

Instructions				
 Please allow 30 days to process your request. The current method of payment will continue until the process is complete. If you would like to set up or change direct deposit of your payments please include a copy of a voided check for verification purposes. Your check must be pre-printed with your name and address, the name of your financial institution, as well as the routing and account numbers. You may submit written verification from your financial institution if you have a Savings Account or do not have pre-printed checks for your account. If you have questions regarding your direct deposit, please contact your bank or credit union, or contact Penn Mutual Customer Service at 1-800-523-0650. 				
Section 1: Account Information				
Customer Name (First, Middle, Last)				Date of Birth (mm/dd/yyyy) / /
Mailing Address (Street)		(City)		(State) (Zip)
Contract Number		Phone Number ()		
Section 2: Request Type and Banking Information (Please attach a voided check)				
Type of Account 🗌 Checking 🔲 Savings				
Financial Institution Name			Phone Number	
ABA Routing/Transit Number Acc		Account Number		· · · · · · · · · · · · · · · · · · ·
Transaction Type 🗌 New 🔲 Change 🔲 Cancellation				
Attach check here:	Your Name Address PAY TO THE ORDER OF ANYPLACE BANK For I: 1250250025 I: 20200085 II'	Account Number Chea	123 15-00000000 DOLLAR: ck Number	-
Section 3: Signatures				
The Penn Mutual Life Insurance Company (PML) and (or) The Penn Insurance and Annuity Company (PIA) are (is) authorized to credit payments to the above account at the bank indicated. The payments are valid only if the payee (s) is (are) alive on the payment date. I, for myself, my heirs, executors, administrators and assigns do hereby agree that any sums of money deposited to my account in error, shall be refunded to PML or PIA. This authorization applies to all payments made to me (us) by PML and (or) PIA.				
Client's Signature				/ Date (mm/dd/yyyy) / /
Joint Signature (if applicable)			/ / Date (mm/dd/yyyy)	
Please return form to Penn Mutual Life Insurance Company, P.O. Box 178, Philadelphia, PA 19105-0178, or fax to 215-956-7699 If you have questions please call Customer Service, Monday through Friday at 1-800-523-0650				