

# Authorization for Direct Deposit

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Name

Fidelity and Guaranty Life  
Contract ID #

Social Security #

Residential Address

City

State

Zip Code

Phone Number: Home

Work

( )

( )

Please check one circle only:

Authorization ☐

Cancellation ☐

Change ☐

Correction ☐

Financial Institution Name \_\_\_\_\_

Name(s) in which account is held \_\_\_\_\_

Your Account Number \_\_\_\_\_

Bank Routing (ABA) Number \_\_\_\_\_

Deposit to: ☐ Checking (attach voided check)  
☐ Savings

Bank Telephone Number ( ) \_\_\_\_\_

I (We) hereby authorize FIDELITY & GUARANTY LIFE INSURANCE COMPANY ("Company") to deposit my net benefit payment with the financial institution named above ("Bank") and the Bank to credit the same to my account as described above.

This authorization is to remain in force until the Company 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.

In the event that the Company notifies the Bank that funds to which I (we) am not entitled have been deposited to my (our) account inadvertently, I (we) hereby authorize and direct the Bank to return said funds to the Company as soon as possible.

This payment option does not in any manner amend or alter the terms and provisions of any policy, contract, or agreement with the Company.

This authorization is governed by Iowa law, including the Iowa Uniform Commercial Code.

Signature

Date

Signature (if jointly owned, both parties must sign)

Date

**Before mailing, please remember to attach a voided check or deposit slip from your account.**