Authorization for Direct Deposit

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY				
Name		Fidelity and Guaranty Life Contract ID #	Social Security #	
Residential Address		City	State	Zip Code
Phone Number:	Home Work)		
Please check one circle only: Authorizat		tion O Cancellation O	Change O	Correction O
	Financial Institution Name Name(s) in which account is held Your Account Number Bank Routing (ABA) Number Deposit to: Checking (attach voided check) Savings Bank Telephone Number ()			
I (We) hereby authorize FIDELITY & GUARANTY LIFE INSURANCE COMPANY ("Company") to deposit my net benefit payment with the financial institution named above ("Bank") and the Bank to credit the same to my account as described above.				
This authorization is to remain in force until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and/or the Bank a reasonable opportunity to act on it.				
In the event that the Company notifies the Bank that funds to which I (we) am not entitled have been deposited to my (our) account inadvertently, I (we) hereby authorize and direct the Bank to return said funds to the Company as soon as possible.				
This payment option does not in any manner amend or alter the terms and provisions of any policy, contract, or agreement with the Company.				
This authorization is governed by Iowa law, including the Iowa Uniform Commercial Code.				
Signature			Date	
Signature (if jointly owned, both parties must sign)			Date	

Before mailing, please remember to attach a voided check or deposit slip from your account.