



Eagle Life Insurance Company®
 P.O. Box 71279
 Des Moines, Iowa 50325-0279
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 Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266
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One Time Electronic Debit Request

Direct Deposit to Annuity

Annuitant: _____ Joint Annuitant: _____

Owner: _____ Joint Owner: _____

Please complete all information and sign this form to authorize a one time Electronic Funds Transfer (EFT) from the bank account you designate below directly to your Eagle Life annuity contract.

Name of Financial Institution:	
Address of Financial Institution:	
Phone Number of Financial Institution: ()	
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:** Once

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 a one time transaction, only for the amount above.
- 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	Date
		(if applicable)	

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

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