**Chase Insurance Life and Annuity Company**
**Chase Insurance Life Company**
2500 Westfield Drive, Elgin, Illinois 60123-7836 - the "Company"
1-800-442-5433

Application Number

## Premium Payment Options - New Business

Policyowner Name (please print) | 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 ☐ Annually ☐ Initial Premium/ Quick Check**

Premium will be deducted on the same day of the month as the policy date. If you prefer a different withdrawal date, please indicate in the space provided. (Choose from days 1-28 only): _____

Name of Financial Institution _____ City _____ State _____

ABA Routing Number ☐☐☐☐☐☐☐☐☐ Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(must include dashes & spaces as they appear in your account number)

** 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)**

Automatic payment by credit card (Quarterly Only): ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Name as it appears on card _____
(Please Print)

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐ / ☐☐

**NOTE: You are responsible for notifying the Company in writing of any changes to your credit card information.**

**SECTION 3: DIRECT BILL**

☐ Quarterly ☐ Semi-annually ☐ Annually

NOTE: If you choose to be billed directly, you may elect **INITIAL 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 following: ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Name as it appears on card _____
(Please Print)

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐ / ☐☐

**ATTACH PAYMENT**
(Please staple your check to the left margin.)

**If death benefit exceeds $500,000, including other Chase Insurance 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.**

☐ 1. I authorize the Company to draw checks, drafts or electronic debits against my account, or charge my credit card for my initial premium payment selected above now in exchange for coverage under the receipt. I understand that if I have chosen Option 2 above, the company will charge my credit card for subsequent quarterly premiums. This authorization shall remain in effect until revoked in writing by me or the Company. (You should be provided a receipt).

☐ 2. Once a policy has been approved, issued and accepted by me according to its terms, I authorize the Company to draw checks, drafts or electronic debits against my account, or charge my credit card for my premium payment. I understand that if I have chosen Section 2 above, the Company will charge my credit card for subsequent quarterly premiums. By signing this form, I give permission to draft the necessary premium to bring my policy current. This authorization shall remain in effect until revoked in writing by me or the Company. I understand that no coverage, temporary or otherwise, is effective until such payment has been made by me and all other conditions of the policy have been met.

X _____ | _____ | _____
Account/Cardholder Signature | Date | City and State