DEFERRED PREMIUM PAYMENT PLAN

Refer to Supplemental Declarations if information is not shown on this form.
The coverage under this endorsement is subject to the ***terms*** contained in the General Policy Provisions.

The premium for this policy is payable in annual installments as shown in the Declarations. ***You*** agree to pay each subsequent annual installment based on the premiums which are then in effect for ***us*** and which apply to this insurance.