

**Vantis Life Insurance Company**  
200 Day Hill Road, Windsor, CT 06095  
P: 1-866-826-8471 ■ F: 1-860-298-5483  
www.VantisLife.com

# Direct Deposit Authorization

## ♦ OWNER INFORMATION

Name of Owner: _____	Contract Number: _____
Phone Number: _____	

## ♦ PAYMENT INFORMATION

Please indicate the type of disbursement for which this form will be used:		
<input type="checkbox"/> Systematic Distribution	<input type="checkbox"/> Required Minimum Distribution	<input type="checkbox"/> Annuity Payments (Periodic Distributions)
Name on Account: _____		
Financial Institution Name: _____		
Financial Institution Address: _____		
	Street	
City	State	Zip
Transit Routing Number:  : _____  : <b>Please contact your financial institution for correct information.</b>		
Account Number: _____ <b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Statement Savings		

## ♦ SIGNATURE INFORMATION

1. I authorize Vantis Life to initiate credit entries, and if necessary, adjustments for any credit entries made in error to my account as indicated above.	
2. The privilege of receiving deposits under this plan may be revoked by the Company if any deposit can not be made into the specified account.	
3. The deposits under this election may be discontinued by the Company or the undersigned upon ten (10) days written notice.	
4. I understand that Vantis Life is relying on the information that I have provided on this form, and further understand that Vantis Life will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.	
Print Name: _____	
Owner's Signature: _____	Date: _____

For Internal Use Only

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_