

Authority to honor payments drawn by and payable to
LINCOLN HERITAGE LIFE INSURANCE COMPANY
 4343 E. Camelback Rd. Suite 400 Phoenix, AZ 85018

Checking or Savings Account		Payment Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
Authorized Payor		2 nd Authorized Payor	
First Name	Celia	M.I.	
Last Name	Burton		
Routing Number	255077008	Financial Institution	Educational Systems FCU
Account Number	026032	Telephone Number	301.779.8500
		City	Greenbelt
		State	MD

Credit Card		Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Name as it Appears on the Card		Payment Type: <input type="checkbox"/> Debit <input type="checkbox"/> Credit	
First Name		M.I.	
Last Name		Sequence Number	
Billing Address		Expiration Date	-
	Apt #	City	State Zip

Please withdraw my initial premium on **- - 20** OR

Immediately upon receipt at home office

Please draft my recurring monthly payment on the due date indicated on the application OR

Please draft my recurring monthly payment on the 1st 2nd 3rd 4th _____ of the month.
 (Monday - Friday only)

I authorize Lincoln Heritage Life Insurance Company (hereafter "you") to collect the initial premium and any future payments for this insurance by electronic or other means from the account identified above. I agree that the treatment of such payment, and all rights with respect to it, will be the same as if it were signed and initiated by me. I further agree that if any check, draft or debit is dishonored for any reason, you will not be under any liability, even though dishonor results in the forfeiture or lapse of insurance. This authorization is to remain in effect until you receive written notice from me of its revocation, unless you end it earlier. I understand that no insurance will go into effect until Lincoln Heritage has (a) received and approved the application for life insurance, (b) issued a policy based on the application, (c) withdrawn the first premium from the designated account. The applicant(s) must be alive at the time the payment is honored.

Authorized Signature **Celia Burton** Date **03/26/2019**

Please include a void check from the account to be drafted if initial payment will be a checking account draft.

Indemnification Agreement - TO: The Financial Institution named above.

"In consideration of your compliance with the authorization of the depositor named above, we agree to indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from execution of any check, draft or order, whether or not genuine, purporting to be drawn by the Lincoln Heritage Life Insurance Company to its own order and received by you in the regular course of business, and to defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan of premium collection." Authorized by a resolution adopted by the Board of Directors of the Lincoln Heritage Life Insurance Company.

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CONDITIONAL RECEIPT COVERAGE - LINCOLN HERITAGE LIFE INSURANCE COMPANY
 Void if altered, or if check or draft given in payment is not honored.

ALL CHECKS MUST BE MADE PAYABLE TO THE COMPANY - DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK

Received the sum of \$ _____ from _____ as the initial premium payment for the life insurance application dated _____. This receipt is executed subject to the following conditions: Any insurance issued from the application for which this receipt is given will take effect on the date of the application as long as (1) The application has been completely filled out including all required signatures, (2) The proposed insured's health represents a risk acceptable to the Company at the rate and in the amount stated in the application, (3) The first premium is paid with the application, and (4) Any premium in excess of the equivalent of \$100,000 coverage will not be accepted.

Coverage under any policy not issued as applied for or in an amount in excess of the aforementioned maximum will not be in effect until said policy has been delivered during the lifetime of the insured and accepted by the applicant-owner.

Except as provided above, no coverage will take effect and the liability of the Company is limited to a refund of any amount paid.

Signature of Producer **TaNoah Morgan** Date **03/25/2019**

Producer's Number **27-0125570**

Lincoln Heritage reserves the right to convert your check into an electronic payment, which will be reflected on your account as an ACH transaction. Funds may be debited from your account on the same day the payment is received. Your original check will not be returned. If you do not wish for your check to be processed electronically, please contact our offices at 800-438-7180.

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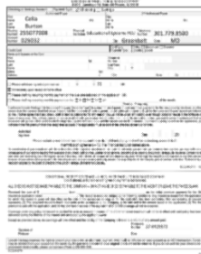
Signature Certificate

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Author: TaNoah Morgan Creation Date: 25 Mar 2019, 13:23:01, EDT Completion Date: 26 Mar 2019, 12:53:38, EDT

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e3e90634bb613

Document Signed By:

Name: TaNoah Morgan
Email: tmorgan@msagencies.com
IP: 96.255.173.189
Date: 25 Mar 2019, 13:25:04, EDT

TaNoah Morgan

Name: Celia Burton
Email: celiab23@gmail.com
IP: 66.250.190.33
Date: 26 Mar 2019, 12:53:38, EDT

Celia Burton

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