

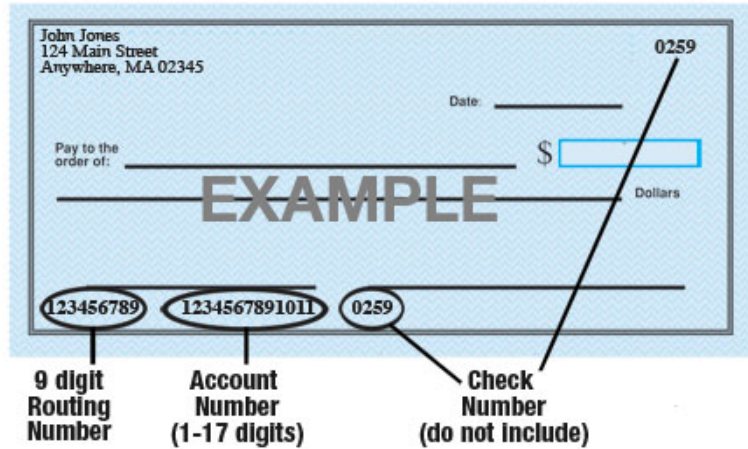


DIRECT DEPOSIT AUTHORIZATION FORM

Full Name of Account Holder: _____

Address _____

City _____ State _____ Zip _____



Name of Bank _____

Account #: _____

9-Digit Routing # _____

Type of Account Checking Savings (Check One)

Attach a voided check with this authorization.

CSA Fraternal Life is hereby authorized to directly deposit annuity withdrawals to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature of Annuitant/Owner

Date

Signature of Bank Account Holder if other than Annuitant

Date

A FRATERNAL BENEFIT SOCIETY * 2050 Finley Rd Suite 70, Lombard IL 60148

800-543-3272 * Fax 630-472-1100