



Eagle Life Insurance Company®
 P.O. Box 71279
 Des Moines, Iowa 50325-0279
 Telephone: (866) 526-0995
 Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266
 www.eagle-lifeco.com
 Fax: (515) 457-1911

Pre-Authorized Payment Form
Direct Deposit to Annuity

Contract Number(s) _____ Contract Owner(s) _____

Please complete all information and sign this form to authorize recurring Electronic Funds Transfers (EFT) from the bank account you designate below directly to your Eagle Life Annuity Contract. New instructions automatically replace existing instructions.

As a convenience to me, I authorize Eagle Life Insurance Company® (“Eagle Life”) to electronically debit my bank account named below in order to apply funds to my annuity contract:

Name of Financial Institution:	
Address of Financial Institution:	
Phone Number of Financial Institution: ()	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name(s) on Bank Account*:	
Account Number:	Routing Number:

***Your Eagle Life Annuity and your Bank Account must have at least one owner in common.**

Payment Information	Amount: \$ _____	Date of Debit: _____
Frequency:	___ Monthly	___ Annually

TRUST ACCOUNTS. This section must be completed if your Eagle Life Annuity or your Bank Account is owned by a trust. **You may be required to submit a copy of the trust.** The trustee(s) must sign below as the bank account owner, in their capacity(ies) as trustee(s).

Name of Trustee(s): _____

Relationship Between Annuity Owner and Bank Account Owner: _____

Corporate Accounts: If a corporate bank account is funding an individually owned Annuity Contract, we require proof of the authorized signer(s) on the bank account.

If you are signing on behalf of someone as their Attorney-in-Fact, Guardian, or Conservator, Eagle Life requires a copy of the applicable Power of Attorney, Letters of Guardianship, or Letters of Conservatorship.

In signing below and authorizing the direct deposit to the annuity contract indicated above, I agree to the following:

- I understand that Eagle Life will have access to this bank account for the purpose of making debit entries. I authorize Eagle Life to credit this account in order to recover any amount debited in error.
- I understand these instructions will apply only to the above named annuity contract.

X _____	_____	X _____	_____
Contract Owner's Signature	Date	Joint Contract Owner's Signature (if applicable)	Date
X _____	_____	X _____	_____
Bank Account Owner's Signature (If different than contract owner)	Date	Joint Bank Account Owner's Signature (If different than contract owner)	Date

IN ORDER TO COMPLETE YOUR REQUEST, IN ADDITION TO COMPLETING AND RETURNING THIS FORM, YOU MUST ALSO INCLUDE A VOIDED PERSONAL CHECK. Eagle Life will not accept “starter checks” or deposit slips in lieu of a voided check. If you do not have checks or do not have access to checks, please submit a letter of instruction from your bank, on bank letterhead, including your account number and routing number.

ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE