

Authorization for Automatic Deposits

Attn: NEA Valuebuilder Program - Future, Select and Multi-Flex

Please type or print in black ink. Questions? Call our Customer Service Center at 1-800-NEA-VALU.

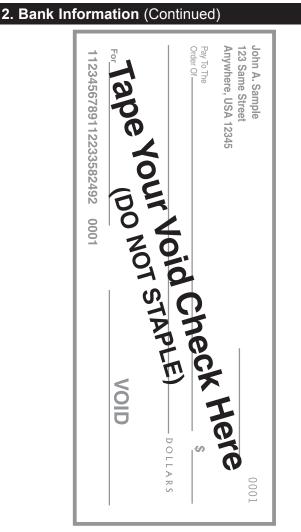
1. General Account Information		
Contract Number		
Group Certificate (if applicable)		
Name of Annuitant/Participant (First)	(MI)	(Last)
Address		
City		
State Zip Code		
Tax I.D. Number / Social Security Number		
Phone Number (for confidential calls between 8:00am and 6:00pm CST)		
E-Mail Address		
O Single O Married (please check one)		
2. Bank Information	•	

Select this service if you wish to have payments from your Contract deposited directly into your bank account.

I hereby authorize Security Benefit Group, Inc. ("Security Benefit") to initiate credit entries to my:

- O Checking Account
- O Savings Account

Receipt by said bank of such credit entries shall be deemed receipt by me. I agree that any sum of money paid to the bank after my death shall be refunded to Security Benefit for distribution to the person or persons, if any, entitled thereto under the Contract.



Reminder: If this request is not submitted with a check copy your request will be returned.

3. Signatures

This authority is to remain in full force and effect until Security Benefit has received written notice from me of its termination in such time and in such manner as to afford Security Benefit a reasonable opportunity to act.

X Signature of Annuitant/Participant

х

Signature of Contractowner (if different than Annuitant) Date

X

Signature of Joint Owner (if applicable)

Date

Date

NEA Valuebuilder Variable Annuity issued by Nationwide Life Insurance Company. Mail to: Security Benefit Group of Companies • PO Box 750497 • Topeka, Kansas 66675-0497 Fax to: 1-785-438-5177 Also visit us online at www.neamb.com

