

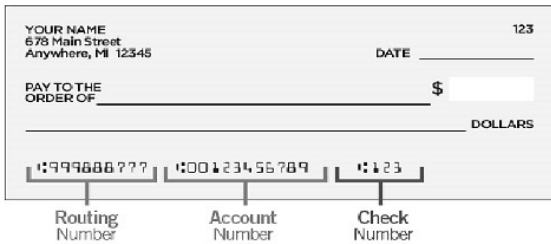
nea Members Insurance Trust

NEA Insurance Operations
P.O. Box 10320, Peoria, IL 61612-0320

Authorization for Electronic Funds Transfer

- All withdrawals authorized will appear on your bank statement as “NEA Insurance Operations.”
- Withdrawals will be taken on the first business day of the month.
- If your account does not have enough money, your bank may charge you for insufficient funds when we try to withdraw your payment. We will try to withdraw the money up to two times. If we are unsuccessful, we will notify you by mail of the missed payment and you may risk cancellation of the payment plan.
- If you cancel your policy before the current month’s withdrawal date, we will notify you by mail of any balance due.

Where to find your Bank Routing Number and Bank Account Number.



The authorization for automatic withdrawals shall remain in full force and effect until one of the following occurs:

- You notify NEA Insurance Operations at least five business days before a scheduled withdrawal date to either terminate this authorization or to prevent a scheduled payment.
- NEA Insurance Operations notifies you of termination of the authorization agreement.
- The policy is no longer in effect.
- The bank account authorized for withdrawals is closed or is otherwise terminated.

MEMBER INFORMATION

Member’s Name (First, MI, Last Name)

Home Address (Street, City, State, Zip)

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Phone – check one: Mobile Home Work

Personal Email Address

BANK INFORMATION

Bank Name

Bank Account Owner’s Name (if different than Member’s Name above)

Routing Number

Bank Account Number

Checking Savings

AUTHORIZATION & SIGNATURE

I certify that I am the owner and/or authorized signer for this bank account, and I authorize NEA Members Insurance Trust and Pearl Insurance/NEA Insurance Operations to make electronic debit entries for payment of premiums for my NEA Life and AD&D Insurance Plan from this account. The entries shall constitute my receipt for the transaction(s). I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I recognize that this authorization allows Pearl Insurance/NEA Insurance Operations to adjust my scheduled deductions to reflect any premium changes. I understand that it is my responsibility to make sure that there are sufficient funds in this account at the Withdrawal Date. I also understand that the policy may cancel or expire if there are insufficient funds in the account, pursuant to the terms of the policy. This authorization is to remain in effect until Pearl Insurance/NEA Insurance Operations receives written notification of its termination and has sufficient time to act on it.

Bank Account Owner’s Signature

Date

Once completed, signed, and dated, this form should be mailed to:

NEA Insurance Operations
P.O. Box 10320, Peoria, IL 61612-0320

