



**Equitable Financial Life Insurance Company**  
**Equitable Financial Life Insurance Company of America**  
**Equitable Financial Life and Annuity Company**  
**Equitable Financial Life Insurance and Annuity Company (in CA)**

**Life Insurance SYSTEM-MATIC PAYMENT PLAN (EFT)\***

Traditional and Variable Life Series

\*A premium payment arrangement that debits your checking account for premiums due. ***Drafts from savings accounts are not permitted.***

***IMPORTANT NOTICE FOR TERM POLICIES:*** *You may keep your coverage in force beyond your initial term premium paying period. When your policy renews, you may either continue with automatic withdrawals from your bank account according to your instructions on file, or you may change your premium payment option to direct billing e.g. quarterly, semi-annual or annual. If you do nothing, the new higher premium will be AUTOMATICALLY WITHDRAWN from your bank account.*

***FOR ALL CONTRACTS:*** *It is understood that the use of the System-Matic Plan (herein referred to as "this Plan") does not change any policy provision and that:*

- 1) The effective date of this Payment Plan is the next scheduled premium.
- 2) This Plan may be terminated:
  - (a) by the Depositor or the Policyowner upon 30 days written notice to the other party(ies); or
  - (b) if any charge due is not paid or is reversed by the Bank, a fee of \$25.00 will apply.
- 3) If this Plan is terminated for any reason, we will place the policy on direct bill based on the modes available in your policy.
- 4) After the effective date of this Plan, monthly or quarterly premiums will be credited automatically to the policy(ies) and/or contract(s) identified, on or after the premium due date(s) subject to the collection of such charges from my (our) bank account. The dates for the charges may change from time to time in accordance with Equitable procedures. If charges are overlooked or inadvertently not made, Equitable may charge my (our) bank account at a later date provided the policy(ies) is (are) still in force.

**Contact Us:**

Toll-free Fax Number: Existing - (855) 268-6374 / New Business - (855) 266-6820

Email (Form must be PDF format):

Existing - [life-service@equitable.com](mailto:life-service@equitable.com) – New Business [DMC\\_underwriting\\_reqts@equitable.com](mailto:DMC_underwriting_reqts@equitable.com)

Call: (800) 777-6510 Hours of Operation: Monday-Thursday 8:00 AM - 7:00 PM EST and Friday 8:00 AM - 5:30 PM EST

**Return to:**

Express: Equitable Life Operations – 8501 IBM Dr., Suite 150 – Charlotte, NC 28262-4333

Regular: Equitable Life Operations – P.O. Box 1047 – Charlotte, NC 28201-1047

## 1. General Information

First/Last Name, Date of Birth pertains to the Insured. Please print.

Policy Number	Insured First and Last Name	Date of Birth	For Flexible Premium Policies Only		
			Draft Amount	Frequency	Draft Day*

\*Note: More than 1 premium may be deducted from your account based on the Register date/due date of the policy. For Flexible Premium Paying policies, depending on the due date chosen, an additional draft could occur when the policy is placed in force to prevent lapse status.

## 2. Request Type

Purpose for submitting this authorization (Check all that apply):

Initial Premium (One Time Payment)



If you would like to also pay recurring premiums systematically, please also check New Recurring EFT below.

New Recurring EFT Payment Authorization (Monthly – all products, Quarterly - Variable, Universal, Indexed)

Change Existing Recurring EFT Payment Authorization

## 3. Bank Information

Account Holder's Name \_\_\_\_\_

Account Holder's Email address \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_  
(Checking Accounts Only)

**Account Holder Name** → John Doe  
123 W. Main St.  
Anytown, USA 12345

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
DOLLARS

YOUR BANK  
ANYTOWN, USA

FOR \_\_\_\_\_

101010011      05510051151      101

**Bank Routing Number**      **Bank Account Number**

Do not include Check Number on form.

**Important:** For paper requests, a Voided Check for the Account is required. The check must have a pre-printed account number, routing number and the account holder's name. A deposit slip or starter check is not acceptable. If a voided check is not available, verification of bank account information on bank's letter head is required.

## 4. Signatures

Note: If more than one signature is required by the bank for the account, the additional signature(s) required should be entered on the Second Signature(s) line(s) below.

I (We) request and authorize you to charge monthly or quarterly my (our) checking account to pay premiums due under the policy(ies) identified on this form.

### Policyowner Signatures:

Signature \_\_\_\_\_ Date \_\_\_\_\_

If entity or trust, print entity's name, signature, and title of authorized individual (officer, partner, trustee) is **required**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If entity or trust, print entity's name, signature, and title of authorized individual (officer, partner, trustee) is **required**.

### Bank Account Holder Signatures (if other than policyowner):

If Account Holder is other than the Policyowner, complete the information below for the Account Holder and sign as indicated:

Relationship of Account Holder to Policyowner \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN/TIN/EIN# \_\_\_\_\_ Government Issued Picture ID Number \_\_\_\_\_ ID Type \_\_\_\_\_

Is the 3rd Party Payor a Corporation, Partnership or LLC?

No  Yes

(If "Yes,"  Complete Supplemental Entity Payor form)

Signature \_\_\_\_\_ Date \_\_\_\_\_

If entity or trust, print entity's name, signature, and title of authorized individual (officer, partner, trustee) is **required**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If entity or trust, print entity's name, signature, and title of authorized individual (officer, partner, trustee) is **required**.