

**AUTHORIZATION TO HONOR WITHDRAWALS REQUESTED BY
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY**

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

— — DEPOSITOR MUST COMPLETE ALL INFORMATION — —

Premium Payor _____
(Print name as shown on bank records.)

Bank/Branch _____ Checking Savings

Bank Mailing Address _____
(COMPLETE ADDRESS AND ZIP CODE OF BANK OR BRANCH WHERE ACCOUNT IS MAINTAINED.)

As a convenience to me, I hereby request and authorize you to pay and charge to my account withdrawals requested by GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY. 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.

Please sign and return with a voided check or deposit slip for bank information.

For new policies only, choose from these policy dates 1st through 28th: Please specify day: _____

Existing policies will be drafted on due dates. Policy number: _____

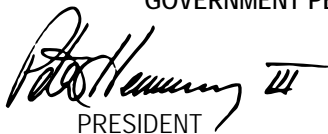
INDEMNIFICATION AGREEMENT

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 reasonably 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 this 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.

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.