



VoluntaryMart[®] Automatic Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing to your credit card, simply fill out all of the information below. Upon approval, we will then automatically bill your primary credit for amounts due. We will bill your alternate credit card, if provided, only if the primary credit card is declined for some reason. Your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us at: John Alden Life Insurance Company, P.O. Box 2948, Milwaukee, WI 53201-2948 or by fax at 414-299-8906.

Please Print

Name	Social Security Number
Home Phone – include area code	Work Phone – include area code
PRIMARY CREDIT CARD ACCOUNT	ALTERNATE CREDIT CARD ACCOUNT (optional)
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Name on credit card (exactly as printed)	Name on credit card (exactly as printed)
Billing address for credit card (Street, Apt #)	Billing address for credit card (Street, Apt #)
City, State, ZIP	City, State, ZIP
Credit card number	Credit card number
Expiration date	Expiration date

I authorize John Alden Life Insurance Company to automatically bill my regular monthly charge to one of the credit cards listed above.

Signature	Today's date
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*** Visa Credit Card Users:** Flip your card over and look at the signature box. You should see a 16-digit credit card number followed by a special 3-digit code. This 3-digit code is your Card Identification Code.

*** MasterCard Credit Card Users:** Flip your card over and look at the signature box. You should see a 16-digit credit card number followed by a special 3-digit code. This 3-digit code is your Card Identification Code.