

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141 Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496 cinfin.com ■ 513-870-2000

## PRE-AUTHORIZED WITHDRAWAL AGREEMENT FOR DRAFTING OF PREMIUM PAYMENTS

I request and authorize The Cincinnati Life Insurance Company to withdraw against the account listed below to pay premiums on the following policies:

Policy Number (if known)	•	Name of Insured			
Name of Bank:					
Street Address or F	P.O. Box:				
City:		State:	Zip Co	de:	
Type of Account:			Routing Number:		
•	*Please include voide Do not use staples.	ed check.	Account Number:		
	·				
Payment Mode: If	you would prefer your p	remiums withdraw	n other than monthly, pleas	se check appropriate box:	
☐ Quarterly (every three months) ☐ Semi-Annual (every six months)			☐ Annual (once a year)		
	ease draft the first premi must be made by che			ditional Receipt cannot be	
date is desired be additional policy. For ex 2. Only premium 3. The payment of Company with 4. This authorizationice. 5. If any withdray	I for future premiums, planemium requirements if isting policies, premiured for the policy numbers of the premiums in this radio and ays' notice, or with the premium is revocable by the wal is dishonored, the premiums in the premium is revocable by the wall is dishonored, the premium is revocable by the wall is dishonored, the premium is revocable by the premium is revocable.	ease indicate a da you choose a dra im must be withd listed above will be manner may be dis out notice if any w undersigned upon	y of the month between 1 as it date after the policy date arawn on or before payment deducted from the account continued at any time by This ithdrawal is not paid upon pureceipt by The Cincinnati Line withdrawal is made shall	t number provided. he Cincinnati Life Insurance presentation. ife Insurance Company of written	
	-	er – Depositor (ple	, ,		
Signature of Premium Payer – Depositor				Date	