



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

Broker and Checking Account Name				
Broker name		Financial professional code		
Name on checking account (if assigned, assignee name must be on check)		SSN or TIN		
If broker name and name on checking account a	re different, the checking account n	ame is for:		
Sole Proprietorship (no additional form neede	d)			
Corporation (Assignment of Commission form	is needed)			
Checking Account Information				
New Change				
Financial institution name (depository)	Account number	ABA routing number		
Street address		Telephone number (financial inst.)		
City	State	Zip code		

## Authorization and Certification

I authorize Minnesota Life Insurance Company, Inc. or Securian Life Insurance Company (collectively "the Company"), to initiate deposits (credit entries) and, if necessary, to initiate debit entries and adjustments for any (i) deposits (credit entries) made in error to my account(s) indicated above or (ii) amounts I owe to the Company pursuant to my Fixed Product Broker Agreement (Individual) with the Company. I authorize the financial institution

(DEPOSITORY) named above to credit and/or debit such entries and/or make adjustments to my account. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company and DEPOSITORY a reasonable opportunity to act on it, or until such time as the Company terminates this method of payment. I certify that there are no other beneficial interests in my personal checking account other than my spouse.

I certify, that if I operate as a sole-proprietorship, either my personal checking account is in my individual name and Social Security number, or I have obtained a Federal Employment Identification Number (FEIN/TEIN) for my sole-proprietorship that is different than my Social Security number. The checking account for my sole-proprietorship is in my "Doing Business As" (DBA) name and my sole-proprietorship's FEIN/TEIN if applicable.

Signature of payee (if assigned, must be officer of assignee)	Title of officer of assignee/principal	Date (month/day/year)
X		
Email address		

Note: If DBA changes, you will need to complete and send a new EFT form to Minnesota Life or Securian Life.



Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.