Aviva Life and Annuity Company
7700 Mills Civic Parkway, West Des Moines, IA 50266-3862
Mail Processing Center: P.O. Box 10433, Des Moines, IA 50306-0433
Customer Service: 888-266-8489
Fax: 866-709-3922

ELECTRONIC FUNDS TRANSFER
AUTHORIZATION FOR DIRECT DEPOSITS (ACH CREDITS)

Policyowner/Payee: _____ Policy Number:_____

I (we) hereby authorize **Aviva Life and Annuity Company**, hereinafter called the **COMPANY**, to initiate credit entries to my (our):

Check Only One Box

[ ] Checking Account [ ] Savings Account

indicated below and the depository financial institution named below hereinafter called the DEPOSITORY, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY Name: _____

Branch: _____

Branch Address: _____

City _____ ST. _____ ZIP _____

Telephone Number: _____

TRANSIT/ABA NO: ____ ____ ____ ____ ____ ____ ____ ____ ____
(See Back for Instructions)

ACCOUNT NO: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
(INCLUDE COPY OF VOIDED CHECK)

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on the notification.

I understand that my/our first direct deposit will be deferred for a period of twenty (20) to fifty-one (51) days after the date this authorization is received by the COMPANY unless otherwise notified by the COMPANY. I authorize the COMPANY to make interim payments by check to the address of record unless payments are currently being sent to an alternate address. If payments are currently being sent to an alternate address, I understand that the payment(s) will be mailed to that address until the direct deposit begins.

_____ _____
Policy Owner/Payee Date

_____ _____
Joint Owner/Payee (if applicable) Date

FOR HOME OFFICE USE ONLY

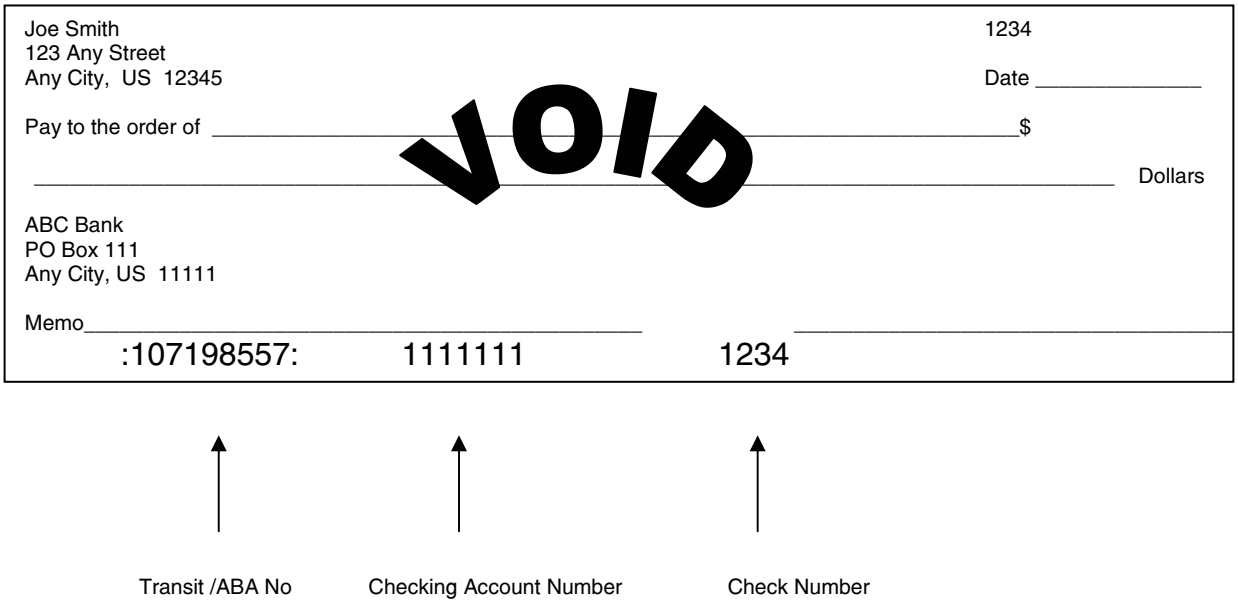
The Aviva Life and Annuity Company has initiated the ACH credit referenced above.

_____ _____
Distribution Specialist Date

INSTRUCTIONS FOR COMPLETING
ELECTRONIC FUNDS TRANSFER
AUTHORIZATION FOR DIRECT DEPOSITS (ACH CREDITS) FORM

The AUTHORIZATION FOR DIRECT DEPOSITS form is provided for you to enroll for EFT Direct Deposit of your periodic annuity payment. Please provide all information requested on this form. Missing or incomplete information may delay the processing of your request. The request must be signed by the policyowner(s) or payee(s).

Please include a voided check with your request. If you are unsure about the correct way to complete the form, please reference the following sample check information.



PLEASE ATTACH A VOIDED CHECK