

**NORTH COAST LIFE INSURANCE COMPANY
CHECKLESS REQUEST FORM**

PLEASE ATTACH VOID CHECK

Insured's Name(s) _____

Address _____

City/State _____ Zip _____

Policy Number(s) _____

New policies will be assigned numbers by North Coast Life.

I authorize North Coast Life Insurance Company to instruct my bank to make my insurance/annuity payments from the following checking account each month on the _____ (enter day for withdrawal, 1st - 28th). I understand I may discontinue this authorization at any time by giving notice to North Coast Life Insurance Company.

Bank or Institution _____

Bank Address _____ Telephone No. _____

Checking Account Number _____

Routing/Transit Number _____

Account Name _____

Signature _____ Date _____

Instructions to Agent:

1. The minimum Checkless premium (all policies combined) must be \$7.50 or more.
2. Type or print in ink one form for each payor.
3. Enter all information requested. Have the payor sign the form.
4. If Checkless pay plan is to cover existing policies, enter all policy numbers.
5. The Checkless premium must be drawn from the insured's or owner's checking account.
6. Be sure to obtain a day for payment withdrawals from the 1st through the 28th. If no preference given, withdrawals will be made on the policy date.
7. Attach check marked "void" from premium payor's check book. Only Pre-Printed checks will be accepted.