

## **Authorization Agreement for Direct Deposit**

INSURER: Fidelity & Guaranty Life Insurance Company

Fidelity & Guaranty Life Insurance Company of New York

Phone: 800.445.6758 Fax: 410.895.0129 Email: contracting.support@fglife.com

I (we) hereby authorize FIDELITY & GUARANTY LIFE INSURANCE COMPANY or FIDELITY & GUARANTY LIFE INSURANCE COMPANY OF NEW YORK ("FIDELITY & GUARANTY") to deposit my (our) commission payment with the financial institution identified below ("Bank") and the Bank to credit the same to my (our) account as described below. In the event that Fidelity & Guaranty notifies the Bank that funds to which I (we) am not entitled have been deposited to my (our) account by it in error, I (we) hereby authorize the Bank to return said funds to Fidelity & Guaranty upon demand, and agree to hold Fidelity & Guaranty harmless from any and all liability in connection therewith. Fidelity & Guaranty will process chargeback of commissions within its commission system, and only net commission due will be eligible for deposit to my (our) account.

Producer/Agent/Agency Name	Producer/Agent/Agency N	umber of NPN	Producer/Agent/Agency Numbers to Exclude	
*All agent numbers will be updated unless	specified.			
Payee Name (If different than Agent Name)				
Bank Name		ABA Transit/Routing	Number (Lower left corner of your check)	
Bank Account Type		Bank Account Numb	er	
□ Checking □ Savings				
Producer/Agent/Agency Email Address				

I acknowledge: (1) Fidelity & Guaranty Life Insurance Company will perform bank account validation using third party software and if approved, Fidelity & Guaranty Life Insurance Company will utilize the banking information provided for this request and all future disbursements until the company receives written notification to terminate or suspend the banking information. (2) Fidelity & Guaranty Life Insurance Company may contact your financial institution to verify information regarding the banking information and to resolve any problems related to electronic deposits or errors in deposit. (3) The date of the disbursement is when the funds are removed from your contract, not the date the funds are posted to your bank account. It may take 2-3 business days to reach your account. This processing time is dependent on your bank. Weekends and holidays may delay access to your monies, and you can contact your bank for additional information relating to fund access. (4) Your signature below authorizes Fidelity & Guaranty Life Insurance Company to electronically credit or, if necessary, electronically debit your account. If an incorrect amount is deposited this authorizes Fidelity & Guaranty Life Insurance Company to direct your bank to debit this account. This authorization will remain in effect until revoked. (5) Direct Deposit requests can only be accepted for U.S. bank accounts. (6) Fidelity & Guaranty Life Insurance Company reserves the right to stop EFT should suspicious activity be identified.

This authorization is to remain in force until Fidelity & Guaranty has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and/or the Bank a reasonable opportunity to act on it. This authorization is governed by Iowa law, including Iowa Uniform Commercial Code, and New York Law, including the New York Uniform Commercial Code.

<sup>\*</sup>Tax reporting will remain with the Producer/Agent/Agency regardless of Payee.



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Producer/Agent/Agency Principal or Payee Signature	Date
1:15 10:11	-
Joint Payee's Signature (required for joint bank account owners) if applicable	Date
Joint Payee's Signature (required for joint bank account owners) if applicable	Date
Joint Payee's Signature (required for joint bank account owners) if applicable	Date
Joint Payee's Signature (required for joint bank account owners) if applicable	Date

Return to FIDELITY & GUARANTY LIFE INSURANCE COMPANY:

Fax: 410-895-0129

Email: Contracting.Support@fglife.com