



VoluntaryMartSM Authorization Agreement for Electronic Fund Transfer

If you would like to enjoy the convenience of automatic billing to your checking or savings account, simply fill out all of the information below. Upon approval, we will then electronically transfer funds from the designated account for amounts due.

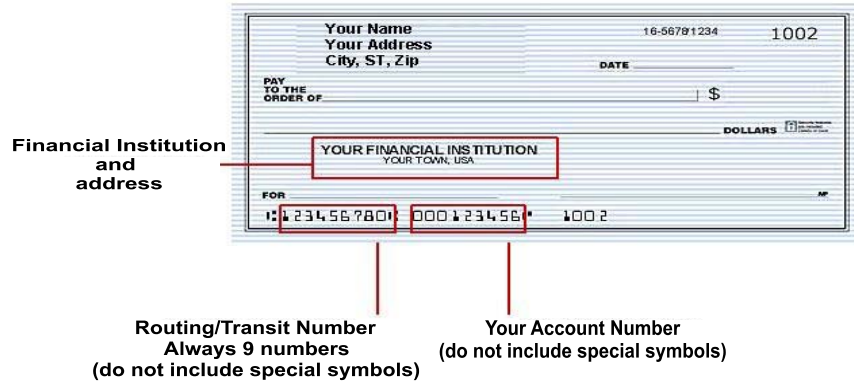
Please Print

Name

Social Security Number

Home Phone – include area code

Work Phone – include area code



Financial Institution

Branch

City, State, ZIP

Routing/Transit number

Account number

Checking or Savings Account

I (We) hereby authorize John Alden Life Insurance Company, hereinafter called Company, or their Company representative, to initiate debit entries and to initiate, if necessary, credit entries and adjustments (for any debit entries in error) to our account, hereinafter called Financial Institution, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until Company has received written notification from me (us) of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Signature

Today's date