

SERVICE AGREEMENT

ADMINISTERED BY: ISM ADMINISTRATORS (ISMA) • 17722 IRVINE BOULEVARD • TUSTIN, CA 92780 • (714) 505-1100 • FAX (714) 505-1111
www.AmericanAssociations.org • AmericanAssociations@hushmail.com (use for secure email submission)

1) DEPOSITOR'S NAME <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS		8) NAME OF BANK	12) CIRCLE THE MONTHLY PAYMENT DATE ELECTED (Default date is 15th) 1ST 15TH 20TH ANNUAL PAYMENT
Last	First	M.I.	
2) INSURED NAME		<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	13) SERVICE FEE
3) INSURED ADDRESS		9) ACCOUNT #	14) NET MODAL PREMIUM / PAYMENT
4) CITY, STATE, ZIP		10) ROUTING # _____	15) ASSOCIATION:
5) DAY TIME PHONE #	6) EVENING PHONE #	11) BANK PHONE #	16) OTHER: _____ Amount \$
7) EMAIL ADDRESS (MANDATORY)			17) OTHER: _____ Amount \$
Banking Information (Items #8-11 above) are not necessary if paying by credit card.			
I authorize the credit card charge of my premiums and related fees to my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex			
Card #: _____		Exp. Date ____ / ____	Security Code _____
			18) TOTAL \$

The above named individual hereinafter referred to as "Client" requests ISM Administrators, hereinafter referred to as "ISMA", to provide the services described below, under the terms and conditions outlined in the Agreement, in return for a periodic service fee identified above and agreed hereto.

SERVICES

The Client shall receive the following services from ISMA: Effectuate the payment of monies, including premium(s) or deposits to designated third parties as requested or otherwise directed in writing by Client.

In exchange for providing the monthly services for Client, ISMA is entitled to a monthly service fee as designated above. **The fee is earned following the performance of the monthly service and is not refundable.** ISMA may, from time to time, in its discretion modify the service fee upon thirty (30) day written notice to Client.

In order to receive the above services, Client hereby authorizes their bank to accept periodic electronic transfers or drafts from the Bank's Automated Payment Service for the amount stipulated above or as modified in writing from Client in the frequency stipulated above. Said transfers shall continue subject to the terms of the Agreement.

AUTHORIZATION FOR AUTOMATIC TRANSFER OF FUNDS: (NOT APPLICABLE TO ANNUAL PAYMENT)

I/we hereby authorize the transfer of funds held in the above named institution for the purpose of making monthly payments on my behalf. I authorize the above named institution to accept transfer of funds as if the transfer were signed personally by me. This authority is to remain in effect until I revoke same in writing, and I agree that each institution involved in any transfer shall be fully protected in honoring such transfers until such time. I further agree that if any transfer is dishonored due to any reason, the institutions involved shall be under no liability whatsoever even though it may result in the non-payment of my insurance premium or capital accumulation deposit. In addition, I authorize ISMA to reverse any payment made on my behalf if my transfer is dishonored for any reason. In the event that an erroneous electronic transaction is posted to my account, ISMA may execute a reversal of that transaction.

My personal check payment may be converted to an electronic payment processed through the Automated Clearing House Network (ACH). My payment will be reflected on my financial institution's monthly account statement as an electronic payment in the amount of my check, and will reference the check number I use to make this payment. For further information or to opt-out of the electronic check program, I understand that I must call (800) 488-1474 during regular business hours. Anti-Money Laundering regulations imposed by the federal government as part of the Patriot Act prohibit the payment of life insurance premiums by cashier's check or money order.

I authorize ACH payment of initial premium in lieu of personal check or credit card if not included with my application.

TERMS AND CONDITIONS

Client may terminate this Agreement at any time giving ISMA thirty (30) days written notice. ISMA may choose to terminate this Agreement if for any reason a debit transfer from Client's bank cannot be made. In the event of an EFT or credit card charge that is not honored by the client's bank for any reason, a service charge will be imposed on the client. The amount of the service charge will be the standard fee then in effect, which is subject to modification by ISMA

I/we have read, and agree to, the terms and conditions as stated above.

from time to time in its sole discretion. Client acknowledges that, in the event a debit transfer is unsuccessful for the reasons stated above, any payments on the Client's behalf to any institution will not be made until Client satisfies the unsuccessful debit plus all related fees. Should ISMA choose to terminate this Agreement due to occurrence of unsuccessful debit transfer, the Client will forfeit any right to a refund of any fees paid to date, without release of obligation on monies still owing to ISMA, or its custodian.

Client agrees that any monies owed to ISMA, or its custodian, shall be subject to any additional charges and costs incurred by ISMA, or its custodian, through collection procedures, legal fees, and court costs. In the event that the parties must litigate disagreements arising from this contract, the parties hereto agree to conduct any such litigation under the laws of the State of California, and that venue for such proceedings shall be only in the County of Orange, State of California.

Client agrees that any late fees, adverse credit reports to any credit reporting agency, loss of coverage, or loss of interest/gain on any capital accumulation account due to inaccessible or insufficient funds in the Client's account are the sole responsibility of the Client.

Client agrees that ISMA, the custodian, and all recipients of directed payments shall not be liable for any loss occasioned by inadvertent delay or error in remitting monies to the institution or designated account, nor shall such companies bear any responsibility for any security transactions effectuated on behalf of Client by a third party. Client agrees that electronic transfers or drafts prior to policy approval and issue, if applicable, do not constitute, imply or guarantee the issuance of insurance coverage. Client agrees that the policy/certificate is considered to be delivered and placed when premiums have been drafted as authorized by this Service Agreement in excess of three (3) uninterrupted or non-disputed months from the effective date of coverage. In the case of Annual Payment, Client agrees that the policy/certificate is considered to Agreement and three (3) non-disputed months have elapsed. Client understands that ISMA is solely an administrator of Client's monies and contracting with ISMA does not require the purchase of any other services.

IT IS THE CLIENT'S RESPONSIBILITY TO NOTIFY ISMA IN WRITING, THIRTY (30) DAYS PRIOR TO THEIR NEXT PAYMENT OF ANY CHANGE OF ADDRESS, BANK ACCOUNT NUMBER, CHANGE OF BANK, PAYMENT AMOUNT, OR PAYMENT METHOD. FAILURE TO DO SO MAY RESULT IN A PAYMENT NOT BEING MADE TO INSURER, CAPITAL ACCUMULATION ACCOUNT, ASSOCIATION OR OTHER BENEFIT. ALTHOUGH WE MAY CONTINUE TO DRAFT FOR PREMIUM WHEN YOU HAVE MISSED A PAYMENT, YOUR COVERAGE MAY NOT BE IN FORCE IN THE EVENT OF A CLAIM AGAINST YOUR POLICY. IT IS THE CLIENT'S RESPONSIBILITY TO NOTIFY ISMA IN WRITING IF THE POLICY/CERTIFICATE IS NOT RECEIVED. FAILURE TO CONTACT ISMA IN A TIMELY MANNER MAY BE CONSTRUED AS RECEIPT OF THE POLICY/CERTIFICATE.

If any one or more of the provisions and/or conditions contained in this Agreement shall be held invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not effect any other provision of this Agreement. This is the parties' entire agreement as pertains to this Service Agreement, superseding all previous oral or written agreements, representations, or express or implied warranties.

DEPOSITOR (SIGNATURE)	OWNER IF OTHER THAN DEPOSITOR (SIGNATURE)	DATE