



Individual Electronic Transfer Funds Authorization

I hereby authorize Leaders Life Insurance Company to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the originations of ACH transactions to my account must comply with U.S. Law.

Debits are authorized to be taken on the _____ of each month.
(Day)

Depository Name and Branch

Address (City, State, Zip)

Routing Number

Account Number

Name of Checking Account Owner

Signature of Checking Account Owner

This authorization is to remain in full force until Leaders Life Insurance Company has received written notice from me of its termination in such a manner to afford Leaders Life Insurance Company and Depository a reasonable opportunity to act on it.

Address of Policy Owner

Policy Number(s)

City, State, Zip of Policy Owner

Date

Current Phone Number of Policy Owner

Name of Policy Owner

Email Address of Policy Owner (Not Required)

Signature of Policy Owner

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