



Trinity Life Insurance Company

ADMINISTRATIVE OFFICE
PO BOX 5205 • FRANKFORT, KY 40602-5205
Phone: (866) 440-1357 • Fax: (502) 875-7084

REQUEST FOR PREAUTHORIZED TRANSFER PLAN (PAT)

<p>I hereby request and authorize Trinity Life Insurance Company to make preauthorized transfers from my bank account by way of draft, check, or electronic transfer for the payment of premiums for any policy/certificate listed. This authorization shall be subject to the following conditions:</p>	<p>PREAUTHORIZED TRANSFER PLAN DATA</p> <p>Frequency of transfer is Monthly:</p> <p>Date of Month: _____ <small>COMPLETE ONLY IF SPECIFIC WITHDRAWAL DAY IS REQUESTED</small></p> <p>Name of Bank: _____</p> <p>Bank or Branch Address: _____</p>								
<ol style="list-style-type: none"> (1) The preauthorized transfer shall occur on or after the premium due dates unless otherwise specified; (2) Trinity Life Insurance Company shall not incur any liability on any transfer returned by the bank; (3) Amounts not honored by the bank after initial deposit shall constitute non-payment of premium and coverage shall lapse subject to all provisions of each policy; (4) This authorization may be revoked by either party upon 30 days advance written notice, and Trinity Life Insurance Company may immediately revoke this request if any preauthorized transfer is dishonored by the bank when presented. 	<p>POLICIES TO WHICH REQUEST APPLIES (Include Existing Policies if combining is Desired)</p> <table border="1"> <thead> <tr> <th data-bbox="834 1016 1136 1041">Policy or Application Number</th> <th data-bbox="1227 1016 1528 1041">Name of Insured or Applicant</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Policy or Application Number	Name of Insured or Applicant	_____	_____	_____	_____	_____	_____
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_____	_____								
_____	_____								
_____	_____								
<p>_____</p> <p>Date</p>	<p>_____</p> <p>DEPOSITOR'S Signature EXACTLY as it appears on Bank Records</p>								
<p>DEPOSITOR'S BANK ACCOUNT No. _____</p>									

SUBMIT VOIDED CHECK IF BANK CHECK PLAN REQUESTED