

**INFORCE LIFE POLICIES - Electronic Funds Transfer (EFT)
 Authorization for Direct Payments (ACH Debits)
 Pre Authorized Check (PAC)**

Mail or fax completed form to:

P.O. Box 305030, Nashville, TN 37230-5030
 Overnight Address: 100 Centerview Dr., Nashville, TN 37214
 Fax: 800 262 6976

Policies Issued by:
Accordia Life and Annuity Company
 Des Moines, IA

Contact us:

Customer Contact Center – Tel: 877 462 8992

INSTRUCTIONS

Use this form to transfer funds systematically from your bank into your life policy.

1. OWNER INFORMATION

Individual, Trustee or Company Name					
If Trust, list Trust Name and Trust Date			Email Address		
Policy Number(s)			<input type="checkbox"/> Address Change Requested*		
Mailing Address		City	State	Zip	Country
Street Address: (REQUIRED) if mailing address is a PO Box		City	State	Zip	Country
Social Security Number (last four digits) XXX – XX –		Date of Birth (mm/dd/yyyy)		Personal Phone	

* For your protection, if you changed your address, confirmation of the change will be sent to both the old and new address.

2. PREMIUM PAYOR AND BANK INFORMATION

I (we) hereby authorize the company to start entries as follows:

Name of Account <i>(as it appears on the account)</i>	Bank Name
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Routing Number *(Bottom left of check)*

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Account Number *(Bottom center of check)*

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- Type of account: Checking – **A voided/blank check accompanying this form is preferred, but not required.**
 Savings – **A voided/blank deposit slip accompanying this form is preferred, but not required.**

If you are unsure about the correct way to complete the form, please reference the following sample check information.

Name of Account →

Bank Name →

Joe Smith 123 Any Street Any City, US 12345	1234 Date _____
Pay to the order of _____	_____ \$
ABC Bank PO Box 111 Any City, US 11111	_____ Dollars
Memo _____	
:107198557:	1111111 1234

↑ Routing/Transit /ABA No. ↑ Checking Account Number ↑ Check Number

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3. YOUR DIRECT PAYMENT OPTIONS

Please select one option: The EFT Direct Payment (PAC) will be the same as the policy date unless otherwise indicated.

Update existing bank information on additional policies:
 (list policy numbers)

Change of Bank, Account Number or Premium Payor.

Premium Payment Amount: \$ Loan Payment Amount: \$

Please select your frequency: Monthly Quarterly Semi-Annually Annually

Please start my withdrawals on: (mm/dd/yyyy) Please indicate day, 1st – 28th.

Please Note: For contractual premium policies, the withdrawal date must occur on or before the effective date of your policy.

The date of the withdrawal is the date the funds are removed from your bank account not the date they are posted into your policy. Due to the pre-note process at your bank, it may take 10-14 days to set up the first withdrawal of funds. If changes are requested, please allow 15 days for processing.

4. YOUR CONFIRMATION

I hereby request and authorize you to honor and charge the account listed below, deductions drawn on my account by and payable to Accordia Life and Annuity Company ("Accordia"). This authorization will remain in effect until a written revocation is received by Accordia from the account holder. Accordia shall be afforded 30 days to act upon such revocation and until such time has expired, any electronic fund transfers shall be expressly authorized. Accordia may cease acknowledging my authorization at any time for any reason so long as written notice is provided to the account holder 30 days prior to the effective date of such revocation. I further agree if such deduction drawn from my account is dishonored, whether with or without case, Accordia shall have no liability, even though such dishonor may result in forfeiture of insurance. In the event a deduction drawn from the account is dishonored, I understand Accordia may terminate this agreement without notice. I understand completion of this form DOES NOT provide coverage under a Conditional Life Insurance Agreement.

Signature of Owner X	Date (mm/dd/yyyy)
Additional Signature (if account requires) X	Date (mm/dd/yyyy)
Signature of Premium Payor (if other than Owner) X	Date (mm/dd/yyyy)

If you are signing on behalf of the owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the owner.

Conservator Guardian Power of Attorney

Signature X	Date (mm/dd/yyyy)
Print Name	Title

We appreciate your business and are committed to providing you with accurate and caring service. If you have any questions or need additional information, please contact your Insurance Professional or our Customer Contact Center.