



AuguStar Life Insurance Company
AuguStar Life Assurance Corporation
P.O. Box 5308
Cincinnati, Ohio 45201-5308
Telephone: 888.925.6446
Fax: 513.794.4730
Email: documentcenter@augustarfinancial.com

Electronic Funds Transfer (EFT) Agreement for Direct Deposits

Please Print

Contract Number	Annuitant	Owner
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If EFT is not elected, a check will be mailed to the owner's address of record. Please note EFT may not be an option for a custodial-owned contract.

☐ I elect to have my systematic withdrawal directly deposited to my checking or savings account via EFT. You are hereby authorized and directed to pay to:*

Type of account: ☐ Checking (please attach a voided check) ☐ Savings (please attach a voided pre-encoded deposit slip)

Name of the Financial Institution:	Account Number:
ABA/Transit Routing Number:	Name(s) as it appears on the account:
Address of the Financial Institution:	Telephone Number of Financial Institution:

For credit to my/our account all funds payable by AuguStar Life Insurance Company or AuguStar Life Assurance Corporation (hereafter referred to as AuguStar) represent payment from my/our contract referenced above.

This authority is to remain in full force and effect until AuguStar has received notification at its home office in Cincinnati, OH from me/us of the termination of this agreement in such time and manner as to afford AuguStar and the Financial Institution reasonable opportunity to act on it.

I/We authorize the Financial Institution named above to reimburse AuguStar, from this or any other account I/we may hold in such institution, for any payment received by the Financial Institution to which I/we was/were not entitled due to death prior to the due date of the payment.

I/We understand that AuguStar is relying on the information that I/we provided on this form, and further understand that AuguStar will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

The undersigned hereby consents to the provisions contained herein:

Owner Signature**

Date

Daytime Phone Number

Signature of Joint Owner (if applicable)**

Date

Please note: In order to validate information with your Financial Institution, please allow up to 14 days to process your initial request.

*Payments must be made to the contract owner(s). AuguStar is unable to pay or direct deposit to a third-party account.

**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 The AuguStarSM 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.