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: ☑ Checking ☐ Savings		
Authorized Payor		**2ⁿᵈ Authorized Payor**	

First Name	Derrick	M.I.	First Name		M.I.
Last Name	**McCombs**		Last Name		

Routing Number	061000104	Financial Institution	**Suntrust**	Telephone Number	**(240)708-5447**
Account Number	**1000207165902**		City	**Atlanta, GA**	State

Credit Card

Card Type: ☐ Visa ☐ Mastercard ☐ Discover
Payment Type: ☐ Debit ☐ Credit

Name as it Appears on the Card

First Name		M.I.	Sequence Number	
Last Name			Expiration Date	-
Billing Address		Apt #	City	State	Zip

☒ Please withdraw my initial premium on **04/12/2019** 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 **15th** 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has (a) received and approved the application for life insurance, (b) issued a policy based on the application, (c) withdrawn the first premium from the designated account.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 *Derrick McCombs* 03/30/2019   Date - - 20

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.

Producer's Number 27-0125570

Signature of Producer

Date

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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V1

Signature Certificate

Folder Ref: ddfe40d96aa40914ad33b1c9e5b82285795c0acb

Author:	TaNoah Morgan	Creation Date:	30 Mar 2019, 21:39:11, EDT	Completion Date:	30 Mar 2019, 22:58:33, EDT

Document Details:

Name:	D McCombs LH final expense app
Type:	
Document Ref:	73c2a80e41e9285b3f7a77d261928c3740fe915f0b4c96fb637524822d7fa46c
Document Total Pages:	1

Name:	D McCombs LH bank draft auth
Type:	
Document Ref:	a50da9e1865b9357656507c9824784bf3921e7e4b65ffa60ae64eae8a579cada
Document Total Pages:	1

Document Signed By:

Name:	Derrick McCombs
Email:	mccombs225@gmail.com
IP:	72.83.56.219
Date:	30 Mar 2019, 22:58:33, EDT

Derrick McCombs

Name:	TaNoah Morgan
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IP:	96.255.173.189
Date:	30 Mar 2019, 22:01:45, EDT

TaNoah Morgan

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