

Payee Authorization for Automatic Deposits and Withdrawals



Securian Life Insurance Company • Minnesota Life Insurance Company
Enterprise Compensation • 20-5555 • 400 Robert Street North, St. Paul, MN 55101-2098
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Payee Name

Payee name (broker-dealer, agency, broker, or assignee)

Payee address (city, state, zip code)

Email address

Tax Identification number (TIN or SSN)

Telephone number

Business line(s) that are currently paying you compensation and codes affiliated with that business unit (if code has already been assigned).

(check all that apply)

- | | |
|--|---------------|
| <input type="checkbox"/> Life | Code(s) _____ |
| <input type="checkbox"/> Annuity | Code(s) _____ |
| <input type="checkbox"/> Retirement Plans | Code(s) _____ |
| <input type="checkbox"/> Group | Code(s) _____ |
| <input type="checkbox"/> Financial Institution Group | Code(s) _____ |

Is the Payee name different than the name on the bank account? (A completed W-9 is required if the payee is an entity)

- No
- Yes
- Sole proprietorship (no additional form needed)
 - Corporation (Assignment of Commission form (F84020) needed; please contact Enterprise Compensation)

Bank Account Information

- New Change

Name as it appears on your bank records

Account number

Name of financial institution

Telephone number

Bank routing number

Financial institution street address, city, state, zip code

Authorization and Certification

I authorize Securian Life Insurance Company or Minnesota Life Insurance Company (collectively "the Company"), to initiate deposits (credit entries) and, if necessary, to initiate debit entries and adjustments for any (i) deposits (credit entries) made in error to my account(s) indicated above or (ii) amounts I owe to the Company pursuant to my selling or contract agreement with the Company. I authorize the financial institution named above to credit and/or debit such entries and/or make adjustments to my account. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company and financial institution a reasonable opportunity to act on it, or until such time as the Company terminates this method of payment. I certify that there are no other beneficial interests in my checking account.

Name of payee (please print)

Email address

Signature of payee (if assigned, must be officer of assignee)

Title of officer

Date (month/day/year)

X

Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.