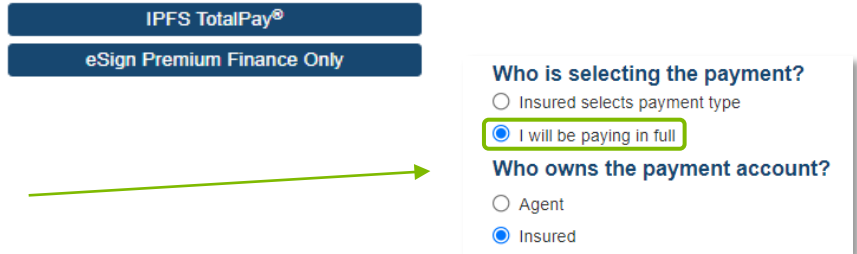


IPFS TotalPay® allows you to offer multiple insurance quotes to your customer, providing the ability to decide how they would like to pay for their insurance by choosing to pay installments or pay the premium in full.

Choose IPFS TotalPay®

Option to pay in full or premium finance.
Choose who owns the payment account.



IPFS TotalPay®
eSign Premium Finance Only

Who is selecting the payment?

Insured selects payment type
 I will be paying in full

Who owns the payment account?

Agent
 Insured

Payment Method ACH

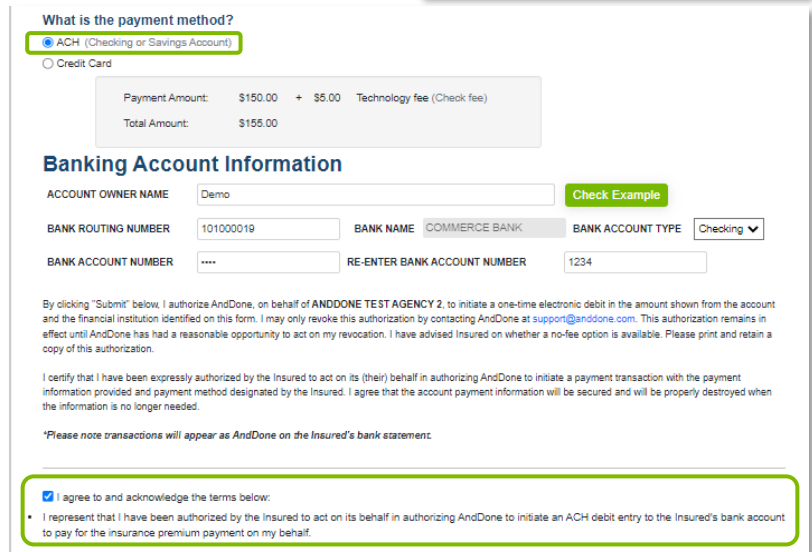
ACH using Entity Account

- Enter the banking details.
- Choose Submit.

ACH using Insured Account

- Enter the banking details.
- Agree to the terms.

The insured is notified via email that a payment has been made on their behalf.



What is the payment method?

ACH (Checking or Savings Account)
 Credit Card

Payment Amount: \$150.00 + \$5.00 Technology fee (Check fee)
Total Amount: \$155.00

Banking Account Information

ACCOUNT OWNER NAME: Demo Check Example

BANK ROUTING NUMBER: 101000019 BANK NAME: COMMERCE BANK BANK ACCOUNT TYPE: Checking

BANK ACCOUNT NUMBER: **** RE-ENTER BANK ACCOUNT NUMBER: 1234

By clicking "Submit" below, I authorize AndDone, on behalf of ANDDONE TEST AGENCY 2, to initiate a one-time electronic debit in the amount shown from the account and the financial institution identified on this form. I may only revoke this authorization by contacting AndDone at support@anddone.com. This authorization remains in effect until AndDone has had a reasonable opportunity to act on my revocation. I have advised Insured on whether a no-fee option is available. Please print and retain a copy of this authorization.

I certify that I have been expressly authorized by the Insured to act on its (their) behalf in authorizing AndDone to initiate a payment transaction with the payment information provided and payment method designated by the Insured. I agree that the account payment information will be secured and will be properly destroyed when the information is no longer needed.

*Please note transactions will appear as AndDone on the Insured's bank statement.

I agree to and acknowledge the terms below:

- I represent that I have been authorized by the Insured to act on its behalf in authorizing AndDone to initiate an ACH debit entry to the Insured's bank account to pay for the insurance premium payment on my behalf.

Payment Method Credit Card

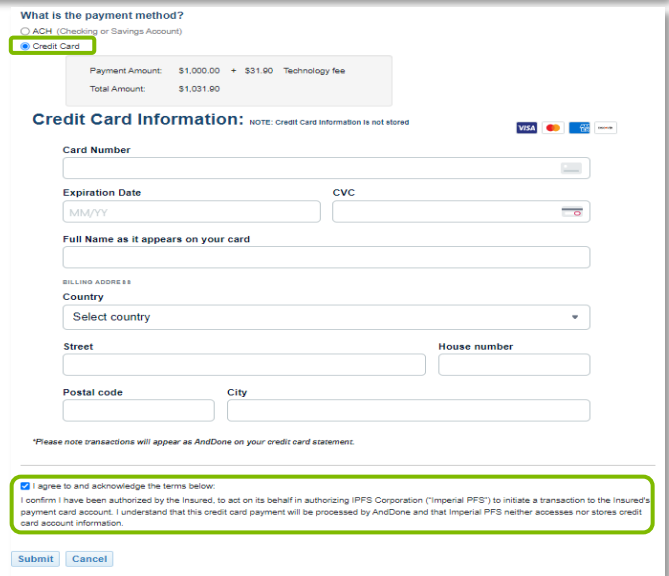
Card transactions have a vendor technology fee.

- Enter the card and address details.

Insured Credit Card Only

- Agree to the terms.

The insured is notified via email that a payment has been made on their behalf.



What is the payment method?

ACH (Checking or Savings Account)
 Credit Card

Payment Amount: \$1,000.00 + \$31.90 Technology fee
Total Amount: \$1,031.90

Credit Card Information: NOTE: Credit Card Information is not stored

Card Number:

Expiration Date: MM/YY CVC:

Full Name as it appears on your card:

BILLING ADDRESS

Country: Select country

Street: House number:

Postal code: City:

*Please note transactions will appear as AndDone on your credit card statement.

I agree to and acknowledge the terms below:

I confirm I have been authorized by the Insured, to act on its behalf in authorizing IPFS Corporation ("Imperial PFS") to initiate a transaction to the Insured's payment card account. I understand that this credit card payment will be processed by AndDone and that Imperial PFS neither accesses nor stores credit card account information.

The information contained herein is confidential and proprietary. Recipients will respect the confidentiality of this material and not disclose to any third party any of the contents of this document without first obtaining written approval from Imperial PFS.