

Electronic Funds Transfer (EFT) / Automatic Premium Payment (APP) Authorization

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
Life Policy Administration • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Fax this completed form to Life Policy Administration at 651-665-6955 or email to idlpa@minnesotalife.com

SECTION A: EFT PLAN DETAILS

To **start a new** EFT Plan, select one and complete Sections B & C.

- ☐ The first withdrawal for subsequent premiums should occur on:
Month _____ Day _____
(select day 1-28 only; policy day and draw day must be within 15 days of one another)
- ☐ The first withdrawal for subsequent premiums should occur on the day the policy has been dated, each month.
(if there are multiple policies with multiple policy dates, then the draft date will automatically draw on the 14th)

To **add a new policy to an existing** EFT Plan, indicate the Plan number.
Then complete Section B.

Existing EFT Plan number _____

To **change an existing** EFT Plan, indicate the following.

Existing EFT Plan number _____

Month the change should occur _____

Also, select all that apply.

- ☐ New monthly withdrawal day _____
(select day 1-28 only; policy day and draw day must be within 15 days of one another)
- ☐ Change bank account information (complete Section C)
- ☐ Add, remove or change a premium, monthly loan repayment, and/or a monthly Non-Repeating Premium (NRP) amount (complete Section B)

SECTION B: POLICY INFORMATION (Must include insured name)

	Monthly Premium	Monthly Loan Repayment	Monthly NRP Premium
Policy number <input type="text"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Insured name	\$	\$	\$
Policy number <input type="text"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Insured name	\$	\$	\$
Policy number <input type="text"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Insured name	\$	\$	\$
Policy number <input type="text"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Insured name	\$	\$	\$

SECTION C: BANK ACCOUNT INFORMATION & ACCOUNT HOLDER AUTHORIZATION

Bank name	City	State
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Bank routing code number (located on bottom of check)

Bank account number (do not include the check number)

☐ Checking ☐ Savings

Print the name(s) of the person(s), business, or entity account holder, AND list all recognized signers on the account:

1. _____
2. _____
3. _____
4. _____

ELECTRONIC FUNDS TRANSFER ACCOUNT HOLDER AUTHORIZATIONS

I hereby authorize Minnesota Life Insurance Company to take deductions each month from the checking or savings account with the financial institution as indicated on this application. I understand and agree that this authorization is subject to the following conditions:

- The amount of the deduction will be equal to the scheduled premium due for my insurance coverage as shown on the policy data pages.
- I will receive notice of each electronic debit entry that varies in the amount from the previous entry.
- This authorization is to remain in full effect until Minnesota Life has received and has had reasonable time to act on the authorized account holder's request to cancel in writing at 400 Robert Street North, Saint Paul, MN 55101 or by telephone at 1-800-643-5728 from 8:00 a.m. CST to 5:00 p.m. CST.

Authorized account holder signature (include title if signing on behalf of business or entity) _____ Date _____

X

Print authorized account holder name

Address of signer (street, city, state)

Firm/rep code

HOME OFFICE USE ONLY

Home office completion date

Home office signature

X