



This is to advise Pamana.Life Company (Pamana) that we will process Pamana’s Voluntary Funeral Expense Program for the benefit of our participants. For each participant who executes a deduction request, we will withhold the amount authorized. We will forward this money directly to Pamana upon notice of the premium due from each participant.

We may, upon written notice to Pamana and to our participants, discontinue our participation in Pamana’s Voluntary Funeral Expense Program. In such event, the continued payment of deductions will be a matter directly between each participant and Pamana.

We assume no responsibility for forwarding payments from anyone other than current participants.

We understand that Pamana does not disclose personal information about our participants to companies or organizations not affiliated with Pamana that would use the information to market their own products and services. However, Pamana may share with us personal information about our participants, and other persons, in order to carry out the purpose of Pamana’s Voluntary Funeral Expense Program. Personal Information includes all personally identifiable information and other information about a person that:

- a person provides to Pamana to obtain Funeral Expense,
- results from an Funeral Expense transaction, or
- is otherwise obtained in connection with providing Funeral Expenses.

We agree not to disclose or use this personal information except as necessary for our participation in Pamana’s Voluntary Funeral Expense Program. We may be provided access to this information in electronic form and are responsible for limiting this access to those necessary for our participation.

Account Name: _____

Address (Street & Number): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ ER Contact Cell: _____

Employer Cost Participation-OPTIONAL

Flat Amount _____ per _____ (monthly or weekly?)

Employer Paid Percentage: –50% EE/50% ER – 25% EE /75% ER – 0% EE /100% ER

Up to \$ _____ (monthly or weekly?)

Accepted by Account

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Pamana Independent Sales Representative Name: _____

Pamana Independent Sales Representative Number: _____