

## Request and Authorization to Pay Claims Via Electronic Funds Transfer

National Guardian Life Insurance Company • P.O. Box 2867 • Clinton, IA 52733-2867 Phone 877.442.6965 (Option 2) • Fax 608.373.9508 • www.nglic.com

Phone 877.	442.6	965 (C	Option (	2) • F	ax 60	8.373.	9508	• WV	vw.ngĺ	ic.con	ı					
All fields below must be comple	eted:															
Customer Name (Beneficiary, Insured, or F	inancia	ıl Institut	tion)													
Address																
City State																
O.V.						Zip										
Phone						Fax										
Email (Required for Financial Institutions)						l										
I (we) hereby authorize National Graccount indicated above at the dep to such account. I (we) acknowled provisions of U.S. law. I agree to diany payments that are made follow annuitant(s), if applicable. If the final effective without the signature of the	oositor ge tha rect m ing m ancial	y finan at the o ny joint ny death institut	ncial insoriginat accouding the sound in the	stitution ion of <i>i</i> int owr at they count i	n name ACH traners, ea may dentifi	ed abo ansact xecuto be redi	ve, he ions to rs, adr stribut	reafter my (on ministrated ed to n	called our) ac ators, d ny ber	BANI count or assi neficiar	K, and must c gnees y(ies)	to crec omply to refu or cont	lit the with th nd to I tingent	same ne NGL t		
Proof of deposit will appear on yo writing. You can discontinue this r the deposit, NGL has the right to transaction.	metho	d of de	eposit	with fi	ve day	v writte	n adv	ance n	otice.	In the	event	of an	error	in		
Bank Name																
45.115																
Address (If different from above)																
City State			ate						Zip							
o.i.y								p								
Bank Routing Number																
Bard Arra at N. Jakan			Г	Π	П			1		Π	Ι	1	1			
Bank Account Number			$oxed{oxed}$													
		Checking Account   Savings Account														
Printed Name of Individual Authorizing*:																
Title:							Signature:									
							Date:									
For individual accounts, please att with this form to:	ach a	сору	of a vo	ided c	heck f	or the	bank a	accoun	t desc	ribed	above	, and n	nail or	fax		
	Na	ational				suranc	e Cor	npany	,							
				ATTN PO F	l: Cla 3ox 28											
			Clin			33_286	7									

\*The individual completing this request and authorization must appear as an authorized signor on the bank's records for this account.

Fax Number: (608) 373-9508

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