

Aurora National Life Assurance Company • P.O. Box 4490, Hartford, CT 06147-4490 • (800) 265-2652

**INSTRUCTIONS: Please print clearly. Send completed forms to the address above. See instructions below.**

ANNUITANT/PAYEE NAME (Last, First, Initial)	POLICY/CONTRACT NO.	SOCIAL SECURITY NO.
PLAN NAME (if applicable)	GROUP NO. (if applicable)	

*Please transfer my funds electronically.*


PENSION BENEFITS FOR <input type="checkbox"/> Direct Deposit <input type="checkbox"/> EFT	BANK PHONE NO.	<p><i>Benefit payments will be on the first of the month and will begin one modal period after the effective date of the annuitization. Some modes may be unavailable if the amount of proceeds applied would result in payment amounts of less than \$50.00. Benefit payments must be at least \$500.00 per payment if paid by check or \$50.00 per payment if paid by Electronic Fund Transfer (EFT). If not, the modal period will increase to the next available mode (quarterly, semi-annually, etc.) until annual.</i></p>
BANK NAME		
BANK ADDRESS		
ACCOUNT NO. <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
ROUTING NO.		

### SIGNATURES AND AUTHORIZATION

I hereby authorize Aurora to make all payments due me as Annuitant/Payee under the above contract and policy/contract numbers to the bank indicated above for direct deposit or electronic fund transfer into my account.

To correct any overpayments credited to my account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and to refund any such overpayment to Aurora.

This authorization will remain in effect until further written notice from me is received by Aurora and Aurora has had reasonable opportunity to act on it.

SIGNATURE OF ANNUITANT/PAYEE	DATE	TELEPHONE
		( )
HOME ADDRESS	CITY	STATE ZIP CODE

### INSTRUCTIONS

*You, the Annuitant/Payee, should complete all identifying information, including your full name. The account specified must be in your name.*

*You must indicate whether you wish to have your pension benefits paid via Direct Deposit or Electronic Fund Transfer (EFT). Direct deposit means your check is made payable to your account and will be mailed to your financial institution for automatic deposit. EFT means that your benefit amount will be electronically transferred to your financial institution for automatic deposit.*

*Your name, mailing address, bank account number, bank routing number (for EFT) and type of account, should be inserted in the spaces provided. Your financial institution may provide this information to you. **Please attach a voided check or deposit slip to ensure accurate identification.***

*If you are unable to complete this form, a duly appointed representative, (guardian, conservator, attorney-in-fact) may arrange for direct deposit or electronic fund transfer (EFT) of pension benefits into your account by completing this form, signing the form as an authorized representative of you (include appropriate designation), and attaching a certified copy of the document granting authority to act in this capacity.*