



ELECTRONIC FUNDS TRANSFER AGREEMENT

TO BE UTILIZED WITH STRUCTURED SETTLEMENT ANNUITY CONTRACTS

CONTRACT NO.: _____ REFERENCE NO.: _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- If the signature is missing from this form, this form is invalid.
- If mistakes are made, please cross a line through the item. Initial and date.
- Contact our Customer Service Representatives: Toll-Free: (800) 843-2455 (Option 4) Fax No.: (402) 997-1900
- Please return this form to: 10-RPD Structured Settlements, United of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175

DIRECT DEPOSIT OF BENEFIT PAYMENTS:

I understand that by completing this form, I am agreeing and authorizing United of Omaha Life Insurance Company (United) to directly deposit into the bank account provided below, via Electronic Funds Transfer (EFT), payment(s) due me under a contract issued by United to my account. Furthermore, I authorize and direct the bank to charge said account or the account of my estate for any payment made subsequent to my death or made in error and to refund any such payment to United upon its written request to the bank.

I further understand and agree that it is my responsibility to ensure that all bank information reported on this form is accurate and correct for the appropriate deposit of my payment(s) and that United can rely on this information and will have no obligation to ensure the correctness of the information.

I further understand and agree that any payment(s) made into an incorrect bank account pursuant to the information

reported on this form, will be forfeited by me and that United has no obligation to retrieve those funds or make replacement payment(s) to me.

I further understand and agree for myself, my heirs, executors and estate to indemnify and hold the bank and United harmless from any and all loss or damage of any nature whatsoever, including costs or attorney's fees earned by reason of said bank having entered into this agreement.

I further understand and agree that United is not responsible for any bank charges or other costs associated with or arising out of this agreement. Furthermore, if my bank is not "EFT capable," checks will be mailed to my bank.

I reserve the right to revoke and cancel this authorization. Such revocation and cancellation will take effect upon written notice received by United and the bank.

PAYEE/BANK INFORMATION – UNITED STATES BANKS ONLY – (PLEASE PRINT):

PAYEE INFORMATION	BANK INFORMATION
Full Name:	Bank Name:
	Street Address:
Street Address:	City, State and Zip:
City, State and Zip:	Account No.:
Social Security No.: Ex. (XXX-XX-XXXX)	Bank ABA Routing No.:
Or Tax Identification No.:	Phone No.: Ex. (XXX) XXX-XXXX
Phone No.: Ex. (XXX) XXX-XXXX	Please Select One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
E-Mail Address:	Joint Account: <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE INFORMATION – (PLEASE PRINT AND SIGN)

_____	_____	_____
Payee's Name	Payee's Signature	Date
_____	_____	_____
Joint Depositor's Name	Joint Depositor's Signature	Date