



The Savings Bank Life Insurance Company of Massachusetts
P.O. Box 4048, Woburn, MA 01888
Telephone: (888) 224-7254 www.sbliagent.com

Request for
Direct Deposit of Commissions

Producer Name: _____

SBLI Producer No: ___ ___ ___ / ___ ___ ___ ___

Account Name:* _____

Bank Name & Address: _____

ABA Routing Number: _____

Account Number: _____

Type of Bank Account: Checking: ___ Savings: _____

I (we) hereby authorize The Savings Bank Life Insurance Company of Massachusetts (SBLI) to initiate electronic credit entries for and or/deposit all commission payments for the above mentioned producer, as they become due, to my (our) account at the depository bank listed above. I (we) understand that this agreement shall remain in effect until SBLI has received written notice from me (or either of us) of its termination and has reasonable time and opportunity to act.

I (we) understand that if it shall be found that, as to any payment, the amount of which was deposited as herein provided, I (we) was not entitled thereto, I hereby authorize the said depository bank to refund the amount of any such payment to SBLI and to charge to the account listed above the amount of any sum so refunded.

Signature of Producer: _____

Date: _____

Signature of 2nd Depositor: _____

Date: _____

Complete and return this form to:

E-mail: Records@SBLI.com

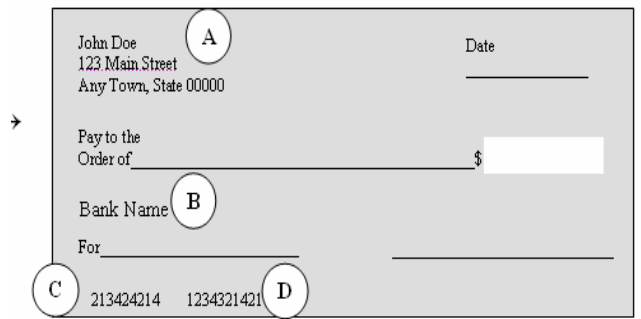
Fax: (781) 935-6174

Mail: SBLI

P.O. Box 4048

Woburn, MA 01888

Be sure to include a voided check



A – Account Owner Name B – Financial Institution C – Bank Routing Number D – Account Number