



**BIWEEKLY ALLOTMENT
SINGLE OR MULTIPLE COMPANY
TRANSFERS FORM**

United Bank & Capital Trust Company
P.O. Box 988
Radcliff, KY 40159
FAX 270-351-1239 B4

EMPLOYEE INFORMATION

NAME OF PAYEE (last,first,middle initial)			DATE OF BIRTH	FIRST DEDUCTION
ADDRESS (street,route,P.O. Box, APO/FPO)			SOCIAL SECURITY NUMBER	TELEPHONE #
CITY	STATE	ZIP CODE	TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> SAVINGS	

If an allotment is currently on the routing number, you must do an increase to the existing allotment.

DISTRIBUTION OF ALLOTMENT

COMPANY NUMBER	Agent code	COMPANY NAME	POLICY OR ACCOUNT NUMBER	Firstnet Transfer Fee	TOTAL
5520	103	Firstnet Transfer Fee		\$2.50	\$2.50
5567	103	5Star	SSN		
5535	103	Central United Life			
5519		BANK ACH CHECKING _____ SAVINGS _____	BANK ACCOUNT # REQUIRED	BANK ROUTING # REQUIRED	
5576	103	Aflac	ACC FWD17		
5576	103	Aflac	CI FWD17		
5576	103	Aflac	HOSP FWD17		
5576	103	Aflac	CNCR FWD17		
				TOTAL	

NAME AND ADDRESS OF FINANCIAL INSTITUTION United Bank & Capital Trust Company P.O. Box 988 Radcliff, KY 40159	ROUTING NUMBER <div>0839-0165</div>	CHECK DIGIT <div>0</div>
	ACCOUNT # (USE SSN)+5520 <div>5520</div>	

ALLOTMENT SAVINGS ACCOUNTS APPLICATION AND TRANSFER AUTHORIZATION

In consideration of the opening and maintenance of a savings account by United Bank & Capital Trust Company, the depositor agrees that this account shall be subject to the bank's rules and regulations covering allotment savings account interest rates, statements and maintenance of this type account. Accounts inactive for 365 days may be assessed a dormant service charge.

Undersigned hereby authorizes United Bank & Capital Trust Company to deduct from said account and transfer bi-weekly the amount listed above (including Firstnet transfer Fee) or any lesser amount if the first amount is not available to Firstnet. United Bank & Capital Trust Company will mail Electronic Funds Transfer disclosure, rules and regulations regarding this account. Quarterly statements and other disclosures will be made available to you at www.firstnetbillpay.com. If the email address given is invalid, omitted or email is returned to us, we will automatically mail all disclosures and quarterly statements to the address given above. The owners of the accounts, by signing below consent to receive all required statements and disclosures, for example change-in-terms notices, Regulation E notice, error resolution procedures, electronically from United Bank & Capital Trust Company.

Under penalties of perjury, I certify that (1) TIN provided on this form is true, correct and complete, and (2) that I am not subject to backup withholding either because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) IRS has notified me that I am no longer subject to backup withholding. **CERTIFICATION INSTRUCTIONS:** You must cross out item (a) above if the IRS notified you that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Account Holder Email Address
Agent name

Customer Signature
DATE