REQUEST FOR DIRECT DEPOSIT/EFT OF PENSION PAYMENT

Aurora National Life Assurance Company, NAIC 61182, 1275 Sandusky Rd., Jacksonville, IL 62650
Telephone (800) 265-2652

INSTRUCTIONS: Please print clearly. Send completed forms to the address above. See instructions below.

ANNUITANT/PAYEE NAME (Last, First, Initial)	POLICY/CONTRACT NO.	SOCIAL SECURITY NO.
PLAN NAME (If applicable)		GROUP NO. (If applicable)

Please transfer my funds electronically.

Direct Deposit ☐ EFT ☐

BANK NAME

BANK ADDRESS

ACCOUNT NO. ☐ CHECKING ☐ SAVINGS

ROUTING NO.

Benefit payments will be on the first of the month and will begin one modal period after the effective date of the annuitization. Some modes may be unavailable if the amount of proceeds applied would result in payment amounts of less than $50.00. Benefit payments must be at least $500.00 per payment if paid by check or $50. 00 per payment if paid by Electronic Fund Transfer (EFT). If not, the modal period will increase to the next available mode (quarterly, semi- annually, etc.) until annual.

SIGNATURES AND AUTHORIZATION

I hereby authorize Aurora to make all payments due me as Annuitant/Payee under the above contract and policy/ contract numbers to the bank indicated above for direct deposit or electronic fund transfer into my account.

To correct any overpayments credited to my account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and to refund any such overpayment to Aurora.

This authorization will remain in effect until further written notice from me is received by Aurora and Aurora has had reasonable opportunity to act on it.

SIGNATURE OF ANNUITANT/PAYEE	DATE	TELEPHONE ( )
HOME ADDRESS	CITY STATE	ZIP CODE

INSTRUCTIONS