

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DEBITS)
TO: LIFE ASSURANCE COMPANY, ADDRESS: P.O. BOX 20667, OKLAHOMA CITY, OK 73156

I (we) hereby authorize the Company to initiate debit entries to the Depository Institution named below, and I (we) authorize the Depository Institution to accept and to debit the amount of such entries to my (our) account. All entries processed hereunder are to be debited to my (our) account on or after the _____ day of each month. Such date may be changed from time to time by the Company giving either of the customer(s) seven calendar days' notification.

DEPOSITORY INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING #: _____ ACCOUNT #: _____

This agreement shall remain in full force and effect until the Company has received written notice from me (or either of us) of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on such notice and in no event shall such notice of termination be effective with respect to entries processed by the Company prior to receipt of such notice.

The customer(s) understands that any debit entry may be rescinded within 15 days after posting notice has been sent to him or 45 days after posting, whichever occurs first, or payment stopped thereon in accordance with the Rules of Mid-American Automated Clearing House Association ("Rules"). Such right to rescission may only be waived by the customer as to a specific entry or entries previously initiated by the Company.

The undersigned hereby agree(s) that all entries initiated hereunder are to be governed in all respects by the Rules and agree(s) to be bound thereby.

DATE: _____ POLICY #: _____

SIGNATURE OF DEPOSITOR: _____

THIS AUTHORIZATION APPLIES TO PREMIUM PAYMENTS ONLY

As a convenience to me, I hereby request and authorize you to pay and charge to my account debit entry made by and payable to Life Assurance Company, Inc. provided there are sufficient funds in that account to pay the same upon presentation. Such entry will bear my printed name and it will not be necessary for any person employed by Life Assurance Company, Inc. to personally sign such entries.

This authorization is to remain in effect until revoked by me in writing, and until you actually receive notice of such revocation. I agree that you shall be fully protected in honoring any such entry. I agree that your treatment of each such entry and your rights in respect to it shall be the same as if it were personally signed by me. I further agree that if any such entry be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

DATE: _____

(Bank Signature of Depositor)