

**National Life  
Group®**
☐ **National Life Insurance Company®**  
☐ **Life Insurance Company of the Southwest®**
**Electronic Funds Transfer (EFT) Authorization****PAYMENT INSTRUCTIONS**

**Policy/Contract Number:** **#786211200**      **Insured/Annuitant: (Full name)** **Lanre Bolaji**      **Agent:** **Brad Shinavar**      **Effective/Start Date:** **06/15/2025**

- ☐ The depositor will pay on multiple policies including: \_\_\_\_\_
- ☐ Check this box if you would like to have one deduction from your bank account for all policies drafting on the same date from this bank information.

Payment Type	Frequency	Amount	Draft Date (Select 1-31) (If no date, will align with effective date)
<input checked="" type="checkbox"/> Initial Premium (please bill me after this amount)	N/A	\$ <b>83.38</b>	<b>06/15/2025</b>
<input type="checkbox"/> Initial Premium (I will pay recurring EFT as indicated below)	N/A	\$	

<input type="checkbox"/> <b>Recurring Premium</b> <b>Note:</b> For Whole Life or Term policies drafts must align with the policy anniversary. Therefore monthly deductions may be required for a short period.	<input type="checkbox"/> Monthly (default if nothing is selected)	\$	
	<input type="checkbox"/> Quarterly		
	<input type="checkbox"/> Semi-Annually		
	<input type="checkbox"/> Annually		
<input type="checkbox"/> <b>Recurring Loan Payment</b> (this is used if you have a loan on your policy and would like to pay it back)	<input type="checkbox"/> Monthly (default if nothing is selected)	\$	
	<input type="checkbox"/> Quarterly		
	<input type="checkbox"/> Semi-Annually		
	<input type="checkbox"/> Annually		

- ☐ Please check this box if you agree that the initial premium may be deducted if it is **within \$25** of the amount included above. You will be given prior notification for initial premium amounts that exceed this \$25 limit.

**BANK INFORMATION Attach a voided check or deposit slip to ensure accuracy.**

- ☐ National Life Group has my banking information on file. Please use same account as policy: \_\_\_\_\_

Name of Bank:

Name(s) on Account and Relationship to Insured/Annuitant if different:

**Capital One Bank****Lanre Bolaji**Account Type: ☐ Checking ☒ Savings

Bank Routing No. (Cannot begin with 5)

Customer Account No. (Do not include check number)

065000090

8317369493

**AUTHORIZATION**

I (we) request and authorize you to charge my (our) bank account, by pre-authorized electronic fund transfer for the purpose of paying premiums, loan repayments, or making deposits towards policies/contracts listed above (and/or attached). I (we) understand that recurring premiums will be initiated on my (our) chosen draft date, however, may take several days to clear.

Depositor's Signature:

Date:

Owner's Signature (if other than Depositor):

Date:

Signed by:



Depositor's Mailing Address:

**7303 Oakcrest DR Fulshear TX. 77441**

Depositor's E-Mail Address:

Depositor's Phone Number:

**bolafiz2001@gmail.com**
☐ Home ☐ Mobile ☐ Work

 1707EFT(1018)  
 Cat. No. 52381

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

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Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLife.com

**Electronic Funds Transfer (EFT) Authorization - Continued**

**Required Fields: Policy/Contract Number, Insured/Annuitant, Payment Type, Amount, Bank Information, Signatures.** If any of these fields are left blank a 10-day notice may apply or it may cause a delay in processing.

The Electronic Funds Transfer (EFT) Payment Plan provides you with a safe, effective, and convenient method of paying your insurance premiums directly from your checking or savings account on a recurring basis.

**Special Instructions:** This form is for National Life Insurance Company and Life Insurance Company of the Southwest (the Company) insurance products ONLY. Follow the instructions below and have the customer sign the form and return it to [efteam@nationallife.com](mailto:efteam@nationallife.com).

When completing this form:

1. Complete Policy/Contract Number and Insured/Annuitant name. If this form is to be used for multiple policies, the affected policy numbers must be listed.
2. Check the box in the Payment Information section if you would like one deduction from your bank account for all policies using the same bank information on the same draft date.
3. For newly issued policies, if you would like to draft the initial premium please complete the Initial Premium section.
4. Draft Date: If left blank, but a Payment Type is checked, we will align the payment to the policy effective date. If your draft date is the 29th, 30th, or 31st and the current month does not have that many days, your draft will occur on the last day of the month.
5. Check the box in the Payment Information section if you agree to waive the notification period if your initial premium amount increased within \$25 of the original premium amount indicated. The premium amount may change due to the Underwriting approval process or if the amount indicated does not match your current minimum premium based on the frequency you have selected.
6. Attach a deposit ticket or voided check and indicate what type of account, i.e. checking or savings. This ensures accuracy, and is strongly encouraged. If one is not submitted please complete Bank Information section based on copy of check below. The Company reserves the right to require a voided check. (Note: an ACH routing number cannot begin with a 5)

NAME ADDRESS CITY, STATE ZIP	0123 01-23456789
DATE _____	
PAY TO THE ORDER OF _____	\$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>
	DOLLARS
BANK NAME ADDRESS CITY, STATE ZIP	
FOR _____	
<b>01 23456789 01 23456789 01 23</b>	
Routing Number	Account Number

7. Check the box in Banking Information section if you already have EFT setup on another policy. If Depositor and Owner are different, we will still require both signatures.

**Important Information Regarding Conditions Pertaining To Your Payment Plan**

1. If we are not able to draft on the selected draft date, or for the requested amount, a 10-day notice may apply.
2. This payment plan may be terminated upon a 5-day notice from the policy owner, depositor, or the depositor's bank. The Company may also terminate this payment plan at any time providing written notice to the policy owner and giving sufficient time for maintaining coverage.
3. When selecting EFT, your policy must stay paid-to-current and drafts will occur on your anniversary schedule for Term, Whole Life, and Disability policies.
4. If you change your banking arrangements, at least 5 business days of advance notice must be given to the Company. If this advance notice cannot be provided, sufficient funds should be left in your account to honor all charges until our records can be changed. Note: Failure to provide adequate notice may result in your bank assessing *your account* return item fees or charges.
5. Once the EFT Payment Plan is established, deductions will occur on your selected draft date or shortly after to pay premiums due within that month, special deductions may be scheduled to bring your policy current or to align with your anniversary.
6. For service or questions, please contact your agent or Registered Representative, or call our toll free number 1-800-732-8939, and a customer service associate will be happy to assist you.

## Certificate Of Completion

Envelope Id: 53301158-2057-40FF-826C-7CBA5D80558C

Status: Completed

Subject: Please DocuSign: 1707 Electronic Funds Transfer (EFT) Authorization.pdf

Source Envelope:

Document Pages: 2

Signatures: 1

Envelope Originator:

Certificate Pages: 4

Initials: 0

Electronic Funds Transfer Team

AutoNav: Enabled

1 National Life Dr.

Envelopeld Stamping: Enabled

Montpelier, VT 05604

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

eftteam@nationallife.com

IP Address: 99.182.222.129

## Record Tracking

Status: Original

Holder: Electronic Funds Transfer Team

Location: DocuSign

6/14/2025 6:19:13 PM

eftteam@nationallife.com

## Signer Events

Lanre Bolaji

Bolafiz2001@gmail.com

Security Level:

DocuSign.email

ID: 1

6/14/2025 6:19:14 PM

## Signature

Signed by:  
  
5DD6046D958543F...

Signature Adoption: Drawn on Device

Using IP Address: 99.182.222.129

## Timestamp

Sent: 6/14/2025 6:19:13 PM

Viewed: 6/14/2025 6:19:17 PM

Signed: 6/14/2025 6:26:18 PM

## Electronic Record and Signature Disclosure:

Accepted: 6/13/2025 1:43:59 PM

ID: 94625236-27b2-4484-8ba7-fd00acfe3ef2

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

EFT Team

eftteam@nationallife.com

Security Level: Email, Account Authentication  
(None)

## Electronic Record and Signature Disclosure:

Not Offered via DocuSign

**COPIED**

Sent: 6/14/2025 6:26:19 PM

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

## Envelope Summary Events

## Status

## Timestamps

Envelope Sent

Hashed/Encrypted

6/14/2025 6:19:13 PM

Certified Delivered

Security Checked

6/14/2025 6:19:17 PM

Signing Complete

Security Checked

6/14/2025 6:26:18 PM

Completed

Security Checked

6/14/2025 6:26:19 PM

## Payment Events

## Status

## Timestamps



## **Consent to Do Business Electronically through DocuSign**

### **What is the purpose of this Consent?**

If you continue, you are expressing your desire to conduct business electronically with National Life Insurance Company, Life Insurance Company of the Southwest, Equity Services, Inc., Sentinel Asset Management, Inc. and/or their affiliates (“we”, “us”, “our” or “National Life Group”). To conduct business electronically, you will be required to provide your consent and your e-mail address.

This Consent covers your agreement to be bound with the same force and effect as if you had signed your name on paper by hand. Please note, you may not electronically sign a document in any name other than your own. You understand that by continuing you are giving your electronic signature. You agree to maintain the security of your Internet access and e-mail address.

### **What kinds of transactions may be conducted electronically?**

Currently, the only transaction you may conduct electronically is the transaction for which you are receiving this notice. Even though you have provided us with this consent, we may, at our option: (a) deliver documents and information to you on paper, and (b) require that certain communications from you be delivered to us on paper.

### **What hardware and software is required?**

Operating System:	Windows 2000 or Windows XP (or later)
Browsers:	Internet Explorer 6.0, Mozilla Firefox 1.0, Netscape 7.2 (or later)
Email:	Access to any valid e-mail account
Screen Resolution:	800 x 600 (minimum)
Enabled Security Settings:	Allow per session cookies Users accessing the Internet behind a proxy server must enable HTTP 1.1 settings via the proxy connection

These minimum requirements are effective for the current transaction, but are subject to change for future transactions. Current minimum requirements will be provided each time you conduct a transaction with us through DocuSign.

### **If I prefer to use paper instead of conducting a transaction electronically, may I use paper?**

Yes. If you do not wish to do business electronically, please do not proceed. If you do proceed and would later like a paper copy of your transaction documents, you will be able to download them from DocuSign for up to 30 days following the transaction for no cost. Customers may also call us at (800) 732-8939 to obtain one paper copy at no fee.

### **How long will this Consent remain in effect?**

This Consent shall become effective as soon as you check the box and remains in effect throughout the transaction. This Consent does not apply to any future transactions with us.

**What if I change my mind?**

If you change your mind about doing business electronically, you should not proceed. Once you complete this electronic transaction, it is effective.

**What if my e-mail changes?**

Customers may let us know of e-mail changes by calling (800) 732-8939. For others, we will confirm your e-mail with you before commencing a future transaction.

By checking the box, you confirm that:

- You can access and read this Consent to Do Business Electronically; and
- You can print on paper the Consent or save or send the Consent to a place where you can print it, for future reference and access; and
- You consent to complete this transaction electronically.