

OUTGOING EFT AUTHORIZATION

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



Investor Information

Owner Name _____ Date of Birth _____ Social Security Number _____

DISTRIBUTION INFORMATION

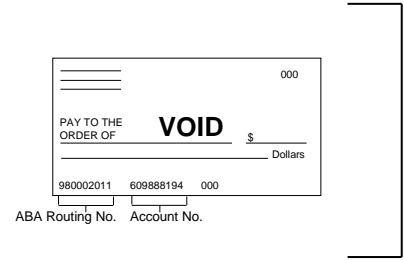
Select all that apply. All changes must be received seven (7) working days prior to your next scheduled distribution.

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.



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 _____