

Authorization Agreement for Automatic Deposits of Systematic Withdrawals and Annuity Payments

- o NEW ENROLLMENT
- o STOP AUTOMATIC DEPOSIT
- o CHANGE BANK/ACCT #

I hereby authorize Reliance Standard Life Insurance Company and the financial institution(s) named below, to initiate credit entries and, if necessary, debit entries for any credit entries in error to my account indicated below. This authority is to remain in full force and affect until written notification from me of its termination has been received, or until such time that my annuity policy is no longer in force. I understand that new applications and/or changes to bank or account information may take up to 4 weeks to go into effect. Payments will be made via check during this time.

Policyowner Name		Social Security Number	Policy Number
Signature			Date
<input type="radio"/> Checking <input type="radio"/> Savings			
Account Number			
Depository Name			Branch
City	State	Zip Code	
Bank Transit Number/ABA Number			

RETURN COMPLETED ORIGINAL TO:

Attn: Annuity Administration
 Reliance Standard Life Insurance Company
 2001 Market Street, Suite 1500
 Philadelphia, PA 19103

If deposits are being made to a Checking Account, please attach a **VOIDED CHECK** that will provide us with your financial institutions account and routing numbers.

If using a checking account

Attach Voided Check Here