

**WESTERN UNITED LIFE ASSURANCE COMPANY  
MANHATTAN LIFE INSURANCE COMPANY**

**Annuity Operations Office**

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**AUTHORIZATION FOR  
DIRECT DEPOSIT**

**1. IMPORTANT TAX INFORMATION**

Receipt of any funds from a partial or full surrender of your annuity contract may generate taxable income. In addition, if you are not 59½ years of age or permanently disabled, receipt of funds may be a premature distribution, generating an additional income tax. We suggest you contact your tax advisor before completing this request.

**2. ANNUITY CONTRACT INFORMATION**

Owner Name (First, Middle, Last)

**3. FINANCIAL INSTITUTION**

I/we hereby authorize the Company to initiate credit entries to my/our checking account. The Financial Institution named below is hereby authorized to credit the same to my/our checking account as indicated.

**These credits will be authorized for all the annuity contracts that I hold as a Contract Owner, unless I notify you otherwise in writing.**

Financial Institution Name: \_\_\_\_\_

**ATTACH A VOIDED CHECK HERE**

This transaction will not be processed without a **voided check**.

**4. RAPID WITHDRAWAL REQUEST BY TELEPHONE *(Not Applicable for SPIA or Annuitized Contracts)***

Allow Rapid Withdrawal Requests by telephone. The Company's contract administrator with whom I/we speak, will require verification of the following information:

- Owner's Name
- Owner's Birth Date
- Annuity Contract Number
- Last 4 digits of Owner's SSN

Four-digit Personal ID Number:  
\_\_\_\_\_

**THE RAPID WITHDRAWAL FEATURE CAN ONLY BE USED FOR THE MAXIMUM FREE PARTIAL SURRENDER AMOUNT. ONCE THE FREE AMOUNT HAS BEEN WITHDRAWN, YOU MUST SUBMIT A WRITTEN REQUEST FOR A WITHDRAWAL AND REFERENCE THE PENALTY AMOUNT.**

