INDUSTRIAL ALLIANCE *PACIFIC*
INSURANCE AND FINANCIAL SERVICES™

IA AMERICAN™
LIFE INSURANCE COMPANY

IAP/IAA Service Center
Attn: Customer Service
P.O. Box 19009
Greenville, SC 29602-9009
Tel: (866)363-3290 Fax: (866)368-0095

Insured/Annuitant – Direct Deposit Request

Check One: **Please print using dark ink**

- ☐ IA American (IAA)
- ☐ Industrial Alliance Pacific Insurance and Financial Services Inc. (IAP)
  (DBA in CA as Industrial-Alliance *Pacific* Life Insurance Company, United States Branch)
  (DBA in OR as Industrial-Alliance *Pacific* Life insurance Company)

Instructions

To have your Loan, Withdrawal or Annuity Payment deposited directly into your account, please complete and return this form to:

IAP/IAA Service Center - Policy Services
P.O. Box 19009
Greenville, SC 29602-9009

Phone: (866) 363-3290
Fax: (866) 368-0095

A. Identification

Insured/Annuitant Name: _____

Policy Numbers: _____ _____ _____

B. Direct Deposit of Loan, Withdrawal or Annuity Payment Proceeds (Electronic Funds Transfer)

I authorize IAP or IAA ("the Company") to indicate credit entries to my account as indicated below. This authority is to remain in effect until the Company is advised by me to change or terminate the arrangement. Notification must be in writing and such time and manner as to afford the Company reasonable opportunity to act on it.

Financial Insitution: _____ Branch telephone: ( ) –

Address: _____

State: _____ ZIP Code –

Routing number: _____ Account number: _____

Names on the account:

_____ PRINT NAME _____ PRINT NAME

☐ Checking Account ☐ Savings Account

Attach here a

VOID SAMPLE CHECK

A deposit slip is not acceptable

C. AUTHORIZATION SIGNATURES

Signature of Account holder: _____ Date signed: (MM/DD/YYYY)

Signature of Insured/Annuitant: _____ Date signed: (MM/DD/YYYY)
(If different than Account holder)

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