



Direct Deposit

of annuity payments

Please note:

- This form allows you to establish or modify an electronic transfer of funds from your annuity contract to a bank account. This information will remain on file and available for use until otherwise instructed.
- A validation period is required to establish this service. If your next payment is within this validation period, it will be sent by check to your address on file. Subsequent payments or withdrawals after the validation period will be deposited directly to your bank as instructed on this form.
- Only one bank account can be on file at a time. If you already have direct deposit instructions on your account, submitting this form will **override** and **replace** your existing instructions, and a new validation period will apply.
- To be eligible for Electronic Funds Transfer (EFT), your account must be with an institution that is a member of the Automated Clearing House (ACH) and is a commercial bank, savings and loan or credit union.
- For a one-time withdrawal request, newly established bank information may be accepted within the validation period with proper signature verification on the withdrawal form. Please refer to your specific withdrawal form for these signature requirements.
- If you have an automatic payment program and are receiving the payments via check, these instructions will **override** your existing payment method and **replace** it with direct deposit/EFT to a bank, unless otherwise instructed.
- This form is designed **only** to allow you to establish or modify Electronic Funds Transfer (EFT) information; you **cannot** request a withdrawal with this form. Please refer to your specific withdrawal form for this request.
- Electronic settlement of funds into your account may take up to three business days after the effective date of your withdrawal or payment.

For questions or help with this form, call us at **800-374-3714**.
Throughout this form, “the Company” refers to the issuing company.¹

1 Contract Information (please print clearly)		
Contract Number		
Owner	SSN/TIN	
Co-Owner (if applicable)	SSN/TIN	
Address		
City	State	Zip Code
In case we need to contact you about this request		Phone Number



¹ Delaware Life Insurance Company (Zionsville, IN) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group 1001. www.delawarelife.com
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2 Bank Account Information

Please note:

- To establish a direct transfer to a personal bank account, select checking or savings below and follow the instructions.
- If your contract does not permit direct deposit or if the electronic funds transfer request is returned or rejected by the receiving bank, and you are completing this form in conjunction with a one-time withdrawal request or new automatic payment program, we will send a check by first class mail to the payee at the address we have on file.
- Payments may not be set up for direct deposit to bank accounts outside the United States or Puerto Rico.

Bank Name

Account Name(s)

Account Number

Nine-Digit Routing Number

Bank Address

Bank Phone

Please select only one option:

☐

New checking account

- A voided check is required to be submitted with this form.
- The address on the voided check must match address of record for the contract.
- Starter checks, deposit slips and handwritten information will **not** be accepted.

☐

New savings account

- A letter from your bank is required to be submitted with this form.
- The letter must indicate the name on the account as well as the account number and routing number.
- This letter must be signed by a bank representative and list their full title.

ATTACH VOIDED CHECK HERE.

3 Signature(s)

All owners must sign this form.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, you must sign in your fiduciary capacity and not in your individual capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

Authorization for direct transfer:

By signing this form:

- You authorize the Company to transfer funds via direct deposit to the bank.
- You also authorize the bank to refund any overpayments made by the Company to this account, during or after your lifetime, by debiting the account for any overpaid amount(s).
- This authorization will be effective until you give the Company notice, in writing, to make a change.

☐ I agree to use esignature for this transaction and agree and acknowledge that my electronic signature is the legal equivalent to my manual/handwritten signature and I consent to be legally bound to this agreement.

Owner Signature X	Date (mm/dd/yyyy)	Co-Owner Signature (if applicable) X	Date (mm/dd/yyyy)
Please Print Owner Name		Please Print Co-Owner Name (if applicable)	

I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is owned by an entity, that I am an authorized signer thereof, and that I am signing this request in that capacity.

The above-signed hereby agrees, for myself and/or the entity identified above, to indemnify and hold the Company harmless from any and all claims, liabilities, and losses sustained or incurred by its reliance on my instructions herein.

Contact Us

By mail

Delaware Life
P.O. Box 80428
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By express mail

Delaware Life
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Zionsville, IN 46077

By fax

800-883-9165

By email

AnnuityForms@delawarelife.com

Online

delawarelife.com

By phone

Customer Service **800-374-3714** M-F 8:30 a.m.-6:00 p.m., ET