



AuguStar® Life Insurance Company

**Electronic Funds Transfer (EFT)**

**Agreement**

Form # V-4620-A

**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

**Electronic Funds Transfer (EFT) Agreement**

**Annuity Contract Number:** \_\_\_\_\_

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

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

**Electronic Funds Transfer (EFT/ACH) Election**

As part of your EFT verification process, we utilize a third-party service. **If we are unable to verify your bank account information using this service, we will still process the requested withdrawal, but proceeds will be sent via check to the Owner's address of record.** We allow **10 business days** for delivery by regular mail before issuing any replacement checks. Contact Annuity Customer Service at **888.925.6446** for more information. A **voided check or a copy of a voided check** must be attached for us to process the withdrawal. There is a maximum **distribution limit of \$50,000 for EFT.** NOTE: EFT may not be an option for a custodial-owned contract. NOTE: Payments must be made to the contract Owner(s). AuguStar is unable to pay or direct deposit to a third-party account.

**Additional Information Required for EFT/ACH or Wire Transfers**

**Type of account:**  Checking (please include a voided check)

Savings (please attach a voided pre-encoded deposit slip)

\_\_\_\_\_  
Name of the Financial Institution

\_\_\_\_\_  
Telephone Number of the Financial Institution

\_\_\_\_\_  
Address of the Financial Institution

\_\_\_\_\_  
ABA/Transit Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Name(s) as it/they appear on the Account

**Certification**

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

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.

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**Tax Certification**

Under penalties of perjury, I certify all of the following:

1. The number shown on this form is my correct identification number (or I am waiting for a number to be issued to me,) and
2. I am not subject to back up withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3.
  - a. I am a U.S. citizen or U.S. resident alien, as indicated above, or
  - b. A partnership, corporation, company or organization created or organized in the United States under laws of the United States, or
  - c. An estate (other than a foreign estate,) or
  - d. A domestic trust (as designed under Regulations section 301.7701-7,) and
4. I am exempt from FATCA reporting.

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**Signature(s) – Must Complete**

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Owner\* Signature\*\*

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Date

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Owner Name (print)

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Owner Social Security Number

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Joint Owner\* Signature\*\* (if applicable)

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Date

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Joint Owner Name (print)

**\*Certification:** I/We hereby certify that I/we, the above-signed, am/are the Owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I/we am/are an authorized signatory thereof and that this request is being submitted in my/our capacity as an authorized signatory of the trust, custodial account, corporation or partnership. I/we agree/s, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless the AuguStar, 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.

\*\*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.)