

General Information

Contract Number(s): _____
 *Annuitant Name: _____
 *Annuitant SSN: _____
 *Phone Number: _____
 Email Address: _____

Joint Annuitant Information (If applicable)

*Joint Annuitant Name: _____
 *Joint Annuitant SSN: _____
 *Phone Number: _____
 Email Address: _____

Financial Institution Information

*Financial Institution: _____
 *Account Type: Checking Account Savings Account
 *Request Type: New Direct Deposit Request Update Direct Deposit Information

*City: _____
 *State: _____

Name _____ 0000
 Street Address
 City, State ZIP

Date: _____

Pay to the order of _____ \$ _____ Dollars

SAMPLE

Financial Institution
 Street Address
 City, State ZIP

For _____

|: 000000000 |: 222222222 0000
Transit Routing Number Account Number

*Transit Routing Number _____
 *Account Number _____

▪ **Tape a copy of a voided check**
(Temporary checks will not be accepted)

OR

▪ **Tape a copy of a deposit slip**
(if funds are being transferred to a savings account)

Authorization

Agreement:

- 1) Annuitant or his/her legally appointed payee is, or will be, entitled to receive payments of money (the payments) from payor pursuant to one or more annuities of payor.
- 2) In order to facilitate the deposit of the payments, payee hereby authorizes and directs payor to make the payments by issuing instruments payable to the bank or make payments by any other means, including but not limited to electronic fund transfers, for the benefit of payee.
- 3) Payee hereby authorizes and directs (a) payor to send the payments to the bank, and (b) the bank to receive payments from payor, to deposit such payments into the account number of the payee at the bank and, in connection therewith, to endorse the instruments by which the payments are made.

*Signature of Payee or Legal Representative _____
 *Date of Payee or Legal Representative Signature _____

*Signature of Joint Payee (If Applicable) _____
 *Date of Joint Payee Signature _____

If individual signing is not the annuitant, legal documentation must accompany this request if not previously provided.

NOTE: Due to schedule of payments these changes may not be reflected for up to 30 days.

Direct Deposit Request Form Instructions

Instructions

This form should be completed in full, printed, signed by the payee or legal representative, and then submitted to American General Life (AGL) via email, facsimile or mail.

Email: request@structuresag.com

Facsimile: (806) 349-5802

Mail: American General Life Companies
Attn: Structured Settlements Department
P.O. Box 15367
Amarillo, TX 79105-5367

NOTE: Only signed forms will be considered and processed.

The form must be filled out in Black Ink only.

Please contact us if you have any questions.

Disclaimer

For the contract(s) listed on this form, if any payee, including joint payees, is a minor or is legally unable to manage their affairs, a legal representative must sign.

All payees, including joint payees, must sign this form. If a legal representative, such as Trustee, Guardian or Conservator, has been appointed for the annuitant, only the representative may sign.

If the Account and Routing Numbers from the included check or deposit slip do not match the written Account and Routing Numbers, the written Account information will solely be used when establishing a Direct Deposit.