

Direct Deposit Request Form

Joint Annuitant Information (If applicable) Contract Number(s): *Joint Annuitant Name: *Annuitant Name: *Annuitant SSN: *Joint Annuitant SSN: *Phone Number: *Phone Number: **Email Address: Email Address: Financial Institution Information** *City: *Financial *State: Institution: *Account Type: **Checking Account** Savings Account *Request Type: **New Direct Deposit Request Update Direct Deposit Information** *Transit Routing Number 0000 **Street Address** City, State ZIP Date: _ *Account Number Pay to the order of Tape a copy of a voided check Dollars (Temporary checks will not be accepted) **Financial Institution** OR Street Address City, State ZIP Tape a copy of a deposit slip (if funds are being transferred to a savings account) **:** 000000000 |: 22222222 0000 Account Number Transit Routing Number

General Information

Authorization

Agreement:

- 1) Annuitant or his/her legally appointed payee is, or will be, entitled to receive payments of money (the payments) from payor pursuant to one or more annuities of payor.
- 2) In order to facilitate the deposit of the payments, payee hereby authorizes and directs payor to make the payments by issuing instruments payable to the bank or make payments by any other means, including but not limited to electronic fund transfers, for the benefit of payee.
- 3) Payee hereby authorizes and directs (a) payor to send the payments to the bank, and (b) the bank to receive payments from payor, to deposit such payments into the account number of the payee at the bank and, in connection therewith, to endorse the instruments by which the payments are made.

*Signature of Payee or Legal Representative

*Signature of Joint Payee (If Applicable)

*Date of Payee or Legal Representative Signature

*Date of Joint Payee Signature

If individual signing is not the annuitant, legal documentation must accompany this request if not previously provided.

NOTE: Due to schedule of payments these changes may not be reflected for up to 30 days.

Direct Deposit Request Form Instructions

Instructions

This form should be completed in full, printed, signed by the payee or legal representative, and then submitted to Corebridge Financial via email, facsimile or mail.

Email: ssrequest@corebridgefinancial.com

Facsimile: (806) 349-5802

Mail: Corebridge Financial

Attn: Structured Settlements Department

P.O. Box 15367

Amarillo, TX 79105-5367

NOTE: Only signed forms will be considered and processed.

The form must be filled out in Black Ink only.

Please contact us if you have any questions.

Disclaimer

For the contract(s) listed on this form, if any payee, including joint payees, is a minor or is legally unable to manage their affairs, a legal representative must sign.

All payees, including joint payees, must sign this form. If a legal representative, such as Trustee, Guardian or Conservator, has been appointed for the annuitant, <u>only</u> the representative may sign.

If the Account and Routing Numbers from the included check or deposit slip do not match the written Account and Routing Numbers, the written Account information will solely be used when establishing a Direct Deposit.