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Annuity Distributions – Bank Account Change

Policy Information			
Annuitant Name:	Policy #:		
Owner Name:			
Authorization for Direct Deposit (Attach a Voided Check)			
Please deposit the periodic distributions f	rom my annuity policy listed above to	the following ba	ink account:
Account Owner:	Account Owner SSN:		
Bank Name:	Account Type:	Checking	Savings
Routing Number:	Account Number:		
Bank Address:	City, State, Zip:		
Branch:	Bank Phone #:		
	Signatures		
Owner Name	Owner Signature		Date
Spouse Name	Spouse Signature		Date