

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Contract Number: _____ Annuitant: _____

Owner: _____

I (we) hereby authorize credit entries to my (our) checking/savings account in the "Depository Institution" named below, and I (we) authorize the depository institution to accept and to credit the amount of such entries to my (our) account. If funds to which I am (we are) not entitled are deposited to my (our) account, I (we authorize you to direct the bank to return said funds.

Depository Institution _____

Street

City

State

Zip Code

Please Specify Account Type

_____ **Checking Account** (Please include a voided check or photocopy of a voided check.)

Name on Account _____

Routing Number (Bank) _____

Account Number (Bank) _____

_____ **Savings Account** (Please call your bank for verification of the account and bank routing numbers.)

Name on Account _____

Routing Number (Bank) _____

Account Number (Bank) _____

This authorization is to remain in full force and effect until written notification is received from me of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Owner's Name

Owner's Signature

Social Security Number

Date

10689 N. Pennsylvania
P.O. Box 80609
Indianapolis, IN 46280
(800) 222-3216