



AuguStar<sup>SM</sup> Life Insurance Company  
 P.O. Box 5308  
 Cincinnati, Ohio 45201-2669  
 Telephone: 888.925.6446

**Authorization Agreement for Annuity Direct Payments (ACH Debits)**

(Not available for Oregon ONcore, Top and Prime Series of Annuities)

Contract Number(s)	Annuitant	Owner(s)

**I Elect Regular Monthly Debits for Additional Purchase Payments**

I request and authorize AuguStar<sup>SM</sup> to initiate monthly debits from the bank account below for the purpose of making additional purchase payments to the above-referenced annuity contract(s). I understand and agree that the debits will be made through and in accordance with the rules of the Automated Clearing House (ACH) and with US law. Debits will occur on a monthly basis while the contract(s) remain(s) in force. Debits for additional purchase payments for any contract will terminate when the contract is surrendered, annuitized, or when AuguStar<sup>SM</sup> receives notice of the Annuitant's or sole owner's death. I may revoke this authorization at any time by calling or writing AuguStar<sup>SM</sup>. Debits will terminate on the next scheduled debit date that is at least ten days after AuguStar<sup>SM</sup> receives notice to terminate the debit. AuguStar<sup>SM</sup> may terminate future debits and this authorization immediately if any debit is not honored by the bank or financial institution that holds the account.

\_\_\_\_\_  
 Bank/Financial Institution

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 Routing Number

\_\_\_\_\_  
 Name(s) as it appears on the account

- Type of Account:  Checking  
 Money Market  
 Savings

Preferred Monthly Draft Day: \_\_\_\_\_  
 (Please note the draft cannot be set for the 29th, 30th, or 31st)

Monthly Draft Amount \$ \_\_\_\_\_

**(Please attach a voided check or deposit slip for account being debited. Starter checks and/or deposit slips must be imprinted with the account name to be accepted.)**

**(Please refer to your contract for draft minimums)**

Add ACH Debit to Existing Contract

Existing Contract Number(s) \_\_\_\_\_

Name of Annuitant on Existing Contract: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Owner\*

\_\_\_\_\_  
 Date

\*If trust, partnership or corporate owned, must include title after signature.