



**Electronic Deposit Authorization Form**  
**Cigna Settlement Annuities Administration will not accept any other form**

Name	Policy Number	Social Security Number
Home Address		Home Telephone Number

**Be sure to confirm the bank mailing address, ABA routing number and account number with your financial institution.**

Financial Institution Information	
Bank Name	
Bank Address	
Name(s) on Account	Type of Account
Account Number	Bank ABA Routing Number

I confirm that payments are being received pursuant to a settlement annuity. I hereby authorize the annuity issuer to make payments by initiating ACH credits directly into the bank account specified on this form. I authorize and direct said Financial Organization to refund to the annuity issuer an amount equal to any payments made after my death, and if any such payments shall have been credited to my account, or to the account of my estate, to charge such account accordingly.

Under penalty of perjury, I declare that this is not an attempt to accelerate, assign or transfer payments. I hereby irrevocably and unconditionally release, acquit and discharge the annuity issuer from any liability that may arise in connection with honoring the instructions set forth on this form.

Signature	Date

Please return completed form to:

**Cigna Settlement Annuities Administration**  
 PO Box 2800  
 Hartford, CT 06101-8385  
 Telephone: 800-704-4973

For office use only: