

# Broker Authorization for Automatic Deposit(s) to Checking Account (EFT)

Minnesota Life Insurance Company - Securian Life Insurance Company

Securian Financial Group Companies

Life Policy Administration • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Route To: A3-6503

## BROKER AND CHECKING ACCOUNT NAME

Broker name

Name on checking account

SSN or TIN

If broker name and name on checking account are different, the checking account name is for

Sole Proprietorship (no additional form needed)

Corporation (assignment of commission form is needed)

## CHECKING ACCOUNT INFORMATION

New  Change

Financial institution name (depository)

Account number

ABA routing number

Address (include street, city, state, zip code)

Telephone number (financial inst.)

**\*A VOIDED CHECK IS REQUIRED FOR EACH ACCOUNT\***

## AUTHORIZATION AND CERTIFICATION:

I authorize Minnesota Life Insurance Company, Inc. (ML) or Securian Life Insurance Company (SL), to initiate deposits (credit entries) and, if necessary, to initiate debit entries and adjustments for any deposits (credit entries) made in error to my account(s) indicated above. I authorize the financial institution (DEPOSITORY) named above to credit and/or debit such entries and/or make adjustments to my account. This authorization is to remain in full force and effect until ML /SL has received written notification from me of its termination in such time and manner as to afford ML/SL and DEPOSITORY a reasonable opportunity to act on it, or until such time as ML/SL terminates this method of payment. I certify that there are no other beneficial interests in my personal checking account other than my spouse.

I certify, that if I operate as a sole-proprietorship, either my personal checking account is in my individual name and Social Security number, or I have obtained a Federal Employment Identification Number (FEIN/TEIN) for my sole-proprietorship that is different than my Social Security number. The checking account for my sole-proprietorship is in my "Doing Business As" (DBA) name and my sole-proprietorship's FEIN/TEIN if applicable.

Signature of payee

Date (month/day/year)

X

**Note: If DBA changes, you will need to complete and send a new EFT form along with a new voided check to Minnesota Life.**