

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize United American Insurance Company to deposit my annuity withdrawal from policy number _____ directly into my account listed below. If the company erroneously deposits funds into my account, I authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited to my account.

To ensure that my account is properly credited, I have attached a voided check from my checking account, or a voided deposit slip from my savings account.

| | | | | |
|-----------------|---|------|-------|-----|
| DEPOSITORY NAME | <input type="checkbox"/> BANK <input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> CREDIT UNION <input type="checkbox"/> OTHER | CITY | STATE | ZIP |
|-----------------|---|------|-------|-----|

| | |
|---|------------------|
| <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT | ACCOUNT NUMBER*: |
|---|------------------|

* Identifying your account number can be difficult. Therefore, please attach a voided check or a voided savings deposit slip in the space provided above, so we can verify this information.

This authorization will remain in effect until the company has received written notification from me that it is to be terminated in such time and manner for the company to act on it.

| | |
|---------------------|-----------|
| NAME (Please Print) | TELEPHONE |
|---------------------|-----------|

| | | | |
|---------|------|-------|-----|
| ADDRESS | CITY | STATE | ZIP |
|---------|------|-------|-----|

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|