WESTERN NATIONAL INSURANCE GROUP

Michigan Millers Mutual (Affiliate) | Pioneer Specialty | Umialik | Western National Assurance | Western National Mutual

Electronic Funds Transfer Authorization Form

Name of Financial Institution | Branch

City | State | Zip Code

Financial Institution Routing Number | Account Number

Please indicate the type of account: ☐ Checking Account ☐ Savings Account

Policyholder's Name (Please Print)

Policyholder's Address (Please Print)

Payment options: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Full-Pay

Required **Please list the policy number(s) that should be paid by electronic funds transfer:**

Preferred Due Date: _____

I (we) authorize Western National Insurance Group and its affiliates (Michigan Millers, Pioneer Specialty, Umialik, Western National Assurance, or Western National Mutual) and the financial institution named above to initiate entries to my (our) checking / savings account. This authority will remain in effect until I (we) notify you in writing to cancel this agreement. Likewise, I (we) understand that I (we) can stop payment of any entry by notifying my Western National Insurance Group company at least three business days before my (our) account is charged.

Signature(s) of account holders | Date
If this is a joint account, both authorization signatures are required.

All states OTHER THAN Michigan and New York, please fax EFT form to: (877) 392-3735 or mail to: Western National Insurance Group, PO Box 59184, Minneapolis, MN 55459-0184.

For Michigan and New York policyholders ONLY, please fax EFT form to: (517) 371-7706 or mail to: Michigan Millers Insurance, PO Box 30060, Lansing, MI 48909-7560.

RETAIN FOR YOUR RECORDS

On _____

I (we) authorized Western National Insurance Group company and its affiliates (Michigan Millers, Pioneer Specialty, Umialik, Western National Assurance, or Western National Mutual) and my financial institution to initiate electronic entries to my (our) checking/savings account and have agreed to the terms listed on the authorization. I (we) may revoke authorization with the company at any time by writing to:

Pioneer Specialty, Umialik, Western National Assurance, and Western National Mutual:
Western National Insurance Group
PO Box 59184
Minneapolis, MN 55459–0184

Michigan Millers:
Michigan Millers Mutual Insurance Company
PO Box 30060
Lansing, MI 48909-7560