



Assurity® Life Insurance Company
 402-476-6500 | 800-869-0355 | FAX 888-255-2060
Assurity® Life Insurance Company of New York
 844-401-7585 | FAX 888-255-2060
 Admin. Office: P.O. Box 82533, Lincoln, NE 68501-2533

**Authorization Agreement for
 DIRECT DEPOSITS**

DIRECT DEPOSIT AUTHORIZATION – must be deposited to Policyowner’s bank account

| | | | |
|--|--|-----------------------------------|----------------------|
| Insured's Name <small>First, Middle, Last</small> | | Policy No(s). | |
| Policyowner's Name <small>First, Middle, Last</small> (if other than Insured) | | | |
| Address <small>Street address</small> | | <small>City</small> | <small>State</small> |
| <small>ZIP +4</small> | | | |
| Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | |
| I (we) hereby authorize Assurity to initiate credit entries to my (our) account indicated below, and I (we) authorize the bank indicated below to accept and to credit the amount of such entries to my (our) account. Such authorization does not allow Assurity to debit entries to my (our) account. | | | |
| Bank Name | | | |
| Address <small>Street address</small> | | <small>City</small> | <small>State</small> |
| <small>ZIP +4</small> | | | |
| Nine-digit Bank Routing No. | | Your Account No. | |
| <p>This authority is to remain in effect until Assurity has received written notice of its termination from the Policyowner in such timely manner as to afford Assurity a reasonable opportunity to act on it. I (we) understand that in no event shall it be effective with respect to entries processed by Assurity prior to receipt of notice of termination.</p> <p>I (we) hereby agree that all entries initiated under this authorization are to be governed in all respects by the Rules of the National Automated Clearing House Association and agree to be bound accordingly. Assurity may obtain a consumer report pursuant to the federal Fair Credit Reporting Act (FCRA) for purposes of verifying and authenticating this account. I (we) hereby consent and authorize Assurity to obtain such a report and I (we) understand that if any adverse action is taken based on the report, I (we) will be notified according to the FCRA.</p> | | | |
| _____ <i>Signature of Policyowner/Account Holder</i> | | _____ <i>Date (MM/DD/YYYY)</i> | |
| _____ <i>Printed Name of Policyowner Account Holder</i> | | () _____ <i>Telephone No.</i> | |

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.