



**AUTHORIZATION TO HONOR WITHDRAWALS REQUESTED BY
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY (GPM Life)**

P.O. Box 659567, San Antonio, Texas 78265-9567
(210) 357-2222 • Fax (888) 701-3869 • Toll-Free (800) 929-4765

DEPOSITOR MUST COMPLETE ALL INFORMATION

Incomplete or illegible writing could cause a draft to be returned and no insurance to be in effect.


Premium Payor (BANK ACCOUNT OWNER)
Print name exactly as on the account


Bank Name _____ State where account was opened: _____ Checking Savings

As a convenience to me, I hereby request and authorize you (Bank) to pay and charge to my account withdrawals requested by Government Personnel Mutual Life Insurance Company (GPM Life). This authorization will remain in effect until revoked by me in writing, and, until you actually receive such notice I agree that you shall be fully protected in honoring any such requests.

I agree that your treatment of each such request and your rights in respect to it shall be the same as if it were signed personally by me. I further agree that if any such request be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

The GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY is instructed to forward this authorization to you, as required.

_____ 
Date Signature of Depositor as shown on Bank Records for account to which this Authorization applies

_____ 
Date Signature of Owner if different than the Payor

➔ Attach VOIDED check or deposit slip here ➜

*If you do not have a check or deposit slip, you may write your banking information below.
PLEASE NOTE: if the information entered is incorrect or not legible which results in a returned bank item,
you will NOT have insurance and any policy will be void.*

Routing # _____ Account # _____

INDEMNIFICATION AGREEMENT

TO: BANK NAMED ABOVE

In consideration of your compliance with the request of the Government Personnel Mutual Life Insurance Company, hereinafter called the Insurance Company, and the depositor on whose account withdrawals will be made, the insurance company agrees, subject to the limitation in paragraph (5):


- 1) To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonable incurred in connection therewith.
- 2) In the event that any such check, draft or order shall be dishonored, whether with or without cause and whether intentionally or inadvertently, to indemnify you and hold you harmless for any loss even though dishonor results in a forfeiture of insurance.
- 3) 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 requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.
- 4) Your participation in the plan may be terminated by 30 days written notice to the Insurance Company and the premium payor.
- 5) In the case of EFT (electronic funds transfer) or ACH (automated clearing house) methods of collecting premiums, the above shall be modified to provide the named bank no more indemnification than is required by The National Automated Clearing House rules and any applicable local Automated Clearing House Rules.

Draft Day (1st through the 28th): _____

Policy number: _____

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY


PRESIDENT


SECRETARY

Authorized in a resolution adopted by the Board of Directors of the Government Personnel Mutual Life Insurance Company on October 2, 1991.