



Fidelity Life Association
 P.O. Box 5030
 Des Plaines, IL 60017
 Tel 800.369.3990
 Fax 866.947.8738

Policy Number

NEW BUSINESS -Premium Payment Options

_____ Policyowner Name (please print)	_____ Daytime Phone #		
_____ Insured's Name (please print)	_____ Insured's Date of Birth	_____ Daytime Phone #	
_____ Payor's Name (please print)	_____ Daytime Phone #		
_____ Payor's Address	_____ City	_____ State	_____ Zip
<i>Secondary Address (if needed to receive duplicate copies of billing correspondence)</i>			
_____ Secondary Addressee Name (please print)	_____ Daytime Phone #		
_____ Secondary Addressee Address	_____ City	_____ State	_____ Zip

SECTION 1: AUTOMATIC WITHDRAWAL (Void Check Required)

Monthly
 Quarterly
 Semi-annually
 Annually

Premium will be deducted on the same day of the month as the policy date. The amount of the debit is shown on the premium schedule page of your policy.

Name of Financial Institution _____

ABA Routing Number _____ City _____ State _____

Account Number _____ Checking Savings
 (must include dashes & spaces as they appear in your account number)

Attach payment and/or void check (Please staple your check to the left margin)

SECTION 2: CREDIT CARD

NOTE: Fidelity Life recommends that the payor call New Business at (877) 704-6279 to provide the credit card information.

Automatic payment by credit card:
 MasterCard
 VISA
 American Express
 Discover

Name as it appears on card _____
 (Please print)

Card Number _____ Expiration Date ____ / ____

SECTION 4: AUTHORIZATION

I authorize the company to draw checks, drafts or electronic debits against my account, or charge my credit card for the necessary premium to continue my coverage. This authorization shall remain in effect until revoked in writing by me or the Company. I understand that if I have chosen Option 2 above, the Company will charge my card for subsequent premiums.

 Payor's Signature Date City and State