

The Baltimore Life Insurance Company
10075 Red Run Boulevard, P.O. Box 1050, Owings Mills, MD 21117-6050

REQUEST FOR DIRECT DEPOSIT OF PAYMENTS

Policy Number: _____

Depositor: _____

**Attach a Voided
Check or Deposit
Slip to this form!**

I authorize The Baltimore Life Insurance Company (Company) to deposit funds from the above policy into the bank account described below. If the Company makes a mistake and deposits funds to my account that should not have been deposited to my account, I authorize the Company to retrieve the moneys mistakenly deposited to my account. Upon submission of a copy of this form to the Bank or Financial Institution, the Bank or Financial Institution shall immediately return to the Company the amount mistakenly deposited to my account. I release the Bank or Financial Institution from any liability or claim I might have that relates to this Agreement. Any claim or action I have under this Agreement shall be against the Company. I agree that this authorization will remain in effect until canceled by the Company, or until I cancel it by sending written notice to the Company. On notice to me, the Company may discontinue direct deposit payments at any time for any reason.

The following information must be provided for distribution:

Bank name: _____

Street Address: _____

City, State, Zip: _____

Bank Routing Number: _____

Bank Account Number: _____

Checking Account Savings Account

Disbursement Date: 1st of the Month 15th of the Month

Social Security Number: _____

We will try to mail the direct deposit on the date selected above. If the 1st or 15th day of any month is on a weekend or holiday, the distribution will be processed on the business day prior to any weekend or holiday. In the event the information on this form is incorrect, there may be a delay in mailing the check.

Authorization:

I hereby request that the benefits available under the terms of this contract be paid in accordance with the option selected.

X

Signature of Owner

Signature of Annuitant

Signature of Joint Owner

Date

For Home Office Use Only

Control Number: _____

Start Date: _____