ELECTRONIC FUNDS TRANSFER AGREEMENT

BetterLife

☐ New ☐ Change ☐ Reinstatement

PAYOR INFORMATION			
Payor Name:			
Billing Address:			
Payor Phone #:		Payor Email:	

PAYMENT DETAIL					
Policy Number(s)	Name of Insured	Premium Draft Amount	Policy Loan Repayment Amount	Total Draft Amount	Effective Date of Next Draw
		$	$	$	
		$	$	$	
		$	$	$	
		$	$	$	
		$	$	$	
		$	$	$	
		$	$	$	
		$	$	$	

Please draft ongoing payments: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

FOR NEWLY ISSUED POLICY(S) ONLY

First Premium draws will be processed on the date this completed form is received in the Home Office.

☐ Withdraw First Premium from the account listed below in the amount of $_____
- ☐ Immediately withdraw as part of application
- ☐ Withdraw upon approval of the application
- ☐ Withdraw first premium specifically on this date _____

☐ Withdraw the First Premium from my existing EFT account on policy #_____

☐ First Premium has been or will be submitted by check, money order, or other physicial form.

Please draft ongoing payments after approval: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Please draft ongoing payments on the _____ (Choose a date between the 1st and 28th)

BANK ACCOUNT INFORMATION			
Name(s) on Account:			
Bank Name:			
Account Type:	☐ Checking ☐ Savings		
Bank Routing #:		Account #:	

AUTHORIZATION

I hereby authorize the financial institution named above to honor withdrawals by check or electronic debit drawn by and payable to BetterLife when drawn on the account listed above. This authorization shall remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such withdrawals. I agree that your treatment of each such withdrawal and your rights in respect to it shall be the same as if it were a check signed personally by me. I further agree if such withdrawal be dishonored, whether with or without cause, you shall be under no liability whatsoever though such dishonor results in the forfeiture of insurance, or in the default of any loan.

Payor Signature: _____ Date: _____

How the Electronic Funds Transfer (EFT) Works:

- Withdrawals are prepared for processing on the EFT date the member selects and are routed through the Federal Reserve System to the account owner's financial institution. One withdrawal is produced for each type of account and for each EFT date selected.

Additional Information

- Policies with a dividend to reduce premium option may not be on the EFT plan.
- Policies removed from a EFT plan account return to quarterly premium billing arrangement, unless the policy owner subsequently elects another mode of payment. If a policy is not paid to a quarterly premium due date when it is removed from an account, the premium will be prorated and added to the next quarterly premium due and billed at once.

Important Reminder

If your EFT withdrawals need to be stopped for any reason, contact your BetterLife representative or the Home Office ten days prior to the EFT date, rather than placing a "Stop Payment" on the withdrawal. This will save everyone time, inconvenience and money.

To: Financial institution named on reverse side

In consideration of your compliance with a request and authorization of the depositor(s), BETTERLIFE agrees:

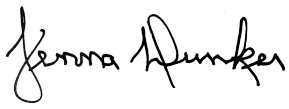
(1) To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution of any check, draft, order or electronic funds transfer, whether or not genuine, purporting to be drawn by or on behalf of BetterLife in accordance with the authorization, on the reverse side, including any costs or expenses reasonably incurred in connection therewith; and

(2) To indemnify you for any loss in the event of any such check, draft, order or electronic funds transfer shall be dishonored whether intentional or inadvertent, even though dishonor results in forfeiture or alleged forfeiture of the insurance or annuity or results in default of a loan; and

(3) To defend at our cost and expense any action which might be brought by any depositor or any other interested person because of actions taken pursuant to the foregoing request and authorization of your depositor(s) or in any manner arising by reason of your participation in this plan.

(4) Your participation in this plan may be terminated by thirty days written notice to BetterLife and the payer.

I, Jenna Dunker, hereby certify that I am the Secretary of BetterLife, a fraternal benefit society domiciled in Madison, Dane County, Wisconsin, and that I am the official custodian of its books and records; that the above resolution has been compared with the original and that it is a true and correct copy of the resolution adopted by the Board of Directors of BETTERLIFE as recorded in the proceedings of the October 17, 1991, meeting of that body.



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Jenna Dunker
Corporate Secretary