1 Identification

PREMIUM PAYOR NAME	ADMINISTRATIVE CONTACT NAME		
BILLING ADDRESS	CITY	STATE	ZIP CODE
GUARANTEED STANDARD ISSUE	PHONE		

2 Agreement

This Multi-Account Agreement (Agreement) is between The Standard Life Insurance Company of New York (The Standard) and the premium payor (Payor) identified above. By the signature of its Authorized Representative below, Payor acknowledges and agrees to the following:

1. Payor acknowledges that The Standard will send an itemized billing statement (Billing) to Payor each month, at Payor's most recent address in The Standard's records, no later than thirty days before the policy due dates shown on the Billing.
2. Payor agrees to send The Standard, at the address listed above, full payment for all policy premiums itemized on each Billing no later than thirty days after the Billing's Statement Date. Payor acknowledges that The Standard will not accept partial payments for any Billing unless previously agreed to in writing by The Standard and Payor. The premium mode for all policies on each Billing must be monthly.
3. Payor agrees to promptly notify The Standard of any policy being withdrawn from this Agreement, and of any situation where any policy becomes ineligible for participation under this Agreement for any reason. Any policy removed from this Agreement will be placed on a direct billing offered by The Standard at the time the policy is removed, with premiums billed to the owner at the owner's most recent address in The Standard's records.
4. Payor agrees that this Agreement will terminate as follows:
   a. This Agreement will end if the full amount of the premium due under any Billing is not received at the address listed above within thirty days after the Billing's Statement Date. Termination under this provision will be effective on the 31st day after (but not including) the Statement Date.
   b. This Agreement will end if either Payor or The Standard notifies the other in writing of termination. In this event this Agreement will end as follows:
      i. If Payor terminates this Agreement, termination will be effective on the day written notice of termination is received at the address listed above.
      ii. If The Standard terminates this Agreement, termination will be effective on the day The Standard puts its written notice of termination in the U.S. Mail to Payor.
   c. Payor acknowledges The Standard may terminate this agreement if the number of policies under this Agreement falls below three or total premium amount is less than $200.
      Once this Agreement ends, it is no longer in effect in regard to any policy, and any premium itemized on any Billing generated under this Agreement that remains unpaid will be due and payable directly from the owner of that policy. The Standard will bill the owner of each policy previously covered by this Agreement for all premiums due.
5. If any premium for a policy itemized on any Billing is not paid by the end of the policy's grace period as defined in the policy, regardless of the reason for nonpayment, the policy will lapse in accordance with its terms, and The Standard will send notice of lapse to the owner. The policy will lapse even if payment is sent to The Standard by Payor within the time period in number 2, above, if the payment is not received by the end of the policy's grace period.
6. Nothing may be changed to this Agreement without prior approval from The Standard.

3 Payor Authorization

AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE TITLE

I am the Authorized Representative of the Payor and have completed appropriate sections of this form; I represent that all information is true and accurate.

_____   _____
AUTHORIZED PLAN REPSENTATIVE SIGNATURE   DATE

_____   _____
SIGNED AT CITY   SIGNED AT STATE

Return this completed, signed form to Individual Policy Administration, Premium and Billing, P5D.