

BANK DRAFT AUTHORIZATION CARD

1126-17

CHARGE MY CHECKING ACCOUNT: As a convenience to me, please pay and charge to my bank checking account, payments drawn by and payable to COLONIAL LIFE & ACCIDENT INSURANCE COMPANY. This authorization is to remain in effect until revoked by me in writing. I understand that premium amounts may change and do hereby consent to such changes without the necessity of additional authorization on my part, verbal or written, provided the insurance company above certifies in writing that the change in premium uniformly affects all members of the class to which I belong. You, the bank, shall be protected in honoring these payments. If a payment should be dishonored, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

INSTRUCTIONS TO THE PAYER:

1. Complete the information below. 2. Attach a voided check and circle one range of days you would like your checking account to draft. Range: (A) 1st-5th (B) 6th-10th (C) 11th-15th (D) 16th-20th (E) 21st-28th. Your draft will occur on one of the dates within the range you have selected. 3. Return to company.

Name of Bank		Branch Name and Number, if any		
Address		City	State	Zip Code
Payer's Name – Please Print		Payer's Signature X	Date (mm/dd/yyyy)	
ACCOUNT NUMBER			TRANSIT NUMBER	
BILLING CONTROL NUMBER			POLICY NUMBER OR SSN	

INDEMNIFICATION AGREEMENT

TO: Bank on reverse side

In consideration of your compliance with the request and authorization of the depositor named on the reverse side, COLONIAL LIFE & ACCIDENT INSURANCE COMPANY AGREES THAT:

It will indemnify and hold you harmless from any liability to any person having an account with you or to any other person arising out of the payment by you of any check drawn by Colonial Life & Accident Insurance Company to its own order on the account of such person, or arising out of dishonor by you or the erroneous charge of any such check drawn by Colonial Life & Accident Insurance Company, whether such payment, dishonor or erroneous charge be with or without cause or intentional or inadvertent, and whether or not such claim or liability asserted against you be based upon the forfeiture, or alleged forfeiture, of a policy of insurance or an annuity contract, the premium for insurance or stipulated payment for annuity on which is sought to be collected by Colonial Life & Accident Insurance by any such check; and

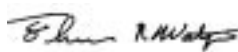
It will defend at its expense any action brought against you by any depositor or any other person, arising out of your payment, dishonor or erroneous charge of a check drawn by Colonial Life & Accident Insurance Company, as aforesaid, and it will pay and satisfy any judgment rendered against you in any such action, and

It will refund to you any amount erroneously paid by you to Colonial Life & Accident Insurance Company on any such check if claim for the amount of such erroneous payment is made by you within 12 months from the date of the check on which such erroneous payment is made; and

This Agreement (a) supersedes all others (b) is effective retroactively for any payment, dishonor or erroneous charge of a check heretofore drawn by Colonial Life & Accident Insurance Company as aforesaid, and (c) will remain in effect for any check drawn prior to receipt of written notice from you that you will no longer accept your depositor's authorization to honor checks drawn by the Colonial Life & Accident Insurance Company.

Authorized in a resolution adopted by the Board of Directors of Colonial Life & Accident Insurance Company, March 18, 1970.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY



Chairman



President