

Trustmark Life Insurance Company of New York

Administrative Office
 PO Box 7962
 Lake Forest IL 60045-7962

Phone: 866-949-6036 • Fax: 847-615-3132
 Email: TrustmarkNY@trustmarkinsurance.com
 Website: <http://www.trustmarkinsurance.com/customersolutionsny>

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

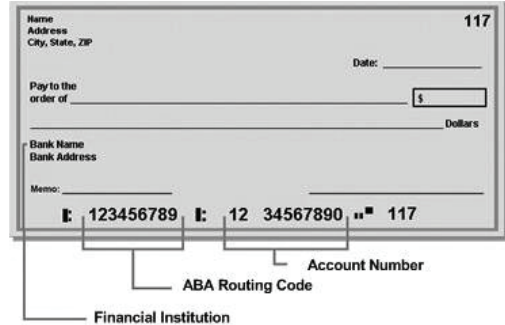
I (We) hereby authorize Trustmark Life Insurance Company of New York to initiate debit entries or charges to my (our) account, indicated below, for the payment of insurance premiums, and the depository named below, hereinafter called Financial Institution, to debit the same to such account.

 Print name(s) as shown on account

 Print full name of financial institution or branch

 Print full address of financial institution or branch

 Print City, State and Zip



Financial Institution's ABA Routing Code

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Account Number

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Type of Account CHECKING/SHARE DRAFT SAVINGS/SHARE
 (voided check or deposit slip must be attached)

I (We) authorize payment for the following policies:

Insured's Name (Print)	Policy Number	Insured's Name (Print)	Policy Number
Insured's Name (Print)	Policy Number	Insured's Name (Print)	Policy Number

Changes To Existing Billing New Business

This authority is to remain in full force until Trustmark Life Insurance Company of New York has received written notification from me (us) of its termination in such time and such manner as to afford Trustmark Life Insurance Company of New York a reasonable opportunity to act.

Please retain a copy for your records.

Requested Draft Date
 (May NOT be 29, 30 or 31)

Signature of Account Holder	Print name of Account Holder	Date
Signature of Joint Account Holder	Print name of Joint Account Holder	Date

Trustmark Life Insurance Company of New York
 Albany, New York