

I am returning this authorization to Pathian Administrators, authorizing Pathian Administrators and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Pathian in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution (7) days before my account is charged.

Please return this completed form and a copy of a voided check to:

**Pathian Administrators
 32110 Agoura Road, Westlake Village, CA 91361**

1. CLIENT INFORMATION

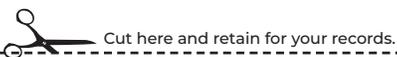
| | | |
|-----------------------------|-------------------------|-------------|
| Client Name: | | |
| Existing Division #: | Contact Phone #: | |
| Client Address: | | |
| City: | State: | Zip: |

2. FINANCIAL INSTITUTION INFORMATION
(Please enter the name/address of the bank and account you wish payments to be withdrawn from)

| | | |
|----------------------|----------------|-------------|
| Name of Bank: | Branch: | |
| Bank Address: | | |
| City: | State: | Zip: |

| | |
|--|---|
| <input type="checkbox"/> Voided Check Attached | Signature (x): _____ <i>(This is your authorization for Pathian Administrators to withdraw funds from your account)</i> |
|--|---|

| | |
|--|---|
| Please check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Note: <i>Withdrawals from your bank account will occur on the 1st working day of each month for which the premium is due.</i> |
| Bank Routing #: <i>The routing code is the 9-digit number on the lower left of your check. The routing code appears between the I: symbols.</i> | Account #: <i>Your account number can be found between the second I: symbol and the II: symbol. Do not include the check number (the digits to the right of the II: symbol).</i> |
| I: [] [] [] [] [] [] [] [] [] I: | I: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] II: |



On (date) _____, I authorized Pathian Administrators to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to Pathian Administrators at the address above. *If the payment amount changes, we will notify you at least 5 days before the regularly scheduled payment date.*

Inshore Benefits is a product portfolio of North Ranch Benefits Trust.