



Sagikor Life Insurance Company
 4343 N. Scottsdale Rd., Suite 300
 Scottsdale, Arizona 85251
 (888) 724-4267 / Fax: (480) 425-5139

AUTHORIZATION FOR DIRECT DEPOSIT

DESCRIPTION:

This form is used to authorize direct deposit of payments into your bank account.

INSTRUCTIONS:

- The Policy Owner must also be an owner of the bank account in order to establish direct deposit payments.
- Please return the completed form to the address above or
 - For the Client Services Department, fax it to 480-425-5139.
 - For the New Business Department, fax it to 800-324-8943.

POLICY INFORMATION	
Name of Owner (First, Middle, Last)	Policy Number
Owner's Social Security Number	Name of Annuitant (if different from Owner)

OWNER'S ACCOUNT INFORMATION	
Depositor Name(s)	Depositor Social Security Number or TIN
Bank Name	Bank Routing Number (9 digits)
Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

AUTHORIZATION

Until further notice, I hereby authorize Sagikor Life Insurance Company (Sagikor) to electronically transfer into my account, all payments due to me and to debit my account any funds transferred in error. I agree that Sagikor will have no further liability with respect to any payments made in accordance with this authorization. Either Sagikor or I may suspend or cancel the use of electronic funds transfer, at which time Sagikor will issue checks to me that require my personal endorsement. I will provide Sagikor written notification to cancel or modify this authorization and afford Sagikor a reasonable amount of time to effectuate the requested change. I will direct my heirs, executors, administrators, and assigns to refund to Sagikor any sums of money deposited to my account after my death for distribution to my beneficiaries of the contract.

SIGNATURES			
Signature of Owner	Type or Print Name	Title	Date
Signature of Joint Owner <i>(if jointly owned)</i>	Type or Print Name	Title	Date

ATTACH A VOIDED CHECK	
<p>NAME ADDRESS CITY, STATE, ZIP</p> <p>PAY TO THE ORDER OF _____</p> <p>BANK NAME ADDRESS CITY, STATE, ZIP</p> <p>MEMO _____</p>	<p style="text-align: right;">9999 01-23456789</p> <p>DATE _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">DOLLARS</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">SAMPLE</p> <p style="text-align: center;"> :159736428 : 01020304050607 9999 Bank Routing Number Bank Account Number Check Number</p>

