

COLONIAL LIFE DIRECT DEPOSIT REQUEST

THIS FORM CANCELS AND SUPERSEDES
ANY PREVIOUS DIRECT DEPOSIT REQUESTS.
BE SURE TO FILL IT OUT COMPLETELY AND ACCURATELY.

PLEASE PRINT

PRODUCER INFORMATION:	LIST ALL PRODUCER CODE #s.: _____
NAME: _____	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE
SSN/EIN NUMBER _____	PERSONAL E-MAIL _____

*You may deposit your total compensation to one account (checking or savings), or you may split your compensation between three different accounts (any form of checking and savings). **Designate a primary account and percentage. Designate a second and/or third account and percentage only if you plan to split deposits. This form will be returned if all information is not completed.**

PRIMARY ACCOUNT:	Percentage _____		
<u>Name of Financial Institution (Bank)</u>	<u>Routing/Transit Number*</u>	<u>Account Number*</u>	<u>Type of Account</u>
_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
SECONDARY ACCOUNT:	Percentage _____		
<u>Name of Financial Institution (Bank)</u>	<u>Routing/Transit Number*</u>	<u>Account Number*</u>	<u>Type of Account</u>
_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
THIRD ACCOUNT:	Percentage _____		
<u>Name of Financial Institution (Bank)</u>	<u>Routing/Transit Number*</u>	<u>Account Number*</u>	<u>Type of Account</u>
_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Attach voided check here.

When you have completed this form, attach a voided check and mail it to the address below. Deposit slips or counter checks are NOT accepted. A change in your banking information will suspend your Direct Deposit for approximately 2-3 weeks and you will receive a paper check in the interim.

Read and sign the following:

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Colonial Life & Accident Insurance Company to deposit my earnings (credits) as indicated above. It is understood that deposit(s) will not begin until after a pre-notification has been completed. Colonial Life & Accident Insurance Company may withdraw any money (debits) deposited to my account, in error, for such manner as to afford Colonial Life & Accident Insurance Company and my Financial Institution(s) a reasonable opportunity to act on it. I understand that depositing my earnings into the account(s) above does not affect how income will be reported on my annual 1099 form. I also understand that Colonial Life & Accident Insurance Company will not be held responsible for any NSF or return check charges incurred by me. This authorization will remain in effect as long as I remain eligible for participation unless I (we) notify Colonial Life & Accident Insurance Company, in writing, that the authorization is terminated. I (we) will provide the termination notice at such time and in such a way that Colonial Life & Accident Insurance Company will have reasonable time to act upon it. Colonial Life & Accident Insurance Company reserves the right to terminate this Direct Deposit Authorization at their discretion. Should the direct deposit authorization be terminated, a check will be issued for any commissions due.

Signature

____/____/_____
Date

NOTE: For all accounts, call your financial institution to verify your account and transit routing number(s).

Please Return To:
Colonial Life
P. O. Box 1365
Columbia, SC 29202-1365
Attn: Direct Deposit, SC431
Fax: 866-842-9243
Email: salescompcol@unum.com