AUTOMATIC PAYMENT WITHDRAWAL

Authorization Agreement for Preauthorized Payment

Group Name _____

Group # _____ All Divisions ☐ Yes ☐ No If no, please list: _____

_____

Contact Name for Banking Issues _____

Contact's Phone Number _____ E-Mail Address _____

_____

Print Name As It Appears On Check _____

Print Name and Title As Shown On Bank Account _____

Print Full Name of Financial Institution and Branch, If Any _____

Bank Address (City, State, Zip) _____

Bank Phone Number ( ) _____

Determination Date (1-22) _____

Bank's Transit/Routing Numbers

Account Number Information

Please attach a check marked "void" and return to Trustmark Life Insurance Company with this authorization agreement. The account to be debited must be a checking account. All debits to the account will be electronic if the financial institution is an ACH member.

I (we) hereby authorize Trustmark Life Insurance Company to initiate debit entries or charges to the account indicated above, for the payment of insurance premiums and other administrative costs.

This authorization is to remain in full force until Trustmark Life or the Financial Institution has received written notification from me (us) of its termination, in such time and such manner as to afford Trustmark Life and the Financial Institution a reasonable opportunity to act on it.

_____ _____

Signature of Authorized Signer Title

_____ ( ) _____

Date Phone Number

INDEMNIFICATION AGREEMENT

TO: The Financial Institution

So that you may comply with your depositors request, Trustmark Life agrees:

1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft, or order, whether or not genuine, purporting to be executed or issued by or on behalf of Trustmark Life Insurance Company and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such check, draft, or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of insurance.
3. To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.
4. This indemnity shall terminate immediately as to any depositor who revokes his authorization as therein provided and may be terminated as to any or all depositors on thirty days notice by either of us to the other.

TRUSTMARK LIFE INSURANCE COMPANY
P.O. BOX 7952 • LAKE FOREST, IL 60045
866.373.9607 • FAX: 847-615-3898