



The Ohio National Life Insurance Company  
Ohio National Life Assurance Corporation

Post Office Box 237  
Cincinnati, Ohio 45201-0237  
Telephone: 800.366.6654

## Wire or Electronic Funds Transfer (EFT) Agreement for Electronic Deposits

Policy Numbers: \_\_\_\_\_

I/We elect to have all sums payable made from the above-listed policy(ies) electronically deposited/wired to a checking or savings account via an electronic funds or wire transfer, either on a one-time or recurring basis, as specified below. Ohio National is hereby authorized and directed to electronically deposit/wire funds payable from the above-listed policies to the following account:

**Type of account (required):** ☐ Checking (please attach a voided check) ☐ Savings (please attach a voided pre-encoded deposit slip)

Name(s) as it appears on the account:	Name of the Financial Institution:
ABA/Transit Routing Number:	Address of the Financial Institution:
Account Number:	Telephone Number of Financial Institution:

**Transfer Type (required):** ☐ Electronic Deposit ☐ Wire (Each wire transaction is assessed a \$25 wire transfer fee.)

If no disbursement method is elected, Ohio National will electronically deposit any disbursements via an electronic funds transfer. If I/we have elected to have disbursements wired to my/our account, I/we authorize Ohio National to deduct the \$25 wire transfer fee from each disbursement.

**Please select one of the two options below (required):**

- ☐ I/we authorize Ohio National to directly deposit/wire the current disbursement request on a one-time basis. Future disbursement requests will not be electronically deposited/wired unless a new form is received in good order.
- ☐ I/we authorize Ohio National to use the elections on this form for all future disbursements from the policies listed above. I understand electronic transfer must be requested at the same time as the disbursement request; if it is not, a check for the amount of the disbursement will be mailed to the address of record for the policy.

This authority is to remain in effect until (1) Ohio National has received notice at its home office from me/us terminating this agreement and (2) Ohio National and the Financial Institution have/had reasonable opportunity to act on such notice.

Further, I/we agree to promptly notify Ohio National if the above-designated account is closed or if a new account number is assigned. If the payment is returned to Ohio National by the Financial Institution for any reason, Ohio National's sole obligation will be to mail a check for the amount of the disbursement to the address of record for the policy.

I/We authorize the Financial Institution named above to reimburse Ohio National, from this or any other account I/we may hold in such institution, for any payment received by the Financial Institution to which I/we was/were not entitled due to death prior to the date of the disbursement.

I/We understand that Ohio National is relying on the information that I/we provided on this form, and further understand that Ohio National will not be liable for any losses or charges due to incorrect, outdated, or incomplete information provided on this form.

The undersigned hereby consents to the provisions contained herein:

\_\_\_\_\_  
Signature of Policy Owner (and title if applicable)\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number for Policy Owner

\_\_\_\_\_  
Signature of Joint Policy Owner (if applicable)\*

\_\_\_\_\_  
Date

\* If trust, custodial, corporate or partnership owned, must include a title after the signature (e.g., Trustee, General Partner, President, etc.). If signing for the owner(s) pursuant to a power of attorney, must sign with title (e.g., POA, Attorney-in-fact, etc.).

### Important Notes

- All disbursements must be deposited to a bank account in the name of the policyowner(s). Ohio National is unable to electronic deposit or wire to a third-party account.
- In order to validate information with your Financial Institution, allow up to 5 business days to process your initial request.
- Any expense or fees incurred by the policyowner(s) with the Financial Institution shall not be the responsibility of, nor shall any charges be reimbursed by/levied upon, Ohio National.