bank Service Plan payment method, or any other of our services, just call (877) 223-3666 or write to us at:

P.O. Box 2397, Omaha, Nebraska 68103-2397

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## How to Enroll in the Bank Service Plan

1. Complete both forms below, making sure to write your name as shown on your checking account. Keep your copy of the Authorization Form in a secure place.
2. Send your check for the amount indicated in the enclosed letter. We'll use the account number on your check to put your BANK SERVICE PLAN (BSP) payments into effect. So it's important your check is from the account you want your payments withdrawn.
3. Return your completed Authorization Form with your check in the envelope provided.

Each month, a preauthorized withdrawal is prepared for the exact amount of the premium and is sent to your financial institution. The amount of the preauthorized withdrawal is deducted from your account balance and will appear on your monthly statement.

The preauthorized withdrawal will be sent to your financial institution on the specified day, and your premium is paid until the next month when the process is repeated.

It's that simple – so sign up today and begin making your insurance payments the modern, convenient way.

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### Please Sign and Date Each Portion

#### Authorization to withdraw funds by Woodmen of the World, and/or Assured Life Association.

As a convenience to me, I authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to the appropriate Company(ies) listed above. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_  
Date Authorized Signature as Shown on Account Joint Account or Other Authorized Signature

Address INQUIRIES to: P.O. Box 2397 -- Omaha, Nebraska 68103-2397

**(CUSTOMER COPY -- RETAIN FOR YOUR RECORDS)**

Detach Here and Return With Your Check

### FRATERNAL MEMBERSHIP DUES

Woodmen of the World/Assured Life Association is a fraternal benefit society that exists solely for the well being of its members and their beneficiaries. You and all other certificate holders ARE the company.

One dollar per month will be added to your premium for membership dues, and you become part of the growing family that is Woodmen of the World/Assured Life Association. Your dues dollars help to make a difference in your community. You are contributing towards scholarships that your children or grandchildren may apply for. A portion of the dues are also used to contribute to charitable organizations in the communities in which our membership lives. You may even find yourself getting together with other members in your area on a social and volunteer basis. The dues help support all of these programs plus other benefits and programs.

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### Bank Service Plan Request Form

I. List the certificate numbers to be paid by your checking account:

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
Certificate Number Customer Certificate Number Customer

II. Specify the date premiums will be withdrawn:  1st of the Month  15th of the Month

III. Attach your check from the account premiums will be withdrawn.

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### Authorization to withdraw funds by Woodmen of the World, and/or Assured Life Association.

As a convenience to me, I authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to the appropriate Company(ies) listed above. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_  
Date Authorized Signature as Shown on Account Joint Account or Other Authorized Signature

**Return This Form With Your Check**