

Direct Deposit/EFT



Minnesota Life Insurance Company - a Securian Financial company

Annuity Services • PO Box 64628, St. Paul, MN 55164-0628

1-800-362-3141 • Fax 651-665-7942

- This form is used to change/add bank information for Annuity Disbursements.
- Failure to fully complete this form and/or attach appropriate documents may result in a delay for which Minnesota Life cannot be held accountable.

Annuity contract number(s)	Telephone number <input type="checkbox"/> Cell <input type="checkbox"/> Landline		
Owner's name	Date of birth	Social Security number or TIN	
Joint owner's name	Date of birth	Social Security number or TIN	
Active address of record	City	State	Zip code
Complete if address of record has changed - this will be a permanent change	City	State	Zip code

Thirty (30) days are required to effectively change or add bank information.

- I/we wish to change the bank information for my direct deposited payments (contributions to annuity contract).
- I/we wish to change/add bank information for my contract to use for distributions (annuity payments, systematic withdrawals, partial surrenders).
- Cancel EFT/Direct Deposit. Send check to address of record.

Bank Information (attach a voided check for a checking account or a deposit slip for a savings account)

I (we) authorize Minnesota Life to initiate deposits/withdrawals and corrections to adjust any deposits/withdrawals made in error to my (our) account indicated below. I (we) authorize the financial institution named below to accept these deposits/withdrawals and/or corrections made to this account.

This authorization is to remain in full force and effect until Minnesota Life has received written notice from me (or either of us if joint owners) of its termination in such time and manner as to afford Minnesota Life and the financial institution listed below a reasonable opportunity to act on it, or such time as Minnesota Life terminates this method of payment.

If banking information is not provided or cannot be verified, a check will be mailed to the address of record.

Name as it appears on your bank records	Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank routing number
Name of financial institution	Telephone number	Account number
City	State	
Owner's signature X	Date	
Joint owner's signature (if applicable) X	Date	
Annuitant's name	Date of birth	
Annuitant's signature X	Date	
Joint annuitant's name	Date of birth	
Joint annuitant's signature (if applicable) X	Date	
Power of attorney/conservator's signature (You must obtain a notarized or signature guarantee on this form.) X	Date	
Financial professional's signature X	Financial professional code	Date

