

# F&G Annuities & Life

## Pre-Authorized Check (PAC) Authorization Form / Monthly Bank Draft

(Inforce policies only)

This form is being submitted to update the payment mode to monthly bank draft and/or change banking information on an existing policy.

Policy Number(s) \_\_\_\_\_

Policy Owner Name \_\_\_\_\_

Monthly Planned Premium \$ \_\_\_\_\_ (Universal Life)

*This field is required when setting up the initial monthly bank draft. If the premium does not meet the minimum requirements notification will be sent to the policy owner.*

Premium drafting is not available for quarterly, semi-annual or annual premium payments. Monthly premium draft can be stopped at any time by contacting customer service or written request to Fidelity & Guaranty Life 24-48 hours prior to the next scheduled draft.

Please provide banking information below.

*Routing and Account numbers must be taken from a check and not a deposit slip.*

### Financial Institution

Name of Financial Institution

Type of Account

Checking     Savings

Routing Number

Account Number

I authorize the payment of debits drawn on my account payable Fidelity & Guaranty Life Insurance Company, provided there are sufficient funds in said account. I agree that if any debit be dishonored, Fidelity & Guaranty Life Insurance Company has the right to debit my account the following month for the dishonored debit as well as the scheduled debit for that month. I further agree that if any debit be dishonored, Fidelity & Guaranty Life Insurance Company shall be under no liability in the event the dishonored debit results in the forfeiture of insurance. The authority shall remain in effect until revoked by me in writing and until Fidelity & Guaranty Life Insurance Company actually receives such notice of revocation.

Account Holder (Print as it appears on Bank Records)

Signature

Date

If Account Holder differs from Policy Owner, please provide the following details:

Relationship of Account Holder to Policy Owner

Address of Account Holder

SS# or ITIN # for Account Holder

Date of Birth of Account Holder

Policy Owner (Print)

Signature

Date

Fidelity & Guaranty Life Insurance Company  
Service Center  
777 Research Drive  
Lincoln, NE 68521 (888) 513-8797

Completed form may be sent via facsimile  
Attention Policyholder Services  
(800) 281-5777