

Interstate Life Insurance Company

3750 West Deerfield Road • Riverwoods, Illinois 60015

(800) 233-3750 • www.interstatelife.com

Annuity Electronic Funds Transfer (EFT) Authorization

Annuity Contract Owner's Name _____

Annuity Contract Number(s) _____

This Annuity Electronic Funds Transfer (EFT) Authorization form is an agreement between you and Interstate Life Insurance Company (the "Company"). This agreement will let you make annuity payments to the Company through recurring EFT payments from your account with the financial institution indicated below (Bank), and it authorizes your Bank to honor the EFT. If you want to change or terminate this agreement, you must provide thirty days written notice to the Company. The Company may change or terminate this agreement at any time. EFT payments for the contracts(s) listed above will be made from your Bank according to the EFT Process Date that you selected. If you did not specify an EFT Process Date, the Company will assign one. It is your responsibility to ensure that your Bank account has sufficient funds available for these recurring EFT payments. The Company is not responsible for any overdraft charges and/or fees that your Bank may charge to your Bank account. If your EFT payment is declined for any reason, we will not attempt another EFT from that same Bank account unless you contact the Company first. This agreement does not alter any of the provisions of the annuity contract(s) listed above. By signing this form, you acknowledge that you have accepted the terms of this agreement.

EFT Process Date (1st to the 28th) _____ Payments will be deducted one to three business days after the EFT Process Date.

Annuity Premium Payment Amount: \$ _____

Annuity Premium Payment Frequency:

EFT Monthly

EFT Quarterly

EFT Semi-Annual

EFT Annual

Name of Financial Institution _____

Account Type: Checking Savings

Routing Number _____

If your routing number starts with a "5", please call your bank and request the proper routing number for EFT.

Bank Account Number _____

| | |
|---------------------------|--------------------|
| Ken Doe | 007 |
| 101 Main Street | |
| Alltown USA 10012 | |
| PAY TO THE ORDER OF _____ | \$ _____ |
| _____ DOLLARS | |
| MEMO _____ | |
| Ⓜ 23456789 Ⓜ | Ⓜ 002345678 Ⓜ 00 ? |

Routing No.
9 digits

Account No.

Bank Account Holder's Name

Print _____ Sign _____ Date _____

Joint Bank Account Holder's Name (if applicable)

Print _____ Sign _____ Date _____

Please attach voided check or deposit slip.

www.interstatelife.com

800-233-3750 ext. 505 • Fax 847-850-3304