

NATIONAL BENEFIT LIFE INSURANCE COMPANY

Administrative Office: P.O. Box 100036, Duluth, Georgia 30096-0090, 1-800-257-4725

Authorization to Initiate Electronic Fund Transfers ("EFTs") for Monthly Premium Payments ("Authorization")

Authorization; Error Correction: By signing the enclosed Coverage Election Form, I hereby authorize National Benefit Life Insurance Company ("National Benefit Life") to initiate recurring EFTs from the Account at the depository financial institution ("Bank") listed on the enclosed Coverage Election Form for the monthly premium payments due under the Policy listed on the enclosed Coverage Election Form (the "Policy") on or after the Draft Day listed on the enclosed Coverage Election Form ("EFT Date") in each month. If the EFT Date is not a business day or does not occur in a particular month, the EFT will be processed on or after the next business day. In the event that an error is made in processing an EFT, I authorize National Benefit Life to initiate an EFT to the Account to correct the error. In the event that I am due a refund or National Benefit Life otherwise owes me money, I authorize National Benefit Life to initiate an EFT to the Account to credit me for the funds I am due and owed. I further authorize National Benefit Life to initiate EFTs from the Account in the amounts and on the dates I specify due to policy changes that I request.

Returned EFTs: In the event that an EFT is returned unpaid, I authorize National Benefit Life to reinstitute the EFT as permitted by applicable payment network rules. I understand that my Bank may charge me a fee if an EFT is returned unpaid, and I agree that National Benefit Life will have no liability for any such fee.

Termination; Change to Quarterly Direct Billing: I understand and acknowledge that I may terminate this Authorization by notifying National Benefit Life at least five (5) business days before any scheduled EFT or in sufficient time to allow National Benefit Life and my Bank to act on my request by: (1) logging into my account on myprimerica.com and changing my payment method; or (2) submitting a written termination to NBLIC@primerica.com or P.O. Box 100036, Duluth, Georgia 30096-0090; or (3) calling the toll-free Client Services telephone number at 1-800-257-4725. I understand that National Benefit Life cannot stop an EFT once it has been initiated by National Benefit Life. I understand that National Benefit Life will terminate this Authorization and stop seeking payment by EFT if any EFT is returned unpaid after two attempts or if National Benefit Life is not permitted by applicable payment network rules to reinstitute or initiate an EFT. If this occurs, I direct National Benefit Life to change my payment method to direct quarterly billing unless I otherwise instruct National Benefit Life using the contact information above. Neither National Benefit Life nor any of its affiliated companies will be liable for any loss, damage, or expenses of any kind or nature, including the forfeiture of insurance, resulting directly or indirectly from, or in any way connection with the rejection, dishonor, return, reversal or readjustment of my EFT by my Bank.

By signing the enclosed Coverage Election Form, (1) I agree to the terms of this Authorization set forth above; (2) I represent under penalty of perjury that I am an authorized signer on the Account; (3) I acknowledge that I have retained a completed copy of this Authorization; and (4) I understand that I will be responsible for making the premium payments specified above by another method to keep my Policy in force if National Benefit Life cannot obtain payment by EFT.

**PLEASE RETAIN THIS PAGE AND A COPY OF
THE COMPLETED COVERAGE ELECTION FORM FOR YOUR RECORDS**

CONSENT TO ELECTRONIC DELIVERY OF POLICY AND RELATED DISCLOSURES

By consenting to Electronic Policy Delivery on the Coverage Election Form, you agree to electronic delivery of your National Benefit Life insurance policy and related materials, as well as each of the following terms:

Access and Delivery of Your Policy – If your policy is issued, you will receive an email from us at the email address you have provided on the Coverage Election Form, letting you know that your policy is available at my.primerica.com. You agree to promptly access and view your policy once you receive this email. Your right to cancel your policy, receive a complete refund, and our right to contest a claim based on statements in your Form may depend on when you receive your policy. You are considered to have received your policy when we notify you from the below email address and tell you that your policy is available. Until a policy is issued and delivered to you at my.primerica.com, only Conditional Coverage, if any, exists.

Scope of Communications To Be Provided in Electronic Form – You agree that we may provide you with any communications that we may choose to make available in electronic format, to the extent allowed by law, unless and until you withdraw your consent as described below. We may also continue sending paper communications to you. Your consent to receive electronic communications includes, but is not limited to, all notices, disclosures, authorizations, acknowledgements and other documents relating to your life insurance application and policy.

Electronic Form and Hardware/Software Requirements – Your policy and other information to be provided will be in pdf format. You acknowledge that you have access to the internet and can open materials sent in pdf format. To obtain free pdf software, go to www.adobe.com. The computer hardware and software used to access the internet is all you will need to view your life insurance policy and other information. To retain a copy of these materials, you may save them, print them or email them to where you can save or print them. To save an electronic copy, you may need up to 13,000 bytes per page. You may also view your policy and other information at any time by logging onto my.primerica.com.

How to Update Your Email Address – To update your email address either email us at NBLIC@primerica.com or write to us at P.O. Box 100036, Duluth, GA 30099–0090 and tell us your previous email address, your new email address and policy number.

How to Withdraw Consent or Request Paper Copies – If you would like to receive a paper copy of your policy and related disclosures or to withdraw consent to receive future notices and disclosures in electronic form, you must either email us at NBLIC@primerica.com or write to us at P.O. Box 100036, Duluth, GA 30099–0090 and tell us your full name, email address, US Postal address, telephone number and policy number.

Troubleshooting – If you have trouble accessing my.primerica.com to view your policy and related disclosures, you may contact us at 1–866–643–9270.