

OUTGOING EFT AUTHORIZATION

Authorization for direct deposit of distributions from an IRA or Coverdell ESA.



AGFinancialSM

Investor Information

Owner Name

Date of Birth

Social Security Number

DISTRIBUTION INFORMATION

Select all that apply. All changes must be received seven (7) working days prior to your next scheduled distribution.

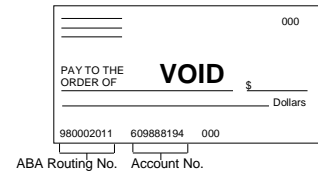
New EFT Authorization

Change of Bank Information on File

AUTHORIZATION AGREEMENT

This will authorize AGFinancial and/or AGCU to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account indicated. This authorization is to remain in force until AGFinancial and/or AGCU has received written notice of its termination in such time and in such manner as to afford AGFinancial and/or AGCU and your bank a reasonable opportunity to act on it. This authorization does not change the terms of your contract.

This will authorize the bank indicated on the enclosed voided check for checking accounts or savings deposit ticket for savings accounts, and as listed below, to credit and/or debit the same to the investment.



Attach here.

Name(s) As They Appear On Your Bank Account

Checking

Savings

Bank Account Number

Bank ABA Number (Located in bottom left corner of check.)

Bank Name (Please print)

X

Owner/Responsible Individual Signature

Printed Name

Date