

4 Beneficiary Information If no beneficiary is designated below, the member will be the sole beneficiary of all AD&D coverage. Please consult your certificate of coverage for a more detailed explanation of beneficiary designation.

First Name	MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	% Share
Total (Must equal 100%)						100%

5 Contribution Payment Basis I request the following payment basis *(please check one)*:
 Annual Semi-Annual Monthly Electronic Fund Transfer (EFT)*
**If electing EFT, you must complete the Electronic Fund Transfer Authorization section below*

6 Electronic Fund Transfer Authorization If you wish to use your checking account, enclose a blank voided check for that account. If you wish to use your savings account, you must confirm that your bank permits electronic fund withdrawals from savings accounts. By my signature below I authorize the administrator in accordance with the Agreement (included on page 2 of this Form) to charge my bank account for the amount of my insurance contribution payment until such time as I provide written notice of cancellation, or insurance is terminated.

Type of Account:
 Checking Savings

_____ Bank Name
 Account Owner's Name

_____ Your Savings Account Number
 Bank's Transit Routing Number *(if savings account only)*

X _____
 Signature of Account Owner

X _____ Date (mm/dd/yyyy)

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 Member Signature

Electronic Fund Transfer Authorization: Insurance Specialists, Inc. Automatic Insurance Payment Program Agreement provides for Electronic Fund Transfer for the purpose of making your insurance payment without the use of a check. Your signed authorization is required. The electronic debit will occur on the tenth of each month that the payment is due. If the transfer falls on a weekend or bank holiday, your checking/savings account will be charged the next business day. The amount of the automatic debit may vary due to changes in the amounts of insurance or a premium contribution charge. You will be notified in advance of changes to the amount of your debit due to premium contribution charges.

Please keep this notice for your records.