Federal Kemper Life Assurance Company Fidelity Life Association, A Mutual Legal Reserve Company Kemper Investors Life Insurance Company Zurich Life Insurance Company of America

A P P N I			
A 1: .: NI 1			
Application Number	Application Number		

A Zurich Life Company, also called "the Company" $1600\ McConnor\ Parkway,\ Schaumburg,\ Illinois\ 60196-6801$ - the "Company" 1-800-442-5433

Premium Payment Options - New Business

	1				
	Insured's Name (please print)	Insured's Date of Birth			
Complete the section below corresponding to your choice of payment option: SECTION 1: AUTOMATIC WITHDRAWAL (Void Check Required)					
☐ Monthly ☐ Quarterly ☐ Semi-annually		l Premium/ Quick Check**			
Premium will be deducted on the same day of the month as the space provided. (Choose from days 1-28 only):	s the policy date. If you prefer a	•			
Name of Financial Institution		State			
ABA Routing Number					
ATTACH PAY	** Initial premium payment will be drafted from the account specified above based on the schedule selected above. ATTACH PAYMENT AND/OR VOID CHECK (Please staple your check to the left margin.)				
SECTION 2: CREDIT CARD (Term Products Only)	your eneem to the less many				
Automatic payment by credit card (Quarterly Only):	MasterCard VISA	☐ American Express ☐ Discover			
Name as it appears on card	(Dl D.:)				
Card Number	(Please Print)	Expiration Date			
NOTE: You are responsible for notifying the Company i SECTION 3: DIRECT BILL	n writing of any changes to you	ur credit card information.			
Quarterly Semi-annually Annually NOTE: If you choose to be billed directly, you may electINITIAL PAYMENT via credit card (Term Products Only). After this initial credit card payment, you will be billed based on the schedule you have selected above. Do you wish to use this option? Yes No					
If No, attach payment below. If Yes, please provide the follows	lowing: MasterCard V	√ISA ☐ American Express ☐ Discover			
Name as it appears on card	(pl p:)				
	(Please Print) TACH PAYMENT	Expiration Date			
-	your check to the left margin.)				
If death benefit exceeds \$500,000, including other Zurich Life applications and policy amounts, Authorization #2 must be selected below and no receipt may be given.					
SECTION 4: IF YOU HAVE COMPLETED SECTION 1 OR SECTION 2 ABOVE, CHOOSE ONLY ONE OF THE FOLLOWING AUTHORIZATIONS. IF NEITHER IS CHECKED, THIS FORM IS NOT VALID.					
I authorize the Company to draw checks, drafts or premium payment selected above now in exchange above, the company will charge my credit card for revoked in writing by me or the Company. (You see the Company).	for coverage under the receipt. subsequent quarterly premiums	count, or charge my credit card for my initial I understand that if I have chosen Option 2 . This authorization shall remain in effect until			
2. Once a policy has been approved, issued and accep drafts or electronic debits against my account, or chosen Section 2 above, the Company will charge a permission to draft the necessary premium to bring writing by me or the Company. I understand that made by me and all other conditions of the policy	narge my credit card for my pre ny credit card for subsequent q my policy current. This autho no coverage, temporary or othe	mium payment. I understand that if I have uarterly premiums. By signing this form, I give orization shall remain in effect until revoked in			
X					
Account/Cardholder Signature	Date	City and State			