



CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

Credit Card Authorization Form

Credit Card

Exp. Date /
M M Y Y

Security Code

Visa Mastercard

I authorize Cincinnati Equitable Life Insurance Company to make:

- A one-time initial payment
- A one-time initial and ongoing monthly payment
- A reoccurring monthly payment only

Withdrawal(s) from my debit card/credit card specified above. By signing below, I certify that I have read the withdrawal authorization disclosures listed below.

Debit Card
Recurring payment date if other than effective date of policy: _____

Credit Card

Amount of Premium Withdrawal: _____ Amount of Service Fee: _____ Amount of Total Withdrawal: _____

Insured's Name (Please Print): _____
First Last

Account/Cardholder's Name (Please Print): _____
First Last

Account/Cardholder's Billing Address (Please Print): _____
(If different than insured) Street
City State Zip

Account/Cardholder's Signature: _____ Date: _____

One-Time Initial Premium Withdrawal: I authorize Cincinnati Equitable Life Insurance Company to make a one-time withdrawal on my debit/credit for the amount provided on this form, not to exceed the amount indicated in my policy contract, plus service charges listed above. This withdrawal is for the purpose of collecting the initial premium for my policy.

Reoccurring Monthly Debit/Credit Card Withdrawal: I authorize Cincinnati Equitable Life Insurance Company to remit the premiums due to my debit/credit for the amount provided on this form, not to exceed the amount indicated on my policy contract, plus the service charge listed above. Unless otherwise noted, the withdraw will occur monthly.

If at any time you would like to stop Ongoing Monthly Debit/Credit Card Withdraw, please call the home office at 1-800-621-1826.

Payment returns will result in a \$25 charge from our processor.
Cincinnati Equitable Life Insurance Company, P.O. Box 3428, Cincinnati, OH 45201