

BANK DRAFT AUTHORIZATION

If you choose to remit premium payments through monthly bank draft, complete both sections of this form and **ATTACH A VOIDED CHECK**.

PART A: AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS. Group Insurance Program c/o AmWINS Group Benefits, Inc.

To Whom It May Concern: I have authorized _____ Bank of _____ to honor electronic debit entries or drafts on my account by you to cover premiums insuring _____

(SS# _____). Such debit entries or drafts are to be charged to my account with said bank in the same manner as if they were personally drawn by me.

Draft Date 1^s 5th 10th 15th (Select draft date—if none selected, draft date will automatically be the 10th)

Monthly (only option)

It is understood that such debit entry or draft shall constitute notice of premium due. Should any debit entry or draft not be paid by said bank for any reason, it will be the responsibility of the insured to make arrangements with the Company for premium payments within the grace period to prevent lapse due to nonpayment. It is also understood that the Company assumes no responsibility for bank charges on these draws.

Signed this _____ day of _____, 20_____.

Bank Account Number

Signature of Depositor / Premium Payor

Transit / Routing Encoding

Print Name of Depositor / Payor as used for Bank Account

Identification Number

PLEASE SUBMIT A VOIDED CHECK WITH THIS FORM

PART B:

AUTHORIZATION TO HONOR ACH DEBIT ENTRIES OR DRAFTS—GROUP INSURANCE PROGRAM c/o AmWINS Group Benefits, Inc.

To: _____ Bank

Bank Address: _____

As a convenience to me, I hereby request and authorize you to pay and charge to my account debit entries or drafts drawn on my account by and payable to the order of Group Insurance Program, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit entry or draft shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be protected in honoring any such debit entry or draft.

I further agree that if any such debit entry or draft be dishonored for cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Bank Account Number

Signature of Depositor / Premium Payor Corporate Payor,
Signature of Appropriate Corporate Officer

Transmit / Routing Encoding

Print Name of Depositor / Payor as used for Bank Account

Date

THE SIGNATURE USED MUST BE IDENTICAL WITH THAT NOW ON FILE WITH THE BANK. INDEMNIFICATION AGREEMENT

TO: The Bank named above

In consideration of your compliance with the depositor's request and authorization which appears above, AmWINS Group Benefits, Inc. agrees that:

We and you each agree to indemnify and hold the other harmless from and against any and all losses, costs, damages, and expenses (including attorney's fees and punitive damages) which the other may incur by reason of any demand or action by any person or organization arising out of the other's negligence or breach of duty, whether intentional or not, in the performance of its duties hereunder.