

1 First Investors Life
 CUSTOMER SERVICE OPERATIONS
 RARITAN PLAZA 1, P.O. BOX 7836
 EDISON, NEW JERSEY 08818-7836
1-800-832-7783

LIFELINE

DATE RECEIVED AT FIL:

PREMIUM PAYMENT APPLICATION

Request and Authorization Agreement for Electronic Bank Debit Plan for Payment of Premiums

First Investors Life Insurance Company (the "Company") is hereby requested and authorized to initiate bank debits to be charged against the account described in the Authorization below.

Please check one of the boxes below:

- Start new LifeLine
- Add to existing LifeLine
- Change existing bank name or account number

Policy Number	Proposed Insured's Name (First/Middle Initial/Last)	Monthly Deduction

Staple voided check or pre-printed deposit slip here! (Minimum monthly LifeLine premium is \$25 per policy.)

I understand that all LifeLine premiums must be paid on or before the premium due date of the policy.

- I request the day of withdrawals or debits to my account to be on or about the _____ of each month (1st to the 28th only).

Bank Account Information: Please check one: Checking Savings

Name of Bank		Name of Depositor	
Bank's Street Address		Name of Joint Depositor	
City		Bank Account Number	
State	Zip Code	Transit Routing Number (9 digits)	

TERM AND CONDITIONS OF LIFELINE WITHDRAWALS

This Authorization is subject to the following terms and conditions:

- This Authorization will be effective only after the first two monthly premiums have been paid by check or FIC Money Market Payment Form.
- The presentation of withdrawal request forms shall constitute due notices of premium being due on the policy or policies.
- The privilege of paying premiums under this plan will be revoked by the Company if any withdrawal request is not paid upon presentation, and such action by the bank shall be notice of nonpayment of premium.
- The payment of premiums under this plan may be discontinued by the Company or the undersigned upon thirty (30) days written notice.
- In the event that the LifeLine plan is terminated for any cause, any unpaid premiums or premiums due shall be paid directly to the Company, the mode of premium payment will be changed to quarterly, and it shall be your responsibility to pay the quarterly premium directly to the Company.
- If the LifeLine plan is terminated, you may reapply for LifeLine privileges on your next policy anniversary only.

Authorization Agreement

To Honor Withdrawals by First Investors Life Insurance Company, New York, NY

I authorize First Investors Life Insurance Company (FIL) to initiate monthly debit entries to my bank account listed above. LifeLine payments will be applied to the FIL insurance policy(s) as indicated. As a convenience to me, I hereby request and authorize you to honor request for withdrawals on my account by FIL provided there are sufficient funds to cover such debits. I further agree that your treatment of such orders will be same as if I personally signed or initiated the debit or draft and that this authority will remain in effect until you receive my written instruction to cancel this service. In addition, I agree that if any such draft or debit is dishonored for any reason, you shall have no liability.

Signature of Bank Account Owner	SSN/TIN	Date

FIL-LLA (06/10)