

## 1 GENERAL INFORMATION

Investment/Account Number(s)	Account Name, if applicable (e.g., Smith Donor Advised Fund, etc.)
Print Owner Name	Social Security Number/ Tax ID Number
Print Co-Owner Name, if applicable	Social Security Number/ Tax ID Number

## 2 PROCESSING INFORMATION

Select one. All changes should be received by us seven (7) business days prior to your next scheduled processing date.

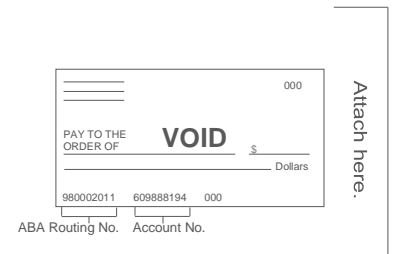
New EFT Authorization
  Change of Existing EFT Authorization

## 3 EFT AUTHORIZATION AND SIGNATURE(S)

Requests made after 12:00 pm will be processed the next business day. Allow up to two (2) business days for funds to post to your bank account.

This will authorize AGFinancial, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account indicated below for any payments, interest, withdrawals, redemptions, or otherwise, due to you or requested by you on the account and/or investment. This authorization is to remain in force until AGFinancial has received written notice of its termination in such time and in such manner as to afford AGFinancial 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 attached 1) voided check for checking accounts or 2) savings deposit ticket for savings accounts, and as listed below, to debit and/or credit the same to the account and/or investment.



Name(s) As They Appear On Your Bank Account	<input type="checkbox"/>	<input type="checkbox"/>	Checking Savings
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Bank Account Number	Bank ABA Number (Located in bottom left corner of check.)
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Bank Name (Please print)	Bank Telephone Number
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Bank Address	City	State	Zip
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Owner/Authorized Signature	Date
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Co-Owner/Authorized Signature	Date
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