



Request to Initiate/Change EFT of Annuity Payment

TheStandard®

Standard Insurance Company
Individual Annuities 800.247.6888 Tel 800.378.4570 Fax
1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

1 Contract Identification

| | | | |
|---------------|------|-------|----------|
| POLICY NUMBER | | | |
| PAYOR NAME | | PHONE | |
| ADDRESS | CITY | STATE | ZIP CODE |

2 Request

- ☐ Initiate Electronic Funds Transfer (Complete section 3.)
- ☐ Change Financial Institution on Existing EFT (Complete section 3.)
- ☐ Discontinue EFT

3 Financial Institution Account (Complete only to initiate or change EFT.)

| | | |
|----------------------------|---|----------------|
| FINANCIAL INSTITUTION NAME | FINANCIAL INSTITUTION TYPE <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings and Loan | |
| NAME ON ACCOUNT | ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings | ACCOUNT NUMBER |

4 Authorization

• In General

I agree to hold Standard Insurance Company harmless for any failure by my financial institution to credit my account or for any delay by my financial institution in crediting funds to my account. I agree that this arrangement is made for my convenience, and that any payments directly received by me, rather than credited to my account, as a result of mistake or otherwise, shall not subject Standard Insurance Company to any liability in excess of that owed to me under the applicable annuity contract. I understand that Standard Insurance Company is relying on the information that I have provided on this form, and further understand that Standard Insurance Company will not be liable for any losses or charges due to incorrect, outdated or incomplete information that has been provided on this form.

• For Initiation of and Changes to Electronic Funds Transfer

I authorize and request that Standard Insurance Company electronically deposit payments into the designated account shown above. I authorize Standard Insurance Company to: (a) contact my financial institution to confirm the information above; and (b) resolve deposit problems. I understand that deposits will be delayed if I do not provide accurate and complete information on this form. This authorization will remain in full force and effect until I: (a) revoke it; or (b) it otherwise ends; as provided for below.

I agree to notify Standard Insurance Company as soon as reasonably possible of any changes to my account. I understand that if my account is closed or if the account number is changed: (a) this agreement will end; and (b) Standard Insurance Company will not be liable for any consequences of the failure to transfer to my account. If this agreement ends, I understand that any remaining payments will be made by check until a new designated account is set up.

I understand that I may continue to receive payment checks through the U.S. mail for one to two more payment cycles, until all necessary transactions have been completed between: (a) Standard Insurance Company; and (b) my financial institution. I further understand that my deposits may not be posted to my account until the evening of the due date.

I may end this authorization at any time. If I choose to do so, I will contact Standard Insurance Company at the address or telephone number shown above.

I am attaching: (a) an original void check (if I designated a checking account); or (b) an original letter on bank letterhead that includes your name, account number and routing number (if I designated a savings account). I understand that: (a) a photocopy of a check or a deposit slip is not sufficient; and (b) Standard Insurance Company will make deposits to only one account on my behalf.

• For Discontinuing Electronic Funds Transfer

I understand that it may take one to two cycles, until all necessary transactions have been completed between Standard Insurance Company and my financial institution, for the funds transfer to be discontinued. I further understand that once this request is processed I will receive any remaining payments by check through the U.S. mail to the address on file.

I have completed appropriate sections of this form and represent that all information is true and accurate.

PAYOR SIGNATURE

DATE

Attach Voided Check or Bank Letter