

The Penn Mutual Life Insurance Company
 The Penn Insurance and Annuity Company
Philadelphia, PA 19172

**Request to Make Premium Payments
Under the Penn Check Plan**

Customer Service 1-800-523-0650

Life Insurance

Please complete Sections B and C. Then mail page one of this form **along with a voided check from the bank account, or Pershing Resource Checking or Pro Cash Plus account**, on which the draft is to be drawn. If your savings account does not have check writing, send a bank statement or other form that has your account number, the bank's routing and transit codes to:

**A.
INSTRUCTIONS**

The Penn Mutual Life Insurance Company
The Penn Insurance and Annuity Company
Customer Service Group - C3U
Philadelphia, PA 19172

New Plan Banking Change Draw Date: 1st 8th 15th 22nd

Penn Mutual or Penn Insurance and Annuity will draw a check against your account each month on the date you have selected above. Enter the policy number(s) to be placed on the Penn Check Plan and the amount to be deducted for each policy.

**B.
POLICY
INFORMATION**

Policy #: _____ Amount: _____ Policy #: _____ Amount: _____
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The Penn Mutual Life Insurance Company/ Penn Insurance and Annuity Company is hereby requested and authorized to charge the bank account, or Pershing Resources Checking or Pro Cash Plus account, listed under Section C by means of check, draft or other order drawn, or an electronic fund transfer initiated, at monthly intervals, to pay premiums under each policy listed above. Permission to do so is subject to the provisions on page two of this request form.

**C.
BANK
INFORMATION
AND
AUTHORIZATION**

I authorize monthly payments from my checking account, or from my Pershing Resource Checking or Pro Cash Plus account, to the Penn Mutual Life Insurance Company and/or the Penn Insurance and Annuity Company for premiums on the above policies, beginning with the next periodic payment that comes due under the contract, until such time as a payment cannot be made due to insufficient funds or Penn Mutual Life Insurance or Penn Insurance and Annuity Company give the other parties at least 30 days' advance written notice of the termination of such payment plan. I am able to cancel the payment plan at any time by either calling Penn Mutual Life Insurance Company and/or the Penn Insurance and Annuity Company at 1-800-523-0650 or in writing. Monthly payments will be drawn from my account on or about the date specified above.

I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, the Penn Mutual and/or Penn Insurance and Annuity Company shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Bank Name: _____
(If Pershing account, enter "Pershing")

Address (Bank only): _____

City, State and Zip: _____

Bank or Pershing Account Number: _____ Checking Savings
(Voided check must be attached to complete transaction.)

First Depositor's Name: _____

Second Depositor's Name: _____
(Use for Joint Accounts)

Depositor's Signature: _____ Date: _____

Depositor's Signature: _____ Date: _____
(If payor is a company or corporation, two officers must sign and indicate titles.)

**D.
HOME OFFICE
USE**

PCP Account Number: _____