

Contract Information

CONTRACT NUMBER C2 _____ A		SOCIAL SECURITY NUMBER _____ - _____ - _____	
PAYEE'S NAME (First, Initial, Last) (Please Print)			
PAYEE'S ADDRESS (Street, Route, P.O. Box, APO/FPO) (Please Print)		CITY	STATE ZIP

Bank Information

BANK NAME (Please Print)	BANK ROUTING NUMBER _____	BANK PHONE NUMBER (REQUIRED) ()
BANK ADDRESS (Street, City, State, Zip) (Please Print)		
BANK ACCOUNT NUMBER	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	DEPOSIT METHOD <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> DIRECT DEPOSIT

**(Optional)
ATTACH SAMPLE DEPOSIT SLIP HERE
(Paper clip or staple)**

DECLARATION AND SIGNATURE

I hereby authorize Aurora to make payments due me as Annuitant or as the person to whom benefits are payable, under the above Annuity Contract to the bank indicated for electronic funds transfer (EFT) or direct deposit into my account as designated above. I understand that it may take up to 60 days to process this request and for me to begin receiving my benefit payments by EFT or Direct Deposit.

To correct any overpayments credited to my account during my lifetime, I hereby authorize and direct the bank designated above to debit my account and to refund any such overpayments to Aurora.

This authorization will remain in effect until further written notice from me is received by Aurora and Aurora has had 60 days to act on it from the date of receipt.

PAYEE'S SIGNATURE ■	DATE (Month, Day, Year)	TELEPHONE ()
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