



Questions? Call our Service Center at 1-800-888-2461.

Instructions

Use this form to activate or update electronic banking. Complete the entire form and please note the following:

- Electronic Bank Deposit – Funds can be sent from your First Security Benefit Life Insurance and Annuity Company of New York ("FSBL") contract to your bank account and arrive within 3 business days after the withdrawal.
- Electronic Bank Withdrawals – Funds can only be drafted from your bank account to be deposited as a contribution into a Roth IRA, Traditional IRA or other non-qualified account types. You may also request funds to be withdrawn to make loan payments. Loan payments must be for an amount equal to your scheduled loan payment. Deposits to your FSBL contract will be allocated according to the future allocations on file.

Please type or print.

1. Provide Contract Information

Contract Number _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____

Daytime Phone Number _____ Home Phone Number _____

2. Select Your Option

Please indicate your option:

- ☐ Update my bank information.
- ☐ Activate Electronic Bank Deposits from my FSBL contract to my bank.
- ☐ Activate Electronic Bank Withdrawals from my bank account for:

Type: ☐ Contribution ☐ Loan Payment

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Amount: \$ _____

Beginning on: _____ (loan payments must be on or prior to the next
(mm/dd/yyyy - must be between the 1st and 28th of the month) due date)

If no date is indicated, or date is prior to date of receipt, the first EFT will occur on the date the request is received in proper form.

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3. Provide Bank Information

Please provide your bank information below. **Bank account owner must be the same as contract owner. Direct Deposit is not permitted to a third-party account.** If any information is missing your request may be delayed. **A copy of a blank voided check is required in order for funds to be distributed or drafted electronically and to ensure necessary information is provided.** Attach copy of a voided check below.

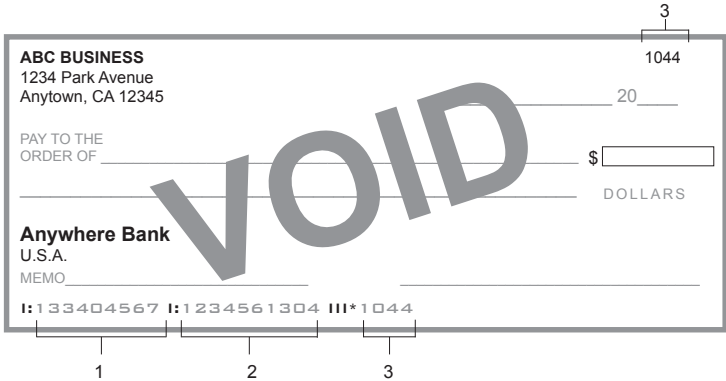
Bank Account Type (please check one): ☐ Checking ☐ Savings

Bank Name _____

Name on Bank Account _____
(Must be the same as contract owner)

Bank Routing Number _____

Bank Account Number (Do not include check number) _____



- 1. Routing Number (requires 9 digits)
- 2. Bank Account Number (not to exceed 17 digits)
- 3. Check Number

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4. Provide Signatures

I understand and authorize:

- FSBL will initiate electronic transactions to/from my bank account as indicated on this form. FSBL may make additional attempts to deposit/withdrawal if the initial attempt fails. I understand that I will be liable for any costs associated with these additional attempts.
- This service is established solely for my convenience. This service may be suspended, terminated or modified at any time. The service will remain in effect until FSBL receives cancellation. The cancellation will be effective within 30 days of receipt of the notice.
- All terms of this agreement are binding to my heirs, representatives and assigns. I agree that any sum of money paid to the bank after my death shall be refunded to FSBL and I hereby authorize the bank to make such refund from the account indicated.

X	_____ Signature of Owner	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
X	_____ Signature of Joint Owner (if applicable)	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
X	_____ Signature of Financial Professional (optional)	_____ Date (mm/dd/yyyy)	_____ Print Name of Financial Professional

Mail to:

First Security Benefit Life Insurance and Annuity Company of New York | Administrative Office

P.O. Box 750497 | Topeka, Kansas 66675-0497

Fax to: 785.368.1772

Visit us online at FSBL.com



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