

Electronic Funds Transfer (EFT)/ Automatic Premium Payment (APP) Authorization

MINNESOTA LIFE

Minnesota Life Insurance Company, a Securian Financial Group affiliate • Individual Policy Services
400 Robert Street North • St. Paul, Minnesota 55101-2098

SECTION A
<input type="checkbox"/> Start A New EFT Plan (Complete C and D) Month first withdrawal should occur (for example, June) _____

SECTION B
<input type="checkbox"/> Change An Existing EFT Plan Existing EFT Plan Number _____ Indicate Month Change Should Occur (for example, June) _____ Check All That Apply:
<input type="checkbox"/> New Monthly Withdrawal Date (for example, 15th of the month) _____ <i>(No other sections need to be completed)</i>
<input type="checkbox"/> Change Bank Account Information <i>(Complete Section C and D)</i>
<input type="checkbox"/> Add, Remove, or Change, a Premium, or Monthly Loan Repayment <i>(Complete Section C)</i>

SECTION C: POLICY INFORMATION			
	Monthly Premium	Monthly Loan Repayment	HO Use Only
Policy Number	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	
Insured Name	\$	\$	
Policy Number	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	
Insured Name	\$	\$	
Policy Number	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	
Insured Name	\$	\$	
Policy Number	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	
Insured Name	\$	\$	

SECTION D: BANK INFORMATION & ACCOUNT HOLDER AUTHORIZATION (Complete all information)		
<input type="checkbox"/> Checking (MUST ATTACH VOIDED CHECK) <input type="checkbox"/> Savings (Attach deposit slip if available. If not, provide bank name, account number, city and state below.)		
Account Number		
Bank Name	City	State
I authorize Minnesota Life to initiate withdrawals and adjust withdrawals made in error, from the account indicated above or on the attached voided check or deposit slip. I authorize the financial institution named above or on the voided check or deposit slip to accept these withdrawals and adjustments to withdrawals made in error, from the account indicated. I understand that I will receive notice of each electronic debit entry that varies in the amount from the previous entry. This authorization is to remain in full force and effect until Minnesota Life or the financial institution receives, from the authorized account holder, reasonable notice to terminate this agreement.		
Authorized Account Holder Signature		Date Signed
X		

Firm/Rep Code	HOME OFFICE USE ONLY		
	EFT Plan Number	Home Office Signature	Home Office Date Signed
		X	