

Signature of Witness*

DIRECT

| DIRECT DEPOSIT AUTHORIZATION FORM | |
|--|---|
| Contract Number: | Contract Owner: |
| Depository Information | |
| Depository Institution | |
| Address | |
| City | State Zip |
| Account Information – Desig CHECKING ACCOUNT SAVINGS ACCOUNT | |
| Name on Account: | |
| Routing Number: | |
| | |
| Account Number: | |
| Authorization I (We) hereby authorize credinstitution named above, and I of such entries into my (our) a (our) account, I (we) authorize This authorization is to remain its termination in such time and The following statement is requon this form is my correct Soci that I am not under guardiansh affecting ownership or right to | dit entries to my (our) checking or savings account in the Depository (we) authorize the depository institution to accept and to credit the amount account. If funds that I am (we are) not entitled to are deposited into my you to direct the depository institution to return such funds. In in full force and effect until written notification is received from me (us) of manner as to afford the Company a reasonable opportunity to act upon it uired by the IRS: Under penalty of perjury, I certify that the number shown all Security Number and I am not subject to backup withholding. I certify hip, nor have I made any assignment, pledge, or executed any document any monies due or to become due under this contract, and further that no a pending to which I am a party. |
| Authorization I (We) hereby authorize cree Institution named above, and I of such entries into my (our) a (our) account, I (we) authorize This authorization is to remain its termination in such time and The following statement is requon this form is my correct Soci that I am not under guardiansh affecting ownership or right to proceedings in bankruptcy are | dit entries to my (our) checking or savings account in the Depository (we) authorize the depository institution to accept and to credit the amount account. If funds that I am (we are) not entitled to are deposited into my you to direct the depository institution to return such funds. In in full force and effect until written notification is received from me (us) of manner as to afford the Company a reasonable opportunity to act upon it uired by the IRS: Under penalty of perjury, I certify that the number shown all Security Number and I am not subject to backup withholding. I certify hip, nor have I made any assignment, pledge, or executed any document any monies due or to become due under this contract, and further that no |

*Owner's signature must be witnessed by an adult who is not a Beneficiary or newly named Owner.

Remember to attach a voided check or statement from the bank!

Clear Spring Life and Annuity Company DBA: Clear Spring Life and Annuity Insurance Company in California

Telephone Number of Witness

Owner's E-mail Address (if available)