



Electronic Funds Transfer Agreement

Contract No: _____ Reference No: _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- Electronic signatures are invalid for jointly held bank accounts.
- 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 Fax No.: (402) 997-1900
- Please return this form to: United of Omaha, 10-RPD Structured Settlements, Mutual of Omaha Plaza, Omaha, NE 68175 or email to structuredservice@mutualofomaha.com

DIRECT DEPOSIT OF BENEFIT PAYMENTS

<ul style="list-style-type: none"> ■ I understand that by completing this form, I am agreeing and authorizing United of Omaha Life Insurance Company, (United of Omaha) to directly deposit into the bank account provided below, via Electronic Funds Transfer (EFT), payment(s) due me under a contract issued by United of Omaha 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 of Omaha 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 of Omaha can rely on this information and will have no obligation to ensure the correctness of the information. 	<ul style="list-style-type: none"> ■ 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 of Omaha 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 of Omaha 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 of Omaha 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 of Omaha and the bank.
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PAYEE/BANK INFORMATION-U.S./U.S. TERRITORY 9 DIGIT BANK ABA ROUTING NO. REQUIRED

PAYEE INFORMATION		BANK INFORMATION	
Full Name:		Bank Name:	
Street Address:		Street Address:	
City, State and Zip:		City, State and Zip:	
Social Security No.: Ex. (999-99-9999)		Account No.:	
Tax Identification No.: (If Applicable)		Bank ABA Routing No.:	
Phone No.: Ex. (999) 999-9999		Phone No.: Ex. (999) 999-9999	
E-mail Address:		Please Select One:	<input type="checkbox"/> Checking <input type="checkbox"/> Saving
		Joint Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE INFORMATION - (PLEASE PRINT AND SIGN)

Payee's Name _____ Payee's Signature _____ (mm/dd/yyyy)

