

# WoodmenLife

Woodmen of the World Life Insurance Society  
1700 Farnam St. Omaha, NE 68102-2025

## Payroll Deduction Authorization

Company Name (Employer)	YVEDDI		
Address	533 N. Carolina Ave Hwy 160N		
City/State/ZIP	Boonville, N.C. 27011	Phone Number	336-367-3533
Contact Person	Janet Phillips		
Sales Representative Name	Joey Anderson	ID Code	

EMPLOYEE NAME \_\_\_\_\_

Employee and/or Dependent Names	Product Type	Monthly Premium %	Monthly <del>Dues</del>	Monthly Total
_____	Flexible Annuity	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I authorize my employer to deduct from my earnings amounts due Woodmen of the World Life Insurance Society to pay insurance premiums.

I understand that coverage is not effective until WoodmenLife approves an application for insurance and WoodmenLife receives the initial premium.

I acknowledge that by making payroll deductions authorized herein, the employer is acting solely at my request and for my convenience, and in no way sponsors or endorses the insurance product and has no duties or responsibilities with respect to the insurance plan.

I agree to indemnify and hold WoodmenLife harmless for any claim to premium not received by WoodmenLife.

Questions should be directed to your coordinating WoodmenLife Representative or to the WoodmenLife Home Office at 1-888-873-3772.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Sales Representative Signature

\_\_\_\_\_  
Date