GUGGENHEIM LIFE AND ANNUITY COMPANY 401 PENNSYLVANIA PARKWAY, SUITE 300 INDIANAPOLIS, INDIANA 46280 GUGGENHEIMLIFE.COM

## **DIRECT DEPOSIT AUTHORIZATION FORM**

Contract Number:	Contract Owner:			
Depository Information				
Depository Institution				
Address				
City	State		Zip	
Account Information – Designate o CHECKING ACCOUNT SAVINGS ACCOUNT	ne account Please attach a VOID CHE FROM BANK INDICATING We have found that depos information required for au	G ROÜTING sit slips do no	AND ACCOUNT Not always contain the	NUMBER.
Name on Account:				
Routing Number:				
Account Number:				
Authorization I (We) hereby authorize credit ent Institution named above, and I (we) a of such entries into my (our) accour (our) account, I (we) authorize you to This authorization is to remain in full its termination in such time and mani	authorize the depository ins nt. If funds that I am (we direct the depository instit force and effect until writt	stitution to ac are) not enti ution to retur en notificatio	ccept and to credit itled to are deposi rn such funds. on is received from	the amount ted into my n me (us) of
The following statement is required be on this form is my correct Social Sect that I am not under guardianship, not affecting ownership or right to any maproceedings in bankruptcy are pendi	urity Number and I am not r have I made any assignmonies due or to become du	subject to ba ent, pledge,	ackup withholding. or executed any d	I certify ocument
This form dated atCity/State	C	on the c	lay of	., 20
Signature of Owner(s) (if Joint – both must sign)	Owner's Social Security Number Taxpayer ID Number	( - or Ow	) ner's Telephone Number	
Signature of Witness*	() Telephone Number of Witness	Ow	ner's E-mail Address (if a	vailable)
*Owner's signature must be witnessed by an adult	who is not a Beneficiary or newly na	med Owner.		

Guggenheim Life and Annuity Company DBA: Guggenheim Life and Annuity Insurance Company in California

Remember to attach a voided check or statement from the bank!