

**Authorization for Direct Deposit**

By Electronic Fund Transfer

*American United Life Insurance Company®  
a ONEAMERICA® company  
One American Square  
P.O. Box 6002  
Indianapolis, IN 46206-6002  
1-800-537-6442*

*Pioneer Mutual Life Insurance Co.  
A stock subsidiary of American United Mutual Insurance Holding Company  
a ONEAMERICA® company  
P.O. Box 6002  
Indianapolis, IN 46206-6002  
1-800-437-4692*

*The State Life Insurance Company  
a ONEAMERICA® company  
P.O. Box 406  
Indianapolis, IN 46206  
1-800-428-2316*



We are now prepared to offer you the convenience and security provided by automatic deposit to your banking institution through the Electronic Funds Transfer (EFT) Service. You may benefit from doing this in several ways:

- Eliminate trips or mailings to your bank to deposit checks.
- Eliminate any delay of funds reaching your account because of your being out of town, bad weather or illness.
- Avoid the risk of lost or stolen checks.

This service is provided at no cost to you.

Direct deposit service through EFT is generally available wherever you bank. The Company will directly deposit your payments in your bank account.

Here is how you initiate direct deposit service:

- Complete the authorization form on page 2.
- Attach your bank deposit slip or voided check to this form.
- Send the form to: OneAmerica®  
P.O. Box 6002  
Indianapolis, Indiana 46206-6002

***Questions You Might Have About Direct Deposit Service***

1. Can deposits be made to either a checking or savings account?

Yes, normally any type of bank account is appropriate.

2. How do I know that a deposit has reached my account?

These deposits will appear on your monthly bank statements, and some banks also send a deposit confirmation, normally on the first of the month. Also, you can call the customer service area at your bank.

3. What if I want to change banks or accounts after I sign up for the service?

Just provide new authorization information to the Company and allow about one month for the change to occur.

If you have additional questions about this direct deposit program, either write to the location stated in this form or call us.

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Check all that apply:  American United Life Insurance Company®  Pioneer Mutual Life Insurance Company  
 The State Life Insurance Company  Golden Rule Insurance Company –  
Administered by the State Life Insurance Company  
1-800-275-5101

Hereinafter referred to as "the Company:"

**Please print all information with the exception of signatures.**

I authorize the Company to deposit all my contract payments into the account identified below by Electronic Fund Transfer. I discharge the Company from any further liability for any payments deposited to my account under this authorization.

I also authorize the Company to initiate corrections, if necessary, to any amounts credited to my account in error. Any payment deposited to my account after my death shall be considered to be a payment made in error.

Any such payments shall be returned to the Company by the Financial Institution if funds are available in my account or shall be returned to the Company by my estate or my heirs if the funds in my account are not sufficient to make the required correction.

I understand that the Company may terminate its electronic fund transfer services at any time and for any reason and may thereafter make contract payments by check instead.

This authorization will remain effective until the Company receives a written revocation from me in sufficient time to enable the Company to act on the written revocation.

Banking Institution's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Payee's Personal Account No.: \_\_\_\_\_

Type of Account:  Checking  Savings

Financial Institution's Transit No.: \_\_\_\_\_

**Please attach a blank voided check or ACH letter from this account for verification of your account number.**

Payee's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness' Signature: \_\_\_\_\_