

Automatic Deposit Payment Plan Authorization Form

With Guarantee Trust Life Insurance Company's ("GTL") Automatic Deposit Payment Plan ("Plan") agents will receive their commission checks automatically deposited into their designated bank account. The amount of your deposit will be reflected on the electronic statement generated for you. Benefits of enrollment include:

Access to your money faster - The time involved with mailing a check is eliminated

A reduction in paper work - Once you are on the Plan, your deposits are handled electronically

How to Enroll in the Automatic Deposit Payment Plan

Simply complete the Authorization for Direct Deposit Form below. Should your banking information change, you must notify the company's home office in writing. Such notification should include the name of your new bank as well as your new routing and account numbers, as applicable, and your agent number. For more information about the Plan, call our Commission Accounting Department at 800-323-6907.

Completed forms may be faxed to 847-699-0636, mailed to our home office at 1275 Milwaukee Avenue Glenview, Illinois 60025, or emailed to commissions@gtlic.com.

AUTHORIZATION FOR DIRECT DEPOSIT*

AGENT FIRST & LAST NAME:	BANK NAME:	BANK CITY STATE:
AGENT NUMBER:		
AGENT ADDRESS:	BANK ROUTING NUMBER:	
	BANK ACCOUNT NUMBER:	

**Please Attach a Voided Check or provide Bank Verified Account Information with this Authorization*

As a convenience to me, by my signature below, I request and authorize you to electronically deposit commissions and/or advances payable to me, by the company, in my bank account at the financial institution named above, which shall be substantiated by a voided check or the provision of verified bank account information to GTL. I also authorize GTL to electronically withdraw from my account any sum erroneously credited to my account in accordance with applicable law.

Please check one:

- I hereby certify that I conduct business under a "DBA" and that it is NOT a separate legal entity. I acknowledge all earnings will be recorded to me for tax purposes and not to the "DBA."
- I hereby certify that I do not conduct business under a "DBA."

I further acknowledge and agree that my rights in respect to each payment shall be the same as if it were deposited by me and personally signed by me. I also agree to notify GTL within thirty (30) days of the deposit date if there is any discrepancy with my deposit or if my response regarding "DBA" status changes. I acknowledge that this will enable GTL to comply with Federal Banking laws and that failure to notify GTL may result in the loss of my deposit.

x _____
Signature

_____/_____/_____
Date