

DIRECT DEPOSIT EFT Form (Electronic Funds Transfer)

Policy/Contract/Certificate Information

NUMBER _____ OWNER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE# () _____ E-MAIL ADDRESS _____

To change any of the information above for your policy/contract/certificate, please submit a Policy Information Form

Bank Account Information

Please check one: ☐ New Enrollment ☐ Update Existing Information ☐ Remove Current EFT

Please check one: ☐ Checking Account ☐ Savings Account

Name(s) listed on Account _____

The owner's name(s) must be on the bank account provided

Financial Institution Name _____

Financial Institution Address _____

City _____ State _____ Zip _____

Financial Institution Phone Number () _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Terms

I authorize the Company to electronically deposit into my account indicated above any benefits or funds owed to me under the policy/contract/certificate. The Company may contact my financial institution to verify information regarding this request and to resolve any problems related to electronic deposits or errors in deposit. I understand that there may be a delay in payment of my benefits or funds if I fail to provide accurate or complete information on this form. Further, I understand that the Company reserves the right to pay my benefits or funds by check via U.S. mail for any reason. I agree to notify the Company as soon as reasonably possible of any changes to my bank account and that this authorization will terminate if the account designated above is closed or the account information changes. I agree that the payment of benefits or funds is subject to the terms and conditions of the above referenced policy/contract/certificate and submission of this form does not provide any guarantee of benefits or payment. I may terminate this authorization at any time by contacting the Company. I understand that the Company shall have a reasonable time to process the termination request and electronic payments may occur until my termination request is processed.

Notice and Consent for Electronic Delivery

This Notice and Consent provides an opportunity to receive electronic communications from us. If you consent to the receipt of electronic communications, we may communicate with you and make information and documents available to you electronically. Your consent to receive electronic versions of certain documents and records from us by electronic transmission is voluntary. You are not required to choose this option; however, if you wish to do so, you must provide us with your valid email address and your consent by signing this form.

Your consent applies to all required records and documents that we give to you, or receive from you, during the course of your relationship with us or our affiliates. The types of documents and communications covered by your consent include, but are not limited to: notices and disclosures, policy documents, policy transactions coverage and benefit information.

Your acceptance of this agreement does not prevent you from obtaining paper documents. You may request paper copies of forms or documents at any time by contacting us. If you wish to discontinue receiving electronic communications, you may withdraw your consent at any time by contacting us. Your withdrawal will become effective when your notification to us has been received and processed which may take up to 30 business days. You will then receive all subsequent communications and documents in paper form.

Your consent does not prevent us from communicating with you or sending documents to you in paper form at our discretion. We may also require that you provide certain communications to us in paper form.

You agree that records and documents may be sent to you at the email address you have provided to us. It is your responsibility to inform us of changes to your email address or other contact information. You may update your email address by contacting us.

You agree to save or print copies of all documents and communications sent to you electronically. You should maintain the security of passwords or other information utilized for electronic communications. You must have access to a computer with an Internet connection in order to access and retain forms, documents, and any other information provided to you electronically. You must be able to receive and send emails, and save information to a storage device or be able to print information for your records. By signing this form, you are agreeing that you have read and affirmatively consent to these terms. Your consent will remain in effect until you withdraw your consent as described above.

Please contact Customer Service at 800-525-7662 for any of the following: to request paper copies of documents or communications, to withdraw your consent to conduct electronic communications in the future or to update your email address.

THIS FORM MUST BE COMPLETED AND SIGNED BY THE PERSON OR PERSONS, WHO UNDER THE TERMS OF THE CONTRACT AND/OR POLICY, HAVE THE RIGHTS OF OWNERSHIP.

Owner's Signature _____ DATE _____

Owner's Signature (if joint owner) _____ DATE _____
