

## Electronic Funds Transfer (EFT) Authorization

### Direct Deposit of Benefit Payments

I understand that by completing this form, I am authorizing United of Omaha Life Insurance Company to directly deposit into my bank account via Electronic Funds Transfer (EFT) payment(s) due to me under a contract issued by United of Omaha to my financial institution with the information provided below, for credit to my account. Furthermore, I authorize and direct the bank to charge said account or the account of my estate for any payment made in error as determined by United of Omaha and to refund any such payment made subsequent to my death or made in error and to refund any such payment to United of Omaha upon its written request to the bank.

I further understand and agree that it is my responsibility to ensure that all bank information reported on this form is accurate and correct for the appropriate deposit of my payment(s) and that United of Omaha can rely on this information and will have no obligation to ensure the correctness of the information. Completion of this form is not a guarantee that benefits will be paid.

I further understand and agree that any payment(s) made into an incorrect bank account pursuant to the information reported on this form, will be forfeited by me and that United of Omaha has no obligation to retrieve those funds or make replacement payment(s) to me.

I further understand and agree for myself, my heirs, executors and estate to indemnify and hold United of Omaha harmless from any and all loss or damage of any nature whatsoever, including costs or attorney's fees incurred by reason of said bank acting pursuant to this Authorization.

I further understand and agree that United of Omaha is not responsible for any bank charges or other costs associated with or arising out of this agreement.

I further understand that if my bank is not able to accept EFTs, checks will be mailed to my residence.

I reserve the right to revoke and cancel this authorization. Such revocation and cancellation shall be effective within 5 business days following United of Omaha's receipt of the notice.

Payee Information	Bank Information
Full Name	Bank Name
Address	Address
Address	Address
City	City
State and ZIP Code	State and ZIP Code
Telephone Number (    )	Telephone Number (    )
Social Security Number	Account Number
Policy Number	Bank ABA Routing/Transit Number
Claim Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings (Check only one)
Payee Number (for office use only)	Approved By/Date (for office use only)

**X** \_\_\_\_\_  
Payee Signature Date

### Contact Information

Please attach EITHER a **voided check for checking** OR a **deposit slip for savings** and return with this form to:

**United of Omaha Life Insurance Company**  
**HO8W-GDMS**  
**3316 Farnam Street**  
**Omaha, NE 68172-7420**

Should you have any questions regarding EFT, please feel free to contact our customer service representatives toll free at **1-800-775-8805** (Monday-Friday between the hours of 8 a.m. and 4 p.m. CST).