

## Payroll Deduction Authorization

| Mail or Fax to: TAI / PROFESSIONAL BENEFIT ADMINISTRATORS FAX: (888) 264-6975 or (770) 963-6126 1000 HURRICANE SHOALS RD, NE SUITE C - 370 Phone: (800) 578-2082 or (770) 963-3939 LAWRENCEVILLE, GA 30043  |   |             |                |                  |             |
|---|---|-------------|----------------|------------------|-------------|
| ALLOTEE INFORMATION   |   |             |                |                  |             |
| Last Name   | First Name  |             |                | Initial          | Maiden Name |
| Current Residence - Street  |   | City        |                | State            |             |
| Zip Code:   | Cell phone:   |             |                | Home Phone:      |             |
| Branch of Service:  |   |             | Email address: |                  |             |
| Army Navy Air Force   | Marines   | Coast Guard | Email address. |                  |             |
|   |   |             |                |                  |             |
| DISBURSEMENT INFORMATION  |   |             |                |                  |             |
| Monthly Payment:  |   |             | INI OINIMA     | Type of Account: |             |
|   |   |             |                |                  | Checking    |
| on-Refundable Admin. fee per month: Bank Routing #:   |   | Loan #:     | <u> </u>       |                  |             |
| \$2.70   061 000 227  |   | 27          |                |                  |             |
| Total Monthly Payroll Deduction:  | Allotee Account #: (Last 9 digits are client's SSN) |             |                |                  |             |
| SIGNATURES  |   |             |                |                  |             |
| IMPORTANT: Use the Routing# and Acct# on the PBA Payroll Deduction form to set up your new allotment by going to https://mypay.dfas.mil/mypay.aspx or by contacting your military paymaster. Please note that your 9 digit SSN must be added to the Account#, to create 17 digit Acct #. The bank will not recognize your payment without your SSN, and would result in your allotment being returned to DFAS.  Once your allotment is set up in myPay, FAX this form to PBA at: 1-888-264-6975  I hereby authorize Transaction Allotment Inc (TAI) to receive my payroll deduction into their Wells Fargo Account (identified by my Social Security Number), and indicated above in the Monthly Premium Allotment Amount ( with one half of the premium deducted each ppd). I also authorize TAI to distribute that amount as indicated above. I further authorize TAI to disclose my Social Security Number and other nonpublic personal information to third parties as necessary to effect and administer the services to be performed by TAI hereunder. I further agree that if my employer fails to deduct and/or transmit the required payments, whether intentionally, inadvertently or otherwise, TAI shall have no liability whatsoever with respect thereto even though such failure results in the forfeiture of any and all policies or contracts. |   |             |                |                  |             |
| ALLOTEE'S SIGNATURE   |   | DATE        |                |                  |             |

Phone: 800-578-2082 Toll-Free Fax: 888-264-6975