LifeShield
NATIONAL INSURANCE CO

REQUEST FOR POLICYOWNER SERVICE

Policy Number: _____ Insured: _____

The undersigned authorize(s) LifeShield National Insurance Co. to honor the service request(s) indicated below:

LOAN REQUEST:

☐ Maximum amount available ☐ Net cash loan for $_____(or maximum, if less)

Owner Signature: _____ Date: _____

Owner SSN: XXX-XX-_____

Owner Address_____

Notary signature required: BEFORE ME, the undersigned Notary Public, on this date, personally appears _____ known to me to be the person whose name(s) is (are) subscribed to the foregoing instrument and acknowledged to me that he/she executed same for the purposes and consideration therein expressed, and in the capacities therein stated. GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____, 20_____. _____ whose commission expires _____/_____/_____.	**Notary Seal/Stamp**

LifeShield
NATIONAL INSURANCE CO

Dear Policyholder,

You can have the credit paid automatically through our convenient Electronic Transfer Plan by doing the following.

1) Fill out and return the Authorization Form below.
2) Sign your name on the line titled “Signature of Payor”.

Once we receive the Authorization Form below properly completed and signed, and your VOIDED CHECK, we will remit your payment to you after reviewing all documentation received.

AUTHORIZATION TO SEND PAYMENT VIA EFT/ACH REFUND BY
LifeShield National Insurance Co., Oklahoma City, OK

Policy Number:_____ Insured Name: _____

Select type of Account: ___CHECKING ___SAVINGS ACCOUNT

Bank Account Information:

PAYOR NAME: _____CITY: _____ST: _____

ACCOUNT NUMBER: _____

BANK TRANSIT/ROUTING NO: _____

The undersigned hereby request the above- named Bank to pay via Electronic Credits to me by LifeShield National Insurance Co., Oklahoma City, Oklahoma,

SIGNATURE OF CUSTOMER: _____ DATE: _____