



Insurance for all of us.™

Physicians Life Insurance Company
Annuity New Business
PO Box 2316
Omaha, NE 68172-4081
1.877.500.7542, Ext. 3353

Authorization for Automatic Bank Withdrawal
for VISTA Index Series

Owner/Applicant's Information

Owner/Applicant's Name Contract Number
Phone Number Email Address

Recurring Additional Premium Set Up or Change

I would like to:

- Set up a new recurring premium election for \$ per month on the 1st or 15th
Change the existing recurring premium election to \$ per month on the 1st or 15th

Please allow up to thirty (30) days for the withdrawal of the first payment. For IRAs, additional premiums will be credited as an IRA contribution for the year they are received.

Authorization to Withdraw Funds by Physicians Life Insurance Company

I authorize the Company to initiate electronic debit entries to my account and apply them as additional premium payments to my above Physicians Life Insurance Company annuity contract. I understand this request will not become effective until approved and processed by Physicians Life Insurance Company. I agree the Company's rights with respect to each such premium will be the same as if it were personally executed by me and all the contractual provisions of the annuity apply. The payment of additional premiums by this method may be discontinued for any reason by myself upon thirty (30) days written notice. I understand this authorization can be discontinued immediately for any reason by the Company and will be discontinued if the above account is closed or if there are insufficient funds on the scheduled date of the withdrawal. This authorization will terminate automatically once I elect an Annuity Income Option or upon cancellation of the above annuity contract.

X Bank Account Owner's Signature Date
X Bank Account Joint Owner's Signature (If applicable) Date

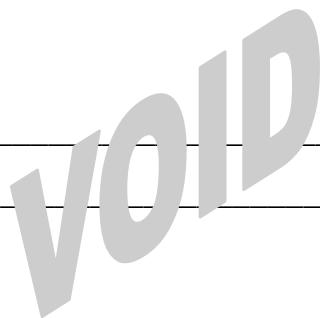
John S. Owner 1902
123 Any Street
Any Town, USA 12345 DATE

Attach a voided check or savings deposit slip here.

PAY TO THE ORDER OF

MEMO

Transit No. Account No. Check No.



Recurring Additional Premium Cancellation

I elect to stop the withdrawal of recurring additional premiums from my bank account. I understand withdrawals will be stopped within 30 days after this form is received by Physicians Life Insurance Company.

X Owner/Applicant's Signature Date
X Joint Owner/Applicant's Signature (If applicable) Date