

**INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT**

930 E. 2nd Street, Suite 100 Edmond, OK 73034 ♦ 1-800-821-5434

ELECTRONIC DIRECT DEPOSIT APPLICATION

Payee Information		
First Name	Middle Name	Last Name
Address		
Social Security Number	Telephone Number	Policy Number

Financial Institution Information		
Name	Telephone Number	
Address		
Account Number	Routing Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

I hereby authorize Individual Assurance Company, Life, Health & Accident (IAC) to deposit payments directly to my account indicated above. I authorize the financial institution to accept such credit entries from IAC and to credit my account in accordance with those credit entries. If an amount should be credited to my account in error (including any overpayment to my account), or after my death or ineligibility, I authorize and direct the financial institution to debit my account and refund such amount to IAC. I agree to direct my joint account owners, executors, administrators, or assignees to refund to IAC any payments that are made following my death so that they may be redistributed to my beneficiary(ies) or contingent annuitant(s), if applicable.

I agree to hold IAC harmless for any failure by the financial institution to credit my account or for any delay by the financial institution in crediting funds to my account. I agree that this arrangement is made for my convenience and that any payments directly received by me, rather than credited to my account, as a result of mistake or otherwise, shall not subject IAC to any liability in excess of that owed to me under the applicable insurance policy or annuity contract. I understand that IAC is relying on the information that I have provided on this form, and further understand that IAC will not be liable for any losses or charges due to incorrect, outdated or incomplete information that has been provided on this form.

If the account identified above is jointly owned, this authorization will not be effective without the signature of the joint account owner below.

This authorization will remain in effect until IAC receives a written notice from me stating otherwise and until IAC has had a reasonable chance to act upon such notice.

Payee Signature

Date

I agree to notify IAC upon the death of the Payee, and I agree to refund to IAC any payments that are made to the account following the Payee's death or ineligibility. I understand that I maybe personally liable, both individually and as a joint owner of the account, for the amount of payments with due dates after the death of the Payee. If I am entitled to any benefit from the applicable insurance policy or annuity contract as a beneficiary or contingent annuitant of the Payee the amount of my liabilities may be deducted from the amount payable to me.

Joint Account Owner Name

Joint Account Owner Signature

Date

*** * * PLEASE ATTACH A VOIDED CHECK * * ***

(A deposit slip does not always contain the correct and/or complete information.)