

Additional Payment Directive

Please note:

- This form can only be used for systematic payments if you have a ClearFlex Fixed Annuity.
- Fixed Indexed contracts: Please note additional payments will be applied to the Fixed account until the next contract Anniversary, at which time you will have the option to reallocate. Draft amount must equal or exceed \$1,000 for one-time deposit or \$250 for monthly, systematic deposits for up to 10 years.

For questions or help with this form, call us at **800-990-7626**.

Throughout this form, "the Company" refers to the issuing company.¹

1 Contract Information (please print clearly)

| | | |
|------------------------------------------|--------------------------|----------|
| Contract Number | | |
| Owner Name (Last, First, Middle Initial) | Last Four Digits SSN/TIN | |
| Joint Owner (if applicable) | Last Four Digits SSN/TIN | |
| Address | | |
| City | State | Zip Code |
| Email Address | Phone Number | |

2 Bank Draft Options

Please indicate your option:

☐

Update my bank information

☐

Stop Bank Drafts

☐

Activate Automatic Payments

☐

One time draft for \$1,000 or more

Please check frequency:

☐

Monthly

☐

One-time deposit

Amount: \$ _____ (minimum \$1,000 for a one-time deposit or \$250 for month)

*Beginning on: _____ (must be on or prior to the next due date and must be between the 1st and 28th of the month)
(mm/dd/yyyy)

*Please allow three days for the payment to be credited to your annuity. If no date is indicated, or date is prior to the date of receipt, the first EFT will occur on the date the request is received in good order.

¹ Clear Spring Life and Annuity Company is authorized to transact business in all states (except New York) and is a member of Group1001. Clear Spring Life and Annuity Company is responsible for its own financial condition and contractual obligations.

2 Bank Draft Options (continued)

Please note: If request is received in good order after the selected beginning date, the first draft will take place the following month on that date.

Systematic Payment dates: Systematic Payment dates need to be between the 1st and the 28th of any given month. Please be advised that if a payment is due on a holiday or weekend, the draft will take place the next business day.

Banking Information:

Name(s) on Account

Account Number

Nine-Digit Routing Number

Please select only one option:

- ☐ **New checking account**
- A voided check is required to be submitted with this form.
 - The address on the voided check must match address of record for the contract.
 - Starter checks, deposit slips and handwritten information will **not** be accepted.
- ☐ **New savings account**
- A letter from your bank is required to be submitted with this form.
 - The letter must indicate the name on the account as well as the account number and routing number.
 - This letter must be signed by a bank representative and list their full title.

ATTACH VOIDED CHECK HERE.

3 Authorization – This Section Must Be Completed

All Participants/Owners and/or authorized signers MUST sign in this section before we can comply with any bank draft request.

Your signature below indicates your agreement that the rights of the bank named above with respect to checks drawn and debit entries initiated to your account are the same as if they were checks drawn on the bank and signed by you. You also agree that the bank shall be fully protected and without any liability whatsoever in honoring or refusing to honor any such check and in accepting or refusing to accept any such debit entry, whether with or without cause and whether intentionally or inadvertently. This Program may be revoked by Clear Spring Life and Annuity Company without prior notice if any check is not paid upon presentation or any debit entry is not accepted. You may alter or stop this Program by notifying Clear Spring Life and Annuity Company at least 15 days prior to the next draft. Additional payments are subject to certain limitations. Please refer to the contract for details.

NOTE: If you are signing as a fiduciary (guardian/conservator/trustee/attorney-in-fact, etc.) for the Participant/Owner, you must sign this form in your fiduciary capacity and not in your individual capacity.

The Participant/Owner(s) must sign this form below:

| | |
|-----------------------------------------------|-------------------|
| Owner Signature X | Date (mm/dd/yyyy) |
| Please Print Owner Name | |
| Joint Owner Signature (if applicable) X | Date (mm/dd/yyyy) |
| Please Print Joint Owner Name (if applicable) | |

Contact Us

By mail

Clear Spring Life and Annuity Company
P.O. Box 80509
Indianapolis, IN 46280-0428

By express mail

Clear Spring Life and Annuity Company
10555 Group 1001 Way
Zionsville, IN 46077

By fax

317-574-2050

By email

customerservice@clearspringlife.com

By phone

Customer Service **800-990-7626** M-F 8:00 a.m.-5:00 p.m., ET