



WESTERN NATIONAL INSURANCE GROUP Electronic Funds Transfer Authorization Form

Name of Financial Institution _____ Branch _____

City _____ State _____ Zip Code _____

Financial Institution Routing Number _____ Account Number _____

Please indicate the type of account: Checking Account Savings Account

Policyholder's Name (Please Print) _____

Policyholder's Address (Please Print) _____

Options for Personal policies: Monthly Full-Pay

Options for Commercial policies: Monthly Quarterly Semi-Annual Full-Pay

Required Please list the policy number(s) that should be paid by electronic funds transfer:

Preferred Due Date: _____

I (we) authorize Western National Insurance Group (Pioneer Specialty, Umialik, Western National Assurance, or Western National Mutual) and the financial institution named above to initiate entries to my (our) checking / savings account. This authority will remain in effect until I (we) notify you in writing to cancel this agreement. Likewise, I (we) understand that I (we) can stop payment of any entry by notifying my Western National Insurance Group company at least 3 business days before my (our) account is charged.

Signature(s) of account holders _____ Date _____

If this is a joint account, both authorization signatures are required.

MAIL COMPLETED FORM TO: WESTERN NATIONAL INSURANCE GROUP, PO BOX 59184, MINNEAPOLIS, MN 55459-0184 OR FAX TO (952) 921-9230 OR (877) 392-3735.

Retain For Your Records
<p>On _____</p> <p>I (we) authorized my Western National Insurance Group company and my financial institution to initiate electronic entries to my (our) checking/savings account and have agreed to the terms listed on the authorization. I (we) may revoke authorization with the company at any time by writing to:</p> <p>Western National Insurance Group PO Box 59184 Minneapolis, MN 55459-0184</p>