



# Bank Draft

- Use this form for systematic payments into your Annuity.
- Fixed Indexed contracts: Please note additional payments will be applied to the Fixed account until the next contract Anniversary, at which time you will have the option to reallocate. Draft amount must equal or exceed \$500 within a contract year. Individual payments must be \$100 or more each draft.
- Variable Contract: Additional payments will be invested according to the future allocations we have on file, unless otherwise instructed. If you have elected the Guaranteed Lifetime Withdrawal Benefit rider, additional payments will only be accepted for the first three contract years and must match your future allocations. Contracts with optional death benefit riders must also match future allocations. Individual payments must be \$500 or more each draft.

For questions or help with this form, call us at **877-253-2323**.  
Throughout this form, “the Company” refers to Delaware Life Insurance Company.<sup>1</sup>

<b>1 Contract Information (please print clearly)</b>		
Delaware Life Contract Number/Loan Identification Number(s)		
Participant/Owner Name (Last, First, Middle Initial)	Social Security Number	
Address (Number and Street)		
City	State	Zip Code
Participant/Owner Phone Number (area code first)	Best Time to Call <input type="checkbox"/> AM <input type="checkbox"/> PM	

<b>2 Bank Draft Options</b>
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Please indicate your option:	<input type="checkbox"/> Update my bank information	<input type="checkbox"/> Stop Bank Drafts
	<input type="checkbox"/> Activate Automatic Payments	<input type="checkbox"/> One time draft for \$500 or more
	Type: <input type="checkbox"/> Addition	

Please check frequency (Minimum of \$100 is required for fixed indexed annuities, \$500 for variable annuities):

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly (March, June, September, and December)	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Annually
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Amount: \$ \_\_\_\_\_ (Consult your prospectus/contract for minimum purchase requirements of your contract.)

\*Beginning on: \_\_\_\_\_ (must be on or prior to the next due date and must be between the 1st and 28th of the month)  
(mm/dd/yyyy)

\*Please allow three days for the payment to be credited to your annuity. If no date is indicated, or date is prior to the date of receipt, the first EFT will occur on the date the request is received in good order.

## 2 Bank Draft Options (continued)

**Please note:** If request is received in good order after the selected beginning date, the first draft will take place the following month on that date.

**Systematic Payment dates:** Systematic Payment dates need to be between the 1st and the 28th of any given month. Please be advised that if a payment is due on a holiday or weekend, the draft will take place the next business day.

### Bank Information:

☐ **Checking account.** Please include a voided check with this form.

☐ **Savings account.** Please complete details below.

- Please include a letter from your bank indicating the name on the account as well as the account number and routing number.
- This letter must be signed by a bank representative.

**The bank account must be in the name of the Participant/Owner.**

## 3 Authorization – This Section Must Be Completed

**All Participants/Owners and/or authorized signers MUST sign in this section before we can comply with any bank draft request.**

Your signature below indicates your agreement that the rights of the bank named above with respect to checks drawn and debit entries initiated to your account are the same as if they were checks drawn on the bank and signed by you. You also agree that the bank shall be fully protected and without any liability whatsoever in honoring or refusing to honor any such check and in accepting or refusing to accept any such debit entry, whether with or without cause and whether intentionally or inadvertently. This Program may be revoked by Delaware Life without prior notice if any check is not paid upon presentation or any debit entry is not accepted. You may alter or stop this Program by notifying Delaware Life at least 15 days prior to the next draft. Additional payments are subject to certain limitations. Please refer to the contract for details.

**NOTE:** If you are signing as a fiduciary (guardian/conservator/trustee/attorney-in-fact, etc.) for the Participant/Owner, you must sign this form in your fiduciary capacity and not in your individual capacity.

**The Participant/Owner(s) must sign this form below:**

Participant/Owner Signature X	Date (mm/dd/yyyy)
Please Print Name Below	

## Contact Us

### By mail

Delaware Life  
P.O. Box 758581  
Topeka, KS 66675-8581

### By express mail

Delaware Life  
Mail Zone 581  
5801 SW 6th Avenue  
Topeka, KS 66636

### By fax

785-286-6118

### Online

[delawarelife.com](http://delawarelife.com)

### By phone

Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT