



PO Box 11609, Winston-Salem, NC 27116-1108 Phone: (833) 658-2841 †Fax: (303) 220-8056

Direct Deposit Form

Direct Deposit (ACH) to a Bank

Please allow 3-5 business days from the processing date to receive the funds in your bank account.

Note: Payments made via EFT/ACH to a party other than the owner are not permitted.

Bank Name _____

Bank account number _____

ABA routing number (To ensure accuracy, verify with your bank.) _____

Type of Account Checking Savings

Name of depositor on bank records (first, middle initial, last name) _____

I have carefully read the request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that Colorado Bankers Life Insurance Company may require additional information or requirements.

I certify that the policy is not pledged or assigned to any other person or corporation, and that no proceedings of bankruptcy or insolvency have been filed and are now pending against the undersigned.

Signature Owner

Date Signed

Address

Social Security Number (Required)

"For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Colorado Bankers Life Insurance Company (CBLife) is not responsible for undelivered mail. To protect your personal information, CBLife recommends certified mail or some other service such as FedEx or UPS. Do not send the form by unsecured email. You can transmit the form via facsimile; however, CBLife shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax, and accept responsibility for any unintended disclosure or breach of such facsimile transmission, the fax number is: (303) 220-8056.