



**Regular Mail**

AuguStar Financial  
P.O. Box 5308  
Cincinnati, OH 45201-5308

**Overnight Delivery**

AuguStar Financial  
4526 Cornell Rd  
Blue Ash, OH 45241

**Fax:** 513.794.4730

**Email:** documentcenter@augustarfinancial.com

**Phone:** 888.925.6446

**Website:** augustarfinancial.com

**Agreement for Annuity Direct Payments**

**Annuity Contract Number(s):** \_\_\_\_\_

**Annuitant Name:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Important Disclosures Regarding Additional Premiums to your Variable Annuity Contract**

Before making any additional purchase payments to your variable annuity contract, please review your contract/prospectus to understand the contract requirements, and any applicable withdrawal charge impact that may apply. Please consult with your financial professional to answer any questions and to ensure that any additional premiums align with your financial goals and comply with applicable regulations. By proceeding, you acknowledge that you have received and reviewed the contract and that you understand the implications contractually and regulatory of making additional purchase payments.

**Election of Regular Monthly Debits for Additional Purchase Payments**

- I request and authorize AuguStar® to initiate monthly debits from the bank account below for the purpose of making additional purchase payments to the above-reference annuity contract(s).
- I understand and agree that the debits will be made through and in accordance with the rule of the Automated Clearing House (ACH) and within U.S. 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 AuguStar® receives notice of the Annuitant’s or sole Owner’s death.
- I may revoke this authorization at any time by calling or writing AuguStar®. Debits will terminate on the next schedule debit date that is at least ten days after AuguStar® receives notice to terminate the debit.
- AuguStar® may terminate future debits with this authorization immediately if any debit is not honored by the bank or financial institution that holds the account.

**Bank/Financial Institution Information**

Bank/Financial Institution Name

Account Number

Routing Number

Name(s) as it/they appear(s) on the account

**Type of Account:**

- Checking     Money Market     Savings

**Preferred Monthly Draft Day:** \_\_\_\_\_

**Note:** The date selected can be no later than the 28<sup>th</sup> of the month.

**Monthly Draft Amount \$** \_\_\_\_\_

Refer to your contract for draft minimum.

**Signature required on page 2**

---

**Signature(s)**

Name of Owner (print): \_\_\_\_\_

Signature\* of Owner\*\* : \_\_\_\_\_

Date: \_\_\_\_\_

Name of Joint Owner (print): \_\_\_\_\_

Signature\* of Joint 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.