



ADDITIONAL PAYMENT DIRECTIVE

All checks must be made payable to Clear Spring Life and Annuity Company. Money orders, third party checks, traveler's checks and bank drafts will not be accepted.

My check in the amount of \$ _____ is enclosed for deposit to contract # _____

I would like to begin automatic premium payments effective (date): _____

AUTOMATIC PREMIUM AUTHORIZATION

YES, I authorize that automatic deductions be made from the account printed on the attached check to add new premium to the following contracts:

Contract Number	Name of Owner	Premium Amount
_____	_____	\$ _____
Additional contract numbers		
_____	_____	\$ _____
_____	_____	\$ _____

I agree that this authorization shall apply to the above-listed contracts. This authorization is to remain in force until Clear Spring Life and Annuity Company receives notification of termination from me.

Financial institution name: _____

Checking Account number: _____

ABA/Transit routing number:

The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct Social Security Number and I am not subject to backup withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

This form dated at _____ on the _____ day of _____, 20____.
City/State

_____ Signature of Owner(s) (if Joint – both must sign)	_____ Owner's Social Security Number or Taxpayer ID Number	(_____) _____ Owner's Telephone Number
_____ Signature of Witness*	(_____) _____ Telephone Number of Witness	_____ Owner's E-mail Address (if available)

*Owner's signature must be witnessed by an adult who is not a Beneficiary or newly named Owner.

This request must be accompanied by a copy or voided check

For Home Office Use
Recorded By _____ Date _____