

AUTHORIZATION FORM TO CREATE A ONE TIME CHECK DRAFT

Dollar Amount: \$ _____

Apply to Certificate No./Application No. _____

Name of Insured/Annuitant: _____

I authorize Gleaner Life Insurance Society to charge my bank account as per my faxed or e-mailed check.

I will void my check after faxing or e-mailing. I will NOT mail my check to Gleaner to avoid duplication of payment.

Signature: _____ Date: _____

SECURE CHECK HERE AND FAX (517-265-7745) OR E-MAIL (gleaner@gleanerlife.org) TO GLEANER

Attach Check Here

The following check cannot be submitted or attached to this form:

- Starter check from a newly established account
- Personal check drawn on a money market or mutual fund account

Gleaner will accept and process your faxed or e-mailed check under the following conditions:

1. You must submit a personal check. Third-party checks, money orders, etc. may not be faxed or e-mailed.
2. Premiums of \$500,000 or more require Home Office pre-approval.

VOID YOUR CHECK AFTER FAXING OR E-MAILING. DO NOT MAIL YOUR CHECK TO GLEANER TO AVOID DUPLICATION OF PAYMENT.

