

Monumental Life Insurance Company
Transamerica Advisors Life Insurance Company
Transamerica Advisors Life Insurance Company of New York
Transamerica Financial Life Insurance Company
Transamerica Life Insurance Company
Western Reserve Life Assurance Co. of Ohio
(Hereafter referred to as the Company, we, our or us)

DIRECT DEPOSIT AUTHORIZATION

Service Office and Overnight Mailing Address:
4333 Edgewood Rd N.E., Cedar Rapids, IA 52499
Fax: (877) 355-4385

1. AUTHORIZATION (Ownership on bank account and annuity must match for funds to be sent via Direct Deposit.)

I, _____, hereby state that I am the owner/payee under the Company's contract number(s) _____, and as such will be or presently am receiving payments under said contracts. Until otherwise directed, I hereby request and authorize the Company to direct all future payments due me under said contracts to my account at the financial institution indicated on the enclosed document. This authorization shall not be construed as an assignment of my right to receive payment under said contract and revokes any prior authorization applicable to said payments.

Under the terms of the above referenced Company contract, I hereby acknowledge that I have a right to the receipt of such amounts only so long as I am alive on the date of each such respective payment. The financial institution is hereby instructed to notify the Company in the event it becomes aware of owner/payee's death. If, prior to actual notice of my death, the Company shall deposit any payment with said financial institution for credit to my account for a period subsequent to my death, then said financial institution is hereby empowered and directed to correct the erroneous credit to my account by canceling such credit and refunding the amount to the Company, as being payment made under mistake of fact.

I understand the financial institution reserves the right to cancel this arrangement by written notice to me. Further, I reserve the right to cancel this authorization as it applies to future payments due me by the Company. This authorization shall remain in full force and effect from the date hereof unless and until the Company shall actually receive notice in writing from me of such cancellation.

It is agreed that this arrangement is made for my convenience, and that any future payments directly received by me, rather than credited to said account, as a result of mistake or otherwise shall not subject the Company to any liability in excess of that previously acknowledged under said contract. Actual receipt of such amounts or credit to my account as herein authorized shall constitute a full release of the liability of the Company for payment to me under said contract.

Owner/Payee Name Policy Number

Owner/Payee Current Mailing Address City, State, Zip

* Owner/Payee Residential Address City, State, Zip

The above listed address is my new address. Please update your records accordingly.

Owner/Payee Signature Date

Joint Owner/Joint Payee Signature Date

*** Residential Address cannot be a P.O. Box and must be completed. Please note, the residential address will not be used for mailing purposes.**

2. FINANCIAL INSTITUTION INFORMATION

Savings Account Checking Account - Must attach a voided check

Financial Institution Name

Financial Institution Phone Number

Financial Institution Mailing Address

City, State, Zip

ATTACH VOIDED CHECK HERE