



AuguStar Life Insurance Company
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Authorization Agreement for Annuity Direct Payments (ACH Debits)

(Not available for Oregon ONcore, Top and Prime Series of Annuities)

Contract Number(s)	Annuitant	Owner(s)
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I Elect Regular Monthly Debits for Additional Purchase Payments

I request and authorize AuguStarSM to initiate monthly debits from the bank account below for the purpose of making additional purchase payments to the above-referenced annuity contract(s). I understand and agree that the debits will be made through and in accordance with the rules of the Automated Clearing House (ACH) and with US law. Debits will occur on a monthly basis while the contract(s) remain(s) in force. Debits for additional purchase payments for any contract will terminate when the contract is surrendered, annuitized, or when AuguStarSM receives notice of the Annuitant's or sole owner's death. I may revoke this authorization at any time by calling or writing AuguStarSM. Debits will terminate on the next scheduled debit date that is at least ten days after AuguStarSM receives notice to terminate the debit. AuguStarSM may terminate future debits and this authorization immediately if any debit is not honored by the bank or financial institution that holds the account.

Bank/Financial Institution

Account Number

Routing Number

Name(s) as it appears on the account

Type of Account: ☐ Checking

Preferred Monthly Draft Day: _____

☐ Money Market

(Please note the draft cannot be set for the 29th, 30th, or 31st)

☐ Savings

Monthly Draft Amount \$ _____

(Please attach a voided check or deposit slip for account being debited. Starter checks and/or deposit slips must be imprinted with the account name to be accepted.)

(Please refer to your contract for draft minimum)

☐ Add ACH Debit to Existing Contract

Existing Contract Number(s) _____

Name of Annuitant on Existing Contract: _____

Signature of Owner*

Date

***If you are signing pursuant to a power of attorney, guardian, or conservator, you must indicate this after the signature (e.g., Attorney-in-Fact, Guardian, Conservator, etc.)**

****Certification:** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless AuguStar Life Insurance Company, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.