

USFMG

US FINANCIAL MARKETING GROUP

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INSTRUCTIONS FOR COMPLETING FORM LA-502P-NB PREMIUM PAYMENT OPTIONS

Complete the top section, filling in the Policyowner's name, insured name (if different from policyowner) insured date of birth and policy # in the box labeled "Application Number".

Select the option for payment that best meets your needs.

Section 1: Be sure to select the occurrence and withdrawal date. Fill in all the blanks, including the ABA routing Number, account number, and a voided check from the same account.

Section 2: Can only be used for quarterly payments. Be sure to complete all the blanks including the credit card number and expiration date.

Section 3: If you select this section, you must elect your initial payment via credit card. Be sure to complete all the blanks.

Section 4: If you selected either section 1 or sections 2, you must choose one of the authorizations.

This form must be signed, dated, with City and State.

After completion, fax the signed form, copy of voided check (if applicable) to 1-847-874-0794 to complete the payment process to put policy inforce.

Thank you for your business.

