

Authorization for Automatic Deposits

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. Bank Information

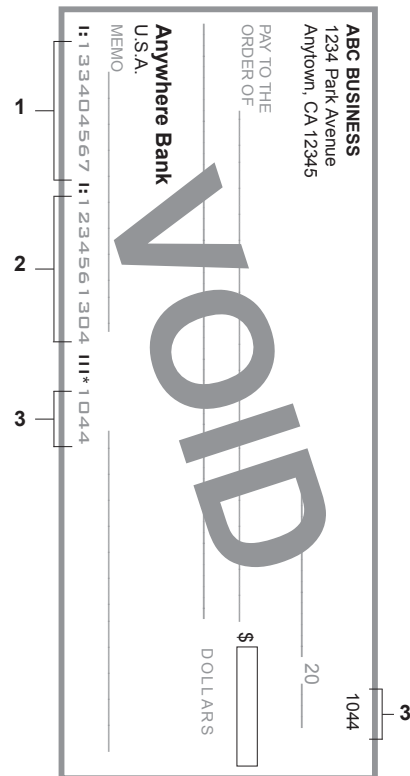
Select this service if you wish to have payments from Security Benefit deposited directly into your bank account.

Funds may be distributed to a checking account only.

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 Account indicated.

2. Bank Information (continued)

A copy of a blank voided check is required in order for funds to be distributed electronically. Attach a copy of a voided check below.



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

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/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)

