

Financial Institution Information

Name of Financial Institution _____ Branch _____

City _____ State _____ Zip Code _____

Bank Routing Number _____
(9-digit number on the bottom left of your check)

Account Number _____

Please indicate the type of account:

- Checking (attach a voided check)
 Savings (attach a voided savings deposit slip)

Other Information & Signature

- For each premium withdrawal, the account will be electronically charged on or after the due date.
- This authority will remain in effect until I (we) notify you in writing to cancel this agreement.
- I (we) understand that I (we) can stop payment of any entry by notifying Western National Insurance Group **at least 3 business days** before my (our) account is charged.

Signature(s) of account holder _____ Date _____

If this is a joint account, both _____ Date _____
signatures are required.

MAIL OR FAX COMPLETED FORM TO:

WESTERN NATIONAL INSURANCE GROUP
P.O. BOX 59184
MINNEAPOLIS, MN 55459-0184
FAX: (952) 921-9230 • (877) 392-3735



BILLING

Electronic Funds Transfer (EFT)

Our free automatic bill payment program

Retain for Your Records

On (date) _____ I (we) authorized Western National Insurance Group to initiate electronic entries to my (our) checking/savings account and have agreed to the terms listed on the authorization. I (we) may revoke authorization with the company at any time by writing to:

Western National Insurance Group
P.O. Box 59184
Minneapolis, MN 55459-0184

Please allow **at least 3 business days** for your current deduction to stop following our notification.

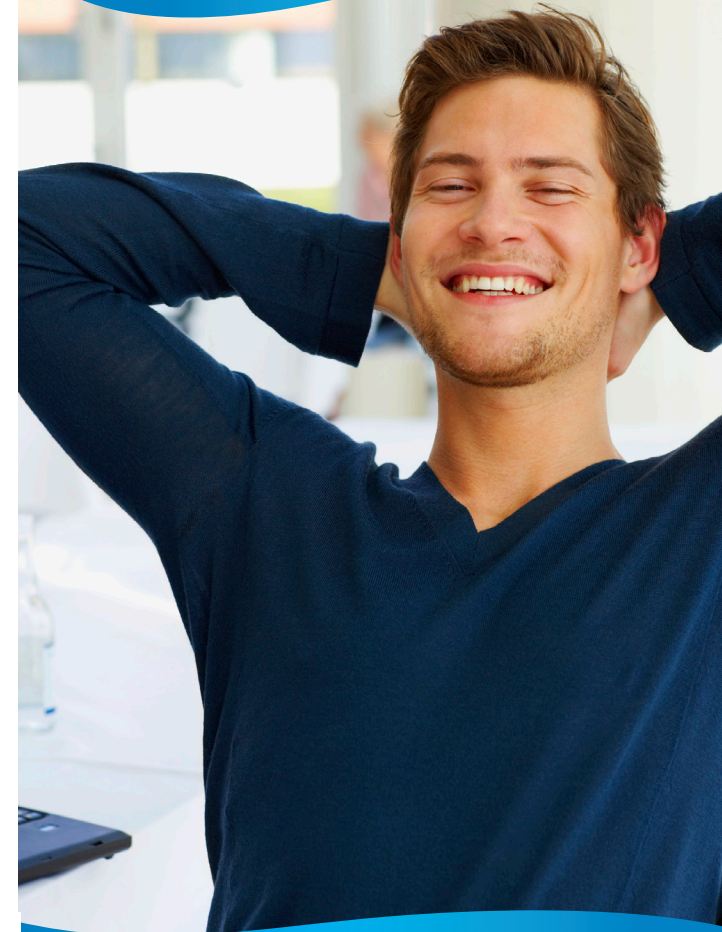


Western National Insurance Group

(952) 835-5350
(800) 862-6070

www.wnins.com
www.pioneerspecialty.com
www.umialik.com

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Because you have better ways to spend your time than worrying about stamps, checks, and due dates...

EFT is our 'no-strings-attached' program that saves you time and money on your insurance bill.

By paying your bill through automatic deductions from your checking or savings account, your payments will always be on time and for the correct amount—plus, you save on installment fees (up to \$60 per policy period).

Can I choose my due date?

Yes, just select your preferred due date when you sign up. Payments will be deducted on, or shortly after, the date you select (dates can vary due to weekends and holidays).

What if I try EFT and don't like it?

You can cancel EFT at any time by notifying us in writing at least three days prior to your due date. Please note that if you cancel EFT, your policy will revert back to its original pay plan and you will be billed accordingly.

What if I change bank accounts?

Simply notify us at least three business days prior to the due date. We will send you a new authorization form to complete.



What installment options are available?

For all Personal policies (i.e., Personal Auto, Homeowners, Motorcycle, Personal Umbrella, and Dwelling Fire), there are two options:

- **Full Pay**—Your account will be debited in full on your due date. Any subsequent endorsements will be debited 18 days after they are billed.
- **Monthly**—Your account will be debited monthly on the due date.

For Commercial policies, there are four options:

- **Full Pay**—Your account will be debited in full on your due date. Any subsequent endorsements will be debited 21 days after they are billed.
- **Semi-Annual**—Your account will be debited twice a year on your due date. Any midterm endorsements processed may result in an interim bill.
- **Quarterly**—Your account will be debited quarterly on your due date. Any midterm endorsements processed may result in an interim bill.
- **Monthly**—Your account will be debited monthly on your due date.

How do I sign up?

Complete and sign the authorization form (on the panel to the right) and return it to us along with a voided check or savings deposit slip.

For more information, contact your Independent Insurance Agent or visit us online at:

www.wnins.com
www.pioneerspecialty.com
www.umialik.com

Electronic Funds Transfer Authorization Form

I (we) authorize my Western National Insurance Group company (Western National Mutual, Western National Assurance, Pioneer Specialty, or Umialik) and the financial institution named below to initiate entries to my (our) checking/savings account.

Customer Information

Insured's Name (please print) _____

Street Address _____

City _____

State _____

Zip Code _____

Policy/Account Information

Please list the policy number(s) that should be paid by electronic funds transfer:

Preferred Due Date: _____

Please select your preferred installment period:

Options for Personal policies:

Monthly Full Pay

Options for Commercial policies:

Monthly Semi-Annual
 Quarterly Full Pay