

Applicant Name: _____
Group Policy Number: _____
Policyholder: Collegiate Alumni Trust or Collegiate Alumni Trust II
Administrator: Meyer and Associates
Insurance Account Number: _____ (to be completed by Administrator)
Monthly Premium Withdrawal for EFT: _____ (to be completed by Administrator)

This agreement with Meyer and Associates is for Electronic Funds Transfer (EFT) to pay your insurance premium without using a check. An electronic debit will be submitted to your bank so the amount will be deducted automatically from your bank account on, or shortly after, the first business day of each month to pay your premium for that month. The debit will appear on your bank statement as "Meyer and Assoc LifelnPrem." If your premium increases for any reason, for example, due to an automatic benefit increase, (1) we will notify you of the new monthly premium at least four weeks in advance and (2) EFT will be processed for the new monthly premium amount.

You may change banks or end EFT by giving us written notice that we receive by the 24th of the month before the change. If you end EFT, you will receive semiannual bills (payable by check or money order), including a service fee, currently \$6 per billing cycle.

For new accounts, the first EFT draw will be for two months of premium. For the third month of coverage and thereafter, EFT draws are for one month of premium. For accounts initially paid by check and switching to EFT, EFT draws are for one month of premium.

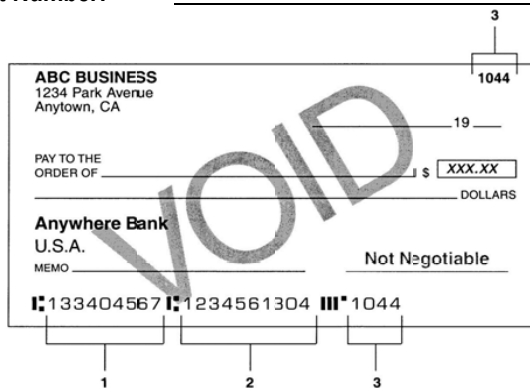
EFT Preference (select one)

- Start monthly payments via EFT. I am providing bank account information.
- Keep current EFT arrangements. I authorize EFT payments for the above by using the bank account information that is on file for my current/previous life insurance account. (You do not need to complete Bank Account Information.)
- Continue making monthly payments via EFT. I am providing new bank account information.

Bank Account Information

I would like to make monthly payments via EFT using the following bank account information:

Name on Bank Account: _____
Bank Name: _____
Routing Number: _____ (requires 9 digits; see image below to find this number)
Bank Account Number: _____ (not to exceed 17 digits; see image below to find this number)



- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

Signature of Applicant

By executing this form, you (1) authorize EFT, (2) agree to give us timely written notice of all relevant changes to your address and bank account, and (3) understand that (a) normal overdraft fees apply to items that cannot be collected and (b) we reserve the right to correct clerical errors.

Applicant's Signature X _____ Date _____

If you have any questions, please contact the Administrator:

Meyer and Associates ♦ 18 Washington Avenue ♦ Chatham, NJ 07928 ♦ 800-635-7801 ♦ Fax: 973-635-7578 ♦ info@meyerandassoc.com