



**ENROLLMENT IN**

**PAMANA FUNERAL EXPENSE BENEFIT**

2491 Alluvial Ave. Ste. 170 Clovis, CA 93611  
 1-855-54-PAMANA (1-855-547-2626)  
 info@pamana.life

| Checking or Savings Account   |  | Payment Type:         |  | Checking                         | Savings    |
|---|--|-----------------------|--|----------------------------------|------------|
| Authorized Payor  |  |                       |  | 2 <sup>nd</sup> Authorized Payor |            |
| First Name  |  | M.I.                  |  | First Name                       |            |
| Last Name   |  |                       |  | Last Name                        |            |
| Routing Number  |  | Financial Institution |  | Telephone Number                 |            |
| Account Number  |  |                       |  | City                             |            |
|   |  |                       |  | State                            |            |
| Credit Card   |  | Payment Type:         |  | Debit                            | Credit     |
|   |  | Card Type:            |  | Visa                             | Mastercard |
|   |  |                       |  | Discover                         |            |
| Name as it Appears on the Card  |  |                       |  |                                  |            |
| First Name  |  | M.I.                  |  | Sequence Number                  |            |
| Last Name   |  |                       |  | Expiration Date                  |            |
| Billing Address   |  | Apt #                 |  | City                             |            |
|   |  |                       |  | State                            |            |
|   |  |                       |  | Zip                              |            |
| Your contribution will be drawn immediately upon receipt of enrollment form at home office. |  |                       |  |                                  |            |

I authorize Pamana Funeral Expense Benefit (hereafter "you" to collect the initial contribution and any future payments for this benefit by electronic or other means from the account identified above. I agree that the treatment of such payment, and all rights with respect to it, will be the same as if it were signed and initiated by me. I further agree that if any check, draft or debit is dishonored for any reason, you will not be under any liability, even though dishonor results in the forfeiture or lapse of coverage. This authorization is to remain in effect until you receive written notice from me of its revocation, unless you end it earlier. I understand that no coverage will go into effect until Pamana Funeral Expense Benefit has (a) received and approved the application for the funeral expense benefit, (b) issued a plan based on the application, (c) withdrawn the first contribution from the designated account. The applicant(s) must be alive at the time the payment is honored.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sales Representative \_\_\_\_\_ Date \_\_\_\_\_