



Leaving the Military?

If you currently have a military allotment to Sun Trust Bank to pay premiums for an MBA group term life insurance policy and will be getting out soon, you need to convert over to an EFT (Electronic Funds Transfer) mode of payment to continue your coverage. Please complete and sign the form below, attach a voided check, and mail to the address at the bottom of the page.

<p>I hereby authorize Military Benefit Association to initiate on or after the fifth day of each month debit entries to my checking account indicated below and on the attached voided check, and I hereby authorize the depository institution named below to debit the same from my account. Said debits shall be for the amount(s) of my monthly premium payments at the regular rates applicable to these premiums. It is understood that the amounts of these debits will be adjusted by MBA in accordance with any applicable premium increases or decreases.</p> <p>My premium is due and payable on the first of each month. I agree to have <i>two months premium</i> deducted for my first EFT payment if I have not enclosed an initial payment with my application. I further agree that if any such debit should be dishonored, whether with or without cause and whether intentionally or unintentionally, MBA and the depository institution shall be under no liability whatsoever even if termination of insurance results.</p> <p>This agreement is to remain in full force and effect until MBA has terminated it upon 60 days notice to me, or received notification from me of its termination in such time and manner as to afford MBA a reasonable opportunity to act on it.</p>	<p style="text-align: center;">EFT AUTHORIZATION</p> <p>Name and address of Bank, Savings & Loan, Credit Union, etc., where you have a personal checking account. (Attach a voided check.) _____</p> <p>Routing/Transit Number (First 9 digits from the lower left corner of your personal check). If your checking account is through a Credit Union, please contact them for the number. _____</p> <p>Checking Account No. _____</p> <p>Member's Name (Please Print) _____ Member's Social Security No. _____</p> <p>Please deduct my EFT Payments for: <input type="checkbox"/> Life Premium <input type="checkbox"/> CHAMPUS/TRICARE Supplement <input type="checkbox"/> Both</p> <p>Signature (as it appears on depository records) _____ Date _____</p> <p>IMPORTANT: Remember to attach a voided check to this authorization.</p>
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ATTACH VOID CHECK HERE

For further assistance or information call us toll free **1-800-336-0100**, 8 am to 4 pm, Monday through Friday, Eastern Time



MILITARY BENEFIT ASSOCIATION
 14605 Avion Parkway, P.O. Box 221110
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 (703) 968-6200



*This coverage is underwritten by
 Government Personnel Mutual Life Insurance
 Company (GPM) under policy number GP01.*