

# Authorization to Honor Checks

INDEMNIFICATION AGREEMENT ON REVERSE SIDE

## Authorization to honor checks drawn by

- The Ohio National Life Insurance Company
- Ohio National Life Assurance Corporation

Full Name of Bank

Branch Name

Bank Address

City

State

Zip Code

As a convenience to me, I hereby request and authorize you to pay and charge to my account drafts drawn on my account by and payable to the order of Ohio National Life, Cincinnati, Ohio, 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 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 fully protected in honoring any such draft.

I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Date  Signature of Premium Payor (As Signature Appears on Bank Account)  Bank Account No.

Form 4030 Rev. 02/03

## Authority to draw on Bank Account and Request for Authorized Bank Check Plan

To: Ohio National P.O. Box 237 Cincinnati, Ohio 45201

(Please attach VOID check or Deposit Ticket and sign BOTH portions of card.)

You are hereby requested and authorized to draw drafts monthly against my account for the purpose of collecting premiums or reducing my policy loan balance under the Company's Authorized Bank Check Plan for the policy or policies described below or applied for and to modify such policy or policies in accordance with the Agreements on the reverse side hereof to permit its or their inclusion in such Plan.

Name of Depositor as shown on Bank Records

Full Name of Bank

Bank Address

City

State

Zip Code

### This area for HOME OFFICE USE ONLY

Bank Account Number  Checking  Savings

Bank Transit Number

Policy No.

Insured

Prem. Amt. or Loan Repayment

Date of 1st Deduction

Date

Signature of Premium or Loan Payor

### ABC Data

- Start new ABC account.
- Add existing policies below to new account.

- Add this Application to EXISTING ABC account.

- Add existing policies listed below to EXISTING ABC account.

1. \_\_\_\_\_ 2. \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Depositor name on existing account \_\_\_\_\_

Depositor name on existing account \_\_\_\_\_

Attach ABC card and VOID check or deposit slip HERE.  
 IMPORTANT: The above transaction cannot be handled unless a completed ABC card and a VOID check or deposit slip are attached.

Policy number on above account (if available) \_\_\_\_\_

- Use same check withdrawal day.
- Change check withdrawal on all policies to \_\_\_\_\_ .

TO THE BANK NAMED ON THE REVERSE SIDE:

In consideration of your participating in a plan which Ohio National Life has put into effect by which amounts due on policies of insurance issued by Ohio National Life are collected by drafts drawn by Ohio National Life on accounts of persons who are responsible for these payments, we agree:

- (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 such check, draft or order purporting to be executed and received by you in the regular course of business for the purpose of payment of any such amounts, 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 for any loss even though dishonor results in forfeiture of the insurance.
- (3) To defend at our cost and expense any action which might be brought by any depositor or any other interested person because of actions taken pursuant to the request and authorization of your depositor appearing on the reverse side of this agreement or in any manner arising by reason of your participation in the plan of premium collection or loan reduction.

RONALD L. BENEDICT  
*Secretary*  
The Ohio National Life Insurance Company  
Ohio National Life Assurance Corporation

Authorized by resolutions adopted by the Executive Committee of the Board of Directors of The Ohio National Life Insurance Company on August 1, 1958 and by the Board of Directors of Ohio National Life Assurance Corporation on August 7, 1979.

Form 4030 Rev. 02/03

FOR HOME OFFICE USE ONLY

Payor Name

ABC Authorization Number

Check Writing Day

Date 4036 mailed to Bank

IT IS MUTUALLY UNDERSTOOD AND AGREED THAT:

1. Pursuant to the written request and properly executed authorizations of the PAYOR and, if a different person, of the owner of the policies identified on the reverse side, deductions for such policies shall, beginning on the time stated under the plan shown on the reverse side and continuing until the Plan is terminated or such policies are withdrawn therefrom, be payable monthly under such Plan. Under the Plan, Ohio National Life is authorized to draw against the specific bank account of the PAYOR designated on the reverse side, a draft payable to itself each month for the amount sufficient to pay the premiums on all such policies or reduce the loans by the amount of the agreed upon deduction.
2. The amount of the monthly premiums for such policies paid under the Plan shall, while such policies remain under the Plan, be computed at our published rates applicable to policies under our Authorized Bank Check Plan.
3. While such policies remain under the Plan:
  - (a) we will not give notice of premiums becoming due under the ABC premium payment method;
  - (b) the option of applying dividends to reduce premiums shall not be available, and if such option has been previously elected, dividends shall, instead, be paid in Paid-Up Additions;
  - (c) Your cancelled check, or your bank statement describing the draft, will constitute your receipt each month. Interest refund credits, due because policy loan interest is payable annually in advance, will be itemized on your receipt or confirmation.
  - (d) if we fail to present for payment a draft for a premium due on any such policy, it shall not lapse for nonpayment of premiums until 31 days after such draft has been presented;
  - (e) interest on any indebtedness to us on such policies existing on the Due Date of the 1st Monthly Premiums under the Plan or on any policy loan made by us after such date shall be payable annually in advance, separately from the monthly premiums paid under the Plan.
4. If any draft drawn by us under the Plan for payment of a premium on any such policy is not paid by the bank upon presentation, that premium must be paid to us within the time provided in such policy for payment, and in default thereof, such policy shall lapse and all previous payments shall be forfeited except as otherwise provided in such policy.
5. The Plan may be terminated or any such policy may be withdrawn from the Plan by us or by the PAYOR or, if a different person, by the owner of such policy upon 30 days written notice. Upon such termination or withdrawal, premiums due then and thereafter under any such policy shall be construed as if it had never been a part of the Plan.