Commission Direct Deposit Request

Chase Insurance Life and Annuity Company (CILAAC/"the Company")

Chase Insurance Life Company (CILC/"the Company")

Chase Insurance Life Company of New York (CILCONY/"the Company")

Kemper Investors Life Insurance Company (KILICO/"the Company")

Administrative Offices: 2500 Westfield Drive, Elgin, IL 60123-7836 847/930-7000 Ext. 2132

In order to initiate the direct deposit of commission earned during the period of your appointment with the Company, the following information must be completed.

Please Print			· - 1-1
Agent/Agency Name		Date	
Business Phone	Fax	Number	
Email Address	SSN	I/TIN	·
This account is (check one):	☐ Checking Account ☐ Saving	s Account	
Account Name	9 Digit ABA Number	Account Number	
Bank Name	City	State	Zip Code
Name Street/PO Box	· · · · · · · · · · · · · · · · · · ·		
City, State, Zip Code	•		•
deposit. Always check your	e that your commission will be dep r commission statement to determi direct deposit to be processed into	ne the amount deposited into	use you have direct your account. <u>Allow</u>
Questions regarding this info	rmation can be directed to the Comm	ission Department 847/930-7902	•
Agent Signature			
	Insurance, Commission Department, 2 attach a voided or cancelled check fro		123-7836
Oi	r Fax to: Chase Insurance, Commissio You are responsible for ensuring a		