

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

PRE-AUTHORIZED PAYMENT REQUEST

PLEASE ATTACH A VOIDED SAMPLE CHECK TO ASSIST IN MAGNETIC INK ENCODING OF ACCOUNT NUMBER

Proposed Insured/Annuitant: _____

Name of Bank or Branch and Address: _____

I (We), the undersigned, agree to the following conditions:

1. Funds will be withdrawn on the Policy/Contract Date. If a different withdrawal date is desired, please indicate date: _____
2. The payment of the premiums in this manner may be discontinued at any time by The Cincinnati Life Insurance Company with 30 days' notice, or without notice if any draw is not paid upon presentation.
3. This authorization is revocable by the undersigned upon receipt by The Cincinnati Life Insurance Company of written notice.
4. If any such draw is dishonored, the premium for which the draw is made shall be considered in default.

Signature of Depositor
(must be same as on file at bank)

Printed Name of Depositor
(as it appears on bank records)

REQUEST AND AUTHORITY TO HONOR PRE-AUTHORIZED PAYMENTS
Drawn and Payable to The Cincinnati Life Insurance Company

To: _____
Name and Address of Bank and Branch, if any _____ Date _____

Name of Depositor: _____ Indicate: ☐ Checking ☐ Savings Account _____
As it Appears on Bank Records Account Number _____

As a convenience to me, I hereby request and authorize the above-named bank to pay and charge to my account electronic debits, checks or drafts drawn on my account by and payable to the order of The Cincinnati Life Insurance Company, provided there are sufficient collected funds in the account to pay the draw upon presentation. I agree that the bank's rights in respect to each draw shall be the same as if it were a check drawn on the bank and signed personally by me. This authority is to remain in effect in honoring any such draw. I further agree that if any draw be dishonored, whether with or without cause and whether intentionally or inadvertently, the bank shall be under no liability whatsoever even if such dishonor results in the forfeiture of insurance.

Signature of Depositor
(must be same as on file at bank)

Printed Name of Depositor
(as it appears on bank records)

INDEMNIFICATION AGREEMENT

To: The Bank named above.

In consideration of your participation in the arrangement authorized by your depositor named above, whereby amounts payable to The Cincinnati Life Insurance Company (the Company) are collected by checks drawn or automatic debit entries made by the Company on the account of the depositor, the Company hereby agrees:

1. The Company will indemnify and hold you harmless from any liability to any person having an account with you arising out of the payment by you of any check drawn or automatic debit entry made by the Company on the account of such person, or arising out of the dishonor by you, whether with or without cause or intentionally or inadvertently, of any such check drawn or automatic debit entry made by the Company, whether or not such claim or liability asserted against you based upon the forfeiture or alleged forfeiture of a policy or contract of insurance the premium on which is sought to be collected by the Company by any such check or automatic debit entry; and
2. The Company will refund to you any amount erroneously paid by you on any such check or automatic debit entry if claim for the amount of such erroneous payment is made by you within 12 months from the date of the check or automatic debit entry on which such erroneous payment was made.

If your participation in this arrangement is to be terminated, the Company requests 30 days written notice be sent to its Home Office, P.O. Box 145496, Cincinnati, Ohio, 45250-5496.

Authorized in a Resolution adopted by the Board of Directors of
The Cincinnati Life Insurance Company on September 14, 1987.

THE CINCINNATI LIFE INSURANCE COMPANY

Kenneth W. Smith
Secretary