



FARMERS LIFE INSURANCE COMPANY

Electronic Funds Debit Authorization

1. Contract Information

Name of contract owner

SSN of owner

Name of annuitant

Contract number

Street address

City

State

ZIP

Phone number

Joint owner full name if applicable

2. Bank Account Information

Type of Account Checking Savings

Name of financial institution

Full name on account

Additional name(s) on account

ABA routing number (9 digits)

Bank account number (4-17 digits)

Please attach a VOIDED check for checking accounts to be used for account information verification.

Check this box for paperless and online accounts, and ensure that both the routing number and account number is entered in the spaces above.

If you have a paperless/online account, please include a letter from the bank showing the owner name(s) of the account. If the bank's letter lists joint owners, both must sign this form.

ATTACH VOIDED CHECK HERE

3. Authorization For Electronic Funds Debit

As the bank account owner, I authorize Farmers Life Insurance Company to:

- Automatically debit funds in the amount of _____, as initial premium to fund this annuity contract, from the checking or savings account referenced above.

This authorization will remain in effect until written notice of a change of account, or termination, is delivered to Farmers Life Insurance Company in a timely manner, so as to afford the company an opportunity to act thereon. (Such requests should be received no less than 10 business days prior to desired effective date of the policy.)

Name of bank account owner

Signature of bank account owner

Date signed

Name of joint bank account owner *if applicable*

Signature of joint bank account owner *if applicable*

Date signed

