



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

Electronic Funds Transfer

Direct Deposit To Bank Account

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

Please complete all information and sign this form to authorize recurring Electronic Funds Transfers (EFT) to the bank account you designate below. If you wish to replace your current EFT instructions with new EFT instructions, please fill out this form as a new request. New EFT instructions automatically replace existing instructions.

As a convenience to me, I authorize Eagle Life Insurance Company ("Eagle Life") to electronically initiate credit entries to my bank account with the financial institution named below:

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. 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.**

TRUST ACCOUNTS. This section must be completed if your Bank Account is owned by a trust. Please note: you may be required to submit a copy of the trust.
Name of Trustee(s): _____
Relationship Between Trust and Annuity Contract Owner: _____

In signing below and authorizing recurring Electronic Funds Transfers (EFT), I agree to the following:

- I understand that Eagle Life will have access to this account for the purpose of making credit entries. I authorize Eagle Life to debit this account in order to recover any amount credited in error.
- I understand these instructions will apply to all Eagle Life policies owned by me for which I am receiving recurring payments.
- I understand that all future payments to me will be deposited directly to the bank account designated above and I will no longer receive a paper check for said distributions.
- **I understand the initial EFT set-up may require up to a 4 business day pre-note period before payments can be deposited directly to my bank account. After the 4 business day pre-note period is over, funds are generally available two business days after my payment date.**
- I understand these instructions will remain in place until I submit new EFT instructions which automatically replace these instructions.

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 PROCESS YOUR EFT REQUEST, IN ADDITION TO COMPLETING AND RETURNING THIS FORM, YOU MUST ALSO SUBMIT 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, and include your account number and routing number.