



Independent Life

INDEPENDENT LIFE INSURANCE COMPANY

P.O. Box 679053
Dallas, Texas 75267-9053
Telephone: (800) 793-0848
Fax: (214) 666-4833

Policy/Contract Number: _____

DIRECT DEPOSIT REQUEST FORM

1. PAYEE INFORMATION

| | | |
|--|-----------|---------------|
| FIRST NAME | LAST NAME | |
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |
| PHONE NUMBER | | |
| EMAIL ADDRESS | | |
| SOCIAL SECURITY NUMBER (LAST 4 DIGITS) | | DATE OF BIRTH |

2. FINANCIAL INSTITUTION INFORMATION

| | |
|-----------------------|-------|
| FINANCIAL INSTITUTION | |
| CITY | STATE |

ACCOUNT TYPE

| | |
|---|--|
| CHECKING ACCOUNT <input type="checkbox"/> | SAVINGS ACCOUNT <input type="checkbox"/> |
|---|--|

REQUEST TYPE

| | |
|---|--|
| NEW DIRECT DEPOSIT REQUEST <input type="checkbox"/> | UPDATE DIRECT DEPOSIT INFORMATION <input type="checkbox"/> |
|---|--|

**Please note that Independent Life will make a small deposit into your account in order to validate all information is correct. You will need to verify this amount prior to any payments being issued electronically.*

| | |
|---|---------------------|
| NAME ADDRESS CITY, STATE ZIP | 0123 01-23456789 |
| DATE | |
| PAY TO THE ORDER OF | \$ |
| BANK NAME ADDRESS CITY, STATE ZIP | DOLLARS |
| FOR | |
| ⑈0123456789⑈ 01234567890123⑈ 0123 | |

Routing Number Account Number

| | |
|----------------|-------|
| ROUTING NUMBER | _____ |
| ACCOUNT NUMBER | _____ |

Attach a copy of a voided check (Temporary checks will not be accepted)

OR

Attach a copy of a deposit slip (if funds are being transferred to a savings account)



3. AUTHORIZATION

I hereby authorize and instruct Independent Life Insurance Company to make direct deposits of my periodic payments into the account and financial institution named above, and to discontinue any other direct deposits currently in place. This request will remain in effect until changed by me in writing. If funds that I am not entitled to receive are deposited into my account, I authorize Independent Life Insurance Company to direct the financial institution named above to return these funds to Independent Life Insurance Company.

SIGNATURE OF PAYEE OR LEGAL REPRESENTATIVE

DATE

If individual signing is not the payee, legal documentation must accompany this request if not previously provided.

NOTE: Changes in account information may not be reflected for payments due for a period of up to 30 days.

4. INSTRUCTIONS

This form should be printed, completed in full, signed by the payee or legal representative, and then submitted, along with any required legal documents, to Independent Life Insurance Company via email, fax, or mail.

Email: customerservice@Independent.Life

Fax: (214) 666-4833

Mail: Independent Life Insurance Company

P.O. Box 679053

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