

# Payee Authorization for Automatic Deposits and Withdrawals



**Securian Financial Group, Inc.**

Securian Life Insurance Company • Minnesota Life Insurance Company  
 Enterprise Compensation • 20-5555 • 400 Robert Street North, St. Paul, MN 55101-2098  
 651-665-5028 fax • 1-866-855-8521 • SecurianCompensation@securian.com

**Payee Name**

Payee name (Broker-Dealer, Agency, Broker, or Assignee)

Payee address	City	State	Zip code
Email address	Tax Identification number (TIN or SSN)	Telephone number	

Business line(s) that are currently paying you compensation and codes affiliated with that business unit (if code has already been assigned).

(check all that apply)

- Life Code(s) \_\_\_\_\_
- Annuity Code(s) \_\_\_\_\_
- Retirement Plans Code(s) \_\_\_\_\_

Is the Payee name different than the name on the bank account?

- No
- Yes
  - Sole Proprietorship (no additional form needed)
  - Corporation (Assignment of Commission form (F84020) needed; please contact Enterprise Compensation)

**Bank Account Information**

- New  Change

Name as it appears on your bank records		Account number	
Name of financial institution	Telephone number	Bank routing number	
Financial institution street address	City	State	Zip code

**Authorization and Certification**

I authorize Securian Life Insurance Company or Minnesota 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 selling or contract agreement with the Company. I authorize the financial institution 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 financial institution 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 checking account.

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

**X**

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer.