

# Automatic Bank Draft

Attn: Life/Annuity Administration

Please type or print in black ink. Questions? Call our National Service Center at 1-800-238-9354.

## 1. General Account Information

Contract Number \_\_\_\_\_

Name of Annuitant/Insured (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tax I.D. Number / Social Security Number \_\_\_\_\_

Phone Number (for confidential calls between 7:00am and 6:00pm CST) \_\_\_\_\_

## 2. Electronic Funds Transfer (EFT)

I authorize Security Benefit to initiate Automated Clearing House (ACH) debits or to draw debit checks against a designated financial institution account for the amount listed on the dates noted. I understand that the financial institution indicated must be a member of the ACH association. This authorization shall continue until terminated by me in writing and delivered to Security Benefit. Termination will be effective within 30 days after receipt of notification. I understand that this service is governed by the rules of the ACH Association, as amended from time to time, and established solely for my convenience. This service may be suspended, terminated or modified at any time. All terms are binding upon my heirs, representatives and assigns.

By signing and completing this form, I authorize debits from the bank account referenced in conjunction with the EFT option. I also agree that Security Benefit may make additional attempts to debit my Account if the initial attempt fails and I will be liable for any associated costs.

**Payable:**  Monthly  Quarterly  
 Semiannually  Annually

Effective Date (date must be between the 1st and 28th of the month) \_\_\_\_\_

## 2. EFT (continued)

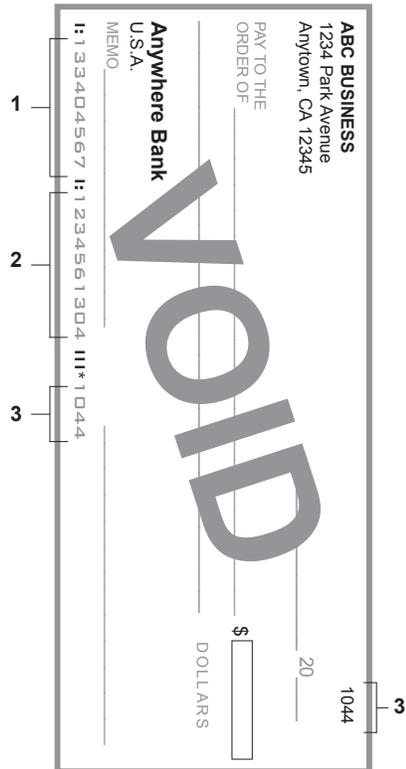
Please be aware that withdrawals from your bank account may occur up to three business days before the scheduled date of the investment.

\$ \_\_\_\_\_  
 Draft Amount

Contributions through Electronic Funds Transfer may only be made on Roth IRA, Traditional IRA, or Non-Qualified Contracts\*. Contributions will be allocated according to your most recent instructions on file at Security Benefit.

Payment Type:  Contribution  Life Premiums

Funds may be distributed to a checking account only.



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

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

Please continue to next page for signatures.



### 3. Signatures

I have read, understand, and authorize the debits requested on this form.

X  
\_\_\_\_\_  
Signature of Annuitant/Insured                      Date (mm/dd/yyyy)

X  
\_\_\_\_\_  
Signature of Contractowner  
(if different than Annuitant)                      Date (mm/dd/yyyy)

X  
\_\_\_\_\_  
Signature of Joint Owner (if applicable)                      Date (mm/dd/yyyy)

X  
\_\_\_\_\_  
Signature of Spouse (if Community Property State)  
(AZ, CA, ID, LA, NM, NV, TX, WA, WI)                      Date (mm/dd/yyyy)

X  
\_\_\_\_\_  
Signature of Registered Representative (optional)                      Date (mm/dd/yyyy)

