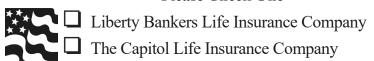
Please Check One



Direct Deposit via ACH

PO Box 224, Brownwood, Texas 76804-0224 • 5750 County Road 225, Brownwood, Texas 76801 (Overnight) • 800-745-4927 • 866-505-9377 (Fax)

Authorization Agreement for Direct Deposit of Annuity Distribution(s) via ACH

(Not Available for Distributions in Excess of \$50,000)

I/we authorize the Company to initiate credit and/or debit entries as adjustments for any credit entries made in error to the account number shown below. The Depository named below is authorized to credit and/or debit the same to such account as indicated. This agreement will remain in effect until the Company terminates it or until written notice is received from me/ us of its termination and the Company has sufficient time to act upon it. If at any time my/our Depository changes, I/we will provide a new notarized Authorization for Direct Deposit.

Depository Name and Branch:	•	
Account Number:	_	
Transit / ABA Number:		
Address:		
Address: City	State	Zip
Policy Number:		
Policy Owner Name (Print)	Joint Owner Name (Print)	
Policy Owner Signature and Date	Joint Policy Owner Signature and D	ate
in order	for us to process this request. Notarization	
(Notarization not necessary w	when form submitted with an application for a n	ew policy.)
State of		
County of		
Signed and sworn to (or affirmed) before me on		
by	te	
Printed name(s) of individual(s) making statement		
who proved to me on the basis of satisfactory evidenc	ee to be the person(s) who appeared before me	
personally known to me OR produced Ide		
Type of ID		
Type of 1D		
Signature of notary public		
Signature of notary puone	Stamp/Seal	
(Name of notary, typed, stamped or printed)		
My commisions expires:		
7217-0418 (updated 0718)		