



## Direct Deposit Authorization

National Guardian Life Insurance Company • P.O. Box 2867 • Clinton, IA 52733-2867  
Phone 877.442.6965 • Fax 608.373.9508 • [www.nglic.com](http://www.nglic.com)

Date:

Name:

Address:

City, Zip State:

RE: Policy Number:

Insured:

Policy Owner:

Dear :

Thank you for your recent request. Enclosed is the Direct Deposit Authorization Form in which you may have your distributions directly deposited into your checking or savings account.

Please complete the form, sign and return with a voided check. If your distributions are monthly, please allow one distribution period before payments are deposited into your account.

It is a pleasure being of service to you. If you have any questions, please contact our Policy Services Department at (877) 442-6965.

Sincerely,

Policy Services



# Direct Deposit Authorization

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**Policy Number:**

## Information About Annuitant/Payee

Name		Social Security Number/Tax ID	
Address	City	State	Zip
Home Phone #		Cell Phone #	

If Deposit account is jointly owned:

Joint Owner Name		Social Security Number/Tax ID	
Address	City	State	Zip
Phone #			

## Banking Information

Financial Institution (Bank) Name:	City	State	Zip
Routing/ABA Number	Account Type: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Please check one box)		
Account Number	Attach a voided check (checking account) or deposit slip (savings account)		

(VOIDED CHECK OR DEPOSIT SLIP)

## Authorization and Agreement

I (we) hereby authorize National Guardian Life Insurance Company (NGL) to initiate credit entries (deposits) to my (our) account indicated above at the depository financial institution named above, hereafter called BANK, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I agree to direct my joint account owners, executors, administrators, or assignees to refund to NGL any payments that are made following my death so that they may be redistributed to my beneficiary(ies) or contingent annuitant(s), if applicable. If the financial institution account identified above is jointly owned, this authorization will not be effective without the signature of the joint account owner below.

Proof of deposit will appear on your bank statement. This authority will remain in effect until you have cancelled it in writing. You can discontinue this method of deposit with five day written advance notice. In the event of an error in the deposit, NGL has the right to perform the corrective withdrawal to rectify the error within 5 banking days of the transaction.

**Account Owner  
Signature:**

**Date:**

Title (If Applicable):

**Account Owner  
Signature:**

**Date:**

Title (If Applicable):