



REAPPLICATION AUTHORIZATION & ACKNOWLEDGMENT

I, _____ (print name), am reapplying for the FREEDOMFLEX plan.

In the event that there have been failed premium draft or charge attempts related to my previous FREEDOMFLEX policy, resulting in NSF or other bank fees, I authorize ISM Administrators to charge or draft my account for those fees, as called for in the Service Agreement that I signed.

I further acknowledge that by allowing my original FREEDOMFLEX policy to lapse I am forfeiting all of the endowment value that may have accrued within that plan.

Signature

Date