

## DIRECT DEPOSIT FORM

This is an authorization agreement for automatic deposit (ACH Credits).

I hereby authorize Employees Life Company (Mutual) to initiate credit entries directly into my account identified below at the depository financial institution. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Checking Account       Savings Account      (Bank must be a member of ACH)

Bank Name:	
Routing Number:	Account Number:

If monies to which I am not entitled are deposited to my account, I authorize Employees Life Company (Mutual) to direct the financial institution to return said funds.

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my contract with Employees Life Company (Mutual).

Annuitant's Name:	Contract/Policy Number:
<b>Signature:</b>	<b>Date:</b>

Staple, in this box, a VOIDED check for the account indicated above.