



FARMERS LIFE INSURANCE COMPANY

Electronic Funds Deposit 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 Deposit

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

- Automatically deposit funds, for all withdrawals from this annuity contract, to the checking or savings account referenced above.
- Withdraw funds which may be inadvertently deposited to the account referenced above. This includes, but is not limited to, any payments made after the death of the annuitant.

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 due date of the next payment. Checks and electronic fund transfers (EFTs) are processed from the 1st through the 25th of each month.) **In no event shall a “change” or “termination” request include entries processed prior to receipt of such notice.**

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

4. Acknowledgment of Contract Owner(s) (If not the same as the bank account owner)

By signing where indicated below, I hereby acknowledge my approval for Farmers Life Insurance Company to withdraw funds from the annuity contract, and request that those funds be deposited into the bank account referenced above.

Name of contract owner

Signature of contract owner

Date signed

Name of joint contract owner *if applicable*

Signature of joint contract owner *if applicable*

Date signed

