

GLOBE DEPOSIT FUND ENROLLMENT FORM

**PLEASE PRINT IN
BLOCK CAPITAL LETTERS
WITH A BLUE OR BLACK
BALLPOINT INK PEN**

Primary Insured's First Name			
Primary Insured's Last Name		M.I.	
Residence Address Street or Route			
City		State	
Zip Code			
Primary Insured's SSN		Primary Insured's Deposit Fund Amount	
Spouse's SSN		Spouse's Deposit Fund Amount	
Phone Number		This number is the <input type="checkbox"/> HOME <input type="checkbox"/> WORK number for <input type="checkbox"/> PRIMARY <input type="checkbox"/> SPOUSE	

Under penalties of perjury, I certify (1) that the number shown above on this form is my correct Social Security/taxpayer ID# and (2) that I AM I AM NOT SUBJECT TO A BACKUP WITHHOLDING ORDER UNDER SECTION 3406(a)(1)(C) OF THE INTERNAL REVENUE CODE.

Signature of Primary Insured: _____ Signature of Spouse: _____

Authorization for Deposit Account Withdrawal

NOTE: Without this authorization no person other than the owner of a policy may withdraw funds on deposit with respect to a policy. This form requires the signature of the owner of the policy and the signature of the person authorized by the owner to act as his or her agent in withdrawing funds. This authority shall be effective until revoked by the owner by notice in writing to the Company and shall not be revoked by the disability of the owner. The owner will hold the Company harmless for payments made pursuant to this authorization after death or disability of the owner.

I hereby authorize the following person to act on my behalf in withdrawing funds from the Deposit Fund Rider of my policy.

/ /
 Date (MM/DD/YYYY):

Signature of Primary Insured

Signature of Spouse

Signature of Authorized Person

Signature of Authorized Person

Authorized Person's First Name			
Authorized Person's Last Name		M.I.	

Insured's Agreement

Please read the following statements and initial them indicating your understanding and acceptance.

- _____ I understand that the interest on the money I deposit in Globe Life's Deposit Fund Rider will not begin accruing until the date my life insurance policy is actually issued.
- _____ I understand that the interest rate calculated for the Deposit Fund Rider is guaranteed never to go below 3%. I understand my rate will be announced at policy issue and remain firm for the calendar year. Each calendar year beginning in January, a new interest rate will be declared.
- _____ I understand that if there is money in the Deposit Fund Rider (DFR) and I do not pay the premium on my policy prior to the policy lapsing, it will be paid from the DFR account. This payment will be the amount needed to bring the policy to the current paid-to-date.

- _____ I understand that if I have an outstanding policy loan on my policy, the money deducted from my bank account for the DFR will be applied to the policy loan until it is paid off.
- _____ I understand that the amount deposited in the DFR will be deducted from my bank account on the same mode as my premium payment. (e.g. If you select monthly mode, each month we will draft your account for the life insurance premium and the deposit fund rider amount.) In addition, I may change my premium payment mode at any time; however the DFR amount will remain the same amount as initially selected.
- _____ I understand that I can change the amount deposited into the DFR at any time simply by notifying Globe Life in writing.
- _____ I understand that in compliance with the U.S. Department of Treasury, Globe Life and Accident Insurance Company will issue IRS Form 1099 each year to report interest income.