

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR WITHDRAWALS

This authorization gives North American Company for Life and Health Insurance and your financial institution the **authority to deposit your withdrawals** directly to your accounts.

To take advantage of this service all you need to do is:

1. Mark the appropriate box specifying that your withdrawals will be deposited to either your checking or savings account.
2. Complete the requested information about you, your financial institution, and your account.
3. Attach a voided check for verification of all financial institution information.

Direct Deposit Authorization - Please fill out and return to:

North American Company for Life and Health Insurance - Annuity Service Center
P.O. Box 79905
Des Moines, Iowa 50325-0905

I authorize you and the financial institution listed below to automatically deposit my withdrawals each pay period.

Checking Account

Savings Account

Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to my account and return to North American Company for Life and Health Insurance the corrected amount. This authorization will remain in effect until I have cancelled it in writing.

Financial Institution's Name

Your Name (Please Print)

Your Contract Number

Financial Institution's Address

Your Account Number @ Financial Institution

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Financial Institution's Phone Number

Financial Institution's Routing Number

Owner Signature

Date

Joint Owners Signature

