New Business Pre-Authorized Check (PAC) Authorization Form

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York
Overnight: 777 Research Drive, Lincoln, NE 68521
Standard: P.O. Box 81497, Lincoln, NE 68501-1497
Phone: 888.513.8797 Fax: 402.328.2266

Policy Number	Policy Owner Name:

By submitting this form, I authorize F&G to establish automatic drafts for my life insurance premium payments. The amount drafted from your account is the Planned Premium amount listed on the application (amount will vary based on frequency selected). If the premium amount increases for any reason, we will not automatically draft the initial premium until authorization has been received.

Draft Instructions (select one)
Please note, if the draft day falls on a weekend or holiday, it will default to the next business day.

Payment Frequency (must select one) ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

☐ **Option 1 - Draft at issue** (most popular option): The initial premium payment will be drafted after F&G's approval and at the time of policy issue. My coverage will be placed into effect at that time and future premiums will be drafted at frequency selected and on the date which corresponds to the issue date. I understand I may not be notified after underwriting approval and prior to the initial premium draft.

I understand that if this form is submitted after the policy is issued, the policy will be reissued with an effective date of the date the form is received, and this will become the ongoing draft date.

☐ Check this box to make the effective date the original issue date, with the understanding that multiple drafts may occur at once or within a short duration.

☐ **Option 2** – **Draft and issue with specified day:** The initial premium will be drafted after approval of my policy and on the date specified below. My coverage will not become effective until the next occurrence of the specified date below, and subsequent premiums will be drafted on this day of the month according to the payment frequency selected above.

Specific day of the month _____
(Valid draft dates include the 1st through the 13th or the 16th through 28th)

I understand that if this form is submitted after the policy is issued, the policy will be reissued with an effective date as of the next occurring specified day of the month selected, and this will become the ongoing draft date.

☐ **Option 3 – Draft upon my request, after issue**: My policy will be issued upon F&G's approval, but initial premium will not be drafted until verbal or written authorization to draft is received. My agent or I will contact F&G to provide authorization to draft the initial premium after I have reviewed the policy with my agent. At that time of authorization, a specific draft date can be selected, and subsequent premiums will be drafted on that same day according to the frequency selected above. If no specific date is selected, F&G will redate the policy to the date the initial draft authorization is received, and this will become the ongoing draft date. I understand that insurance coverage will not become effective until the authorized date.

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Please provide banking information below. Routing and account numbers must be taken from a check for checking account type and deposit slip for savings accounts.

Financial Institution

Name of Financial Institution	Type of Account
	☐ Checking ☐ Savings

Routing Number	Account Number

I authorize the payment of debits drawn on my account payable to F&G, provided there are sufficient funds in said account. I agree that if any debit be dishonored, and I have selected monthly as the frequency, F&G has the right to debit my account the following month for the dishonored debit as well as the scheduled debit for that month. I further agree that if any debit be dishonored, F&G shall be under no liability in the event the dishonored debit results in the forfeiture of insurance. The authority shall remain in effect until revoked by me in writing and until F&G receives such notice of revocation.

Account Holder (Print as it appears on Bank Records)	
Account Holder Signature	**Date**

If Account Holder differs from Policy Owner, please provide the following details:

Relationship of Account Holder to Policy Owner	Street Address of Account Holder
SS# or ITIN # for Account Holder	**City, State, and ZIP Code of Account Holder**
Policy Owner (Print)	**Date of Birth of Account Holder**
Policy Owner Signature	**Date**

Forms completed after policy issue may be emailed to DeliveryRequirements@fglife.com.
Please include the policy number on the form.

"F&G" is the marketing name for Fidelity & Guaranty Life Insurance Company issuing insurance in the United States outside of New York and, in New York only, Fidelity & Guaranty Life Insurance Company of New York. Each Fidelity & Guaranty Life company is solely responsible for its contractual commitments.