GUGGENHEIM LIFE AND ANNUITY COMPANY 401 PENNSYLVANIA PARKWAY, SUITE 300 INDIANAPOLIS, INDIANA 46280 GUGGENHEIMLIFE.COM

DIRECT DEPOSIT AUTHORIZATION FORM

Contract Number:	_ Contract Owner:	
Depository Information		
Depository Institution		
Address		
City	State	Zip
Account Information – Designate of CHECKING ACCOUNT SAVINGS ACCOUNT	one account Please attach a VOID CHECK (pho FROM BANK INDICATING ROUTI We have found that deposit slips do information required for automatic	NG AND ACCOUNT NUMBER. o not always contain the correct
Name on Account:		
Routing Number:		
Account Number:		
Authorization I (We) hereby authorize credit en Institution named above, and I (we) of such entries into my (our) accou (our) account, I (we) authorize you to This authorization is to remain in ful its termination in such time and man	authorize the depository institution to nt. If funds that I am (we are) not o direct the depository institution to roll force and effect until written notific	o accept and to credit the amount entitled to are deposited into my return such funds. cation is received from me (us) of
The following statement is required to on this form is my correct Social Section 1 am not under guardianship, no affecting ownership or right to any my proceedings in bankruptcy are pendicular.	curity Number and I am not subject to be have I made any assignment, plectonies due or to become due under t	o backup withholding. I certify lge, or executed any document
This form dated at	on the	day of, 20
Signature of Owner(s) (if Joint – both must sign)	Owner's Social Security Number or Taxpayer ID Number	() Owner's Telephone Number
Signature of Witness*	() Telephone Number of Witness	Owner's E-mail Address (if available)
*Owner's signature must be witnessed by an adult	t who is not a Beneficiary or newly named Owner	

Guggenheim Life and Annuity Company DBA: Guggenheim Life and Annuity Insurance Company in California

Remember to attach a voided check or statement from the bank!