Direct Deposit Authorization

The Savings Bank life Insurance Company
200 Day Hill Road, Windsor, CT 06095
1-800-252-7254 ▮ www.SBLICT.com

♦ Owner Information

Name of Owner: _____ **Contract Number:** _____

Phone Number: _____

♦ Payment Information

Please indicate the type of disbursement for which this form will be used:

❑ **Systematic Distribution** ❑ **Required Minimum Distribution** ❑ **Annuity Payments (Periodic Distributions)**

Name on Account: _____

Financial Institution Name: _____

Financial Institution Address: _____
Street

City State Zip

Transit Routing Number: |: _____ **|: Please contact your financial institution for correct information.**

Account Number: _____ **Type of Account:** ❑ **Checking** ❑ **Statement Savings**

♦ Signature Information

1. **I authorize SBLI to initiate credit entries, and if necessary, adjustments for any credit entries made in error to my account as indicated above.**
2. **The privilege of receiving deposits under this plan may be revoked by the Company if any deposit can not be made into the specified account.**
3. **The deposits under this election may be discontinued by the Company or the undersigned upon ten (10) days written notice.**
4. **I understand that SBLI is relying on the information that I have provided on this form, and further understand that SBLI will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.**

Print Name: _____

Owner's Signature: _____ **Date:** _____

For Internal Use Only

Processed By: _____ **Date:** _____