
Safe...
Quick...
Easy...
Convenient...
Reliable...

Enjoy the convenience many people already have by not having to write a check, or having to remember when their premiums are due or even worrying if the premium was late.

Currently, millions of people throughout the country have their employer deposit their pay checks. Even the U.S. Government and those receiving benefits have come to rely on the convenience and reliability of automatic methods of banking for their Social Security payments. There is less paperwork, checkwriting, check cashing and postage.



*Pre-Authorized
Premium Payment Plan*



United National Life Insurance Company of America
P.O. Box 1154
Glenview, IL 60025-1154



How To Enroll in the Monthly Pre-Authorized Premium Payment Plan

Simply complete the attached Monthly Pre-Authorized Premium Payment Plan form, making sure to include a voided check. *It's that easy.*

Changing Banks or Accounts

1. Notify the Home Office when you decide to change your bank or account. A Monthly Pre-Authorized Premium Payment Plan form will be sent to you to complete. Make sure the form is signed at the "x". Also, include a voided check from the new bank or account. If your account does not allow checks to be written against it, a deposit slip will be accepted. This will help to provide a smooth transition in transferring your Monthly Pre-Authorized Premium Payment Plan to your new account.
2. When your new account is open, send a check from this account totalling one month's premium for all United National Life Insurance Company of America policies having premiums due that month. (Temporary checks are acceptable if they show the new account number.)

Alternate billing methods are available if you decide not to take advantage of the Monthly Pre-Authorized Premium Payment Plan at any time. For more information about your coverage and methods of payment, call our Policyowner Service Department at 1-800-207-8050.



Monthly Pre-Authorized Premium Payment Plan

Authorization to Honor Withdrawals to be drawn by United National Life Insurance Company of America.

Policy # (If applicable)

Additional Policy #'s

To _____
(Name of my Bank)

My Bank's Address _____

- Checking Account
Attach Voided "Sample" Check
- Savings Account
Attach Voided "Sample" Check
(if applicable) or Deposit Slip

As a convenience to me, I request and authorize you to charge my account for premiums drawn by and payable to the order of United National Life Insurance Company, Glenview, Illinois, provided there are sufficient funds in my account to pay the same upon presentation.

I agree that my rights in respect to each payment shall be the same as if it were drawn by me and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you receive notice for which you agree you will be fully protected in honoring such requests. I further agree that if any such payment is dishonored, whether with or without cause and whether intentionally, or inadvertently, you shall be under no liability at all although such dishonor could result in the forfeiture of insurance.

_____/_____/_____
Date

X _____
(Name of insured, if different from premium payer)

X _____
(My signature as it appears on my bank records)