

Electronic Funds Transfer Form

Check One:

Ameritas Life Insurance Corp.
 Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218

MEMO TO BANK

The attached is your depositor's authorization to honor checks, drafts or orders drawn by UNIFI Companies as well as our Indemnification Agreement.

We appreciate your cooperation in processing this authorization.

**AUTHORIZATION TO HONOR CHECKS, DRAFTS OR ORDERS DRAWN BY
THE UNION CENTRAL LIFE INSURANCE COMPANY, AMERITAS LIFE INSURANCE CORP. OR ACACIA LIFE INSURANCE COMPANY**

Name of Bank Depositor _____
(Print name as shown on Bank Records)

_____ (Checking Account Number, if any) _____ (Transit Number)
_____ (Routing Symbol)

_____ (Name of Bank and Branch name, if any)

_____ (Address of Branch or Branch where account is maintained)

As a convenience to me, I hereby request and authorize you to pay and charge to my Account checks, drafts or orders, whether by electronic or paper means, drawn on my account by THE UNIFI COMPANIES to its own order. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such order.

I agree that your treatment of each such item, and your rights in respect to it, shall be the same as if it were signed personally by me. I further agree that if any such check, draft or order be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

The bank shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of the payment and charge of such checks, drafts, or orders to my account.

THE COMPANY is instructed to forward this authorization to you.

_____ (Date) _____ (Signature of Bank Depositor - as shown on Bank Records for
the account to which this Authorization is applicable)

INDEMNIFICATION AGREEMENT

To: Bank named above

In consideration of your compliance with the request and authorization of the depositor named above, The UNIFI Companies, The Union Central Life Insurance Company, Ameritas Life Insurance Corp. and Acacia Life Insurance Company agree:

(1) To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether by electronic or paper means, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expense reasonably incurred in connection therewith.

(2) In the event that any such check, draft or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance.

(3) To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.

UNIFI COMPANIES

By

John H. Jacobs
President

Jan M. Connolly
Secretary