



USFL
 PO BOX 1419
 Charlotte NC 28201-1419
 Phone: 800-959-3894
 Fax: 855-784-1586
 USFLI-POS@AXA-Equitable.com

An AXA Financial Company

FORM MUST BE COMPLETED IN FULL AND ACCOMPANIED BY A PERSONAL CHECK MARKED "VOID."

**AUTHORIZATION TO U.S. FINANCIAL LIFE INSURANCE COMPANY
 TO INITIATE DEBIT ENTRIES ON BANK ACCOUNT**

Issued under Application No. _____ or, in force under Policy No. _____

For the purpose of paying premiums for insurance on the life of

 Name of Insured/Proposed Insured

 Street

 CITY

 STATE

 ZIP CODE

Check here if new address (address will be updated)

I hereby authorize U.S. Financial Life Insurance Company to initiate debit entries from my account at:

 Bank Name

 Bank Account No.

 Routing No.

(first 9 digits bottom left-hand corner of check)

 Bank Address City

 State

 Zip Code

Monthly Quarterly Semi-Annually Annual

Such authorization to be revocable only upon receipt by U.S. Financial Life Insurance Company of a written revocation. I agree that the initiation of such debit entries to such bank shall constitute due notice of premiums being due upon the policy.

The debit will occur in the next policy month on the date selected. My debit date is the same as the policy date unless otherwise indicated (**Debit date cannot exceed 5 days from effective date of policy**):

Other Date 1 5 10 15 20 25

Universal Life Only – The debit must always occur on or before the effective day of the contract unless an additional modal payment(s) is made prior to onset of the draft.

AS POLICYOWNER, I HEREBY NAME THE INDIVIDUAL NAMED BELOW AND NAMED ON THE ATTACHED VOIDED CHECK AS PAYER OF MY POLICY. AN ACKNOWLEDGEMENT OF THAT CHANGE WILL BE SENT TO ME AT MY ADDRESS OF RECORD AND TO THE PAYER AT THE ADDRESS SHOWN BELOW.

 POLICY OWNER'S SIGNATURE

 DATE

AUTHORIZATION TO MY BANK TO HONOR DEBIT ENTRIES ON BANK ACCOUNT

I hereby request and authorize my bank to honor debit entries, with said debits made to my account and drawn by U.S. Financial Life Insurance Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the bank's rights in respect to such debit shall be the same as if a check was written and signed personally by me. I hereby agree that if any debit is not paid by the bank for any reason, with or without cause or whether such nonpayment is intentional, inadvertent or otherwise, the bank shall be under no liability whatsoever, even though such nonpayment results in the forfeiture of insurance. This authorization is to remain in full force and effect until revoked by me upon 30 days written notice, and until the bank actually receives such notice I agree that the bank shall be fully protected in honoring any such debit to my account.

 PRINT NAME OF PAYER

 DATE

 PAYER STREET ADDRESS

 SIGNATURE OF PAYER (As it appears on bank records)

 CITY, STATE, ZIP CODE