

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) OF
ADVANCES AND/OR EARNED COMMISSION**

_____ Bankers United Life Assurance Company

_____ Life Investors Insurance Company Of America

_____ Peoples Benefit Life Insurance Company

_____ Transamerica Life Insurance Company

By signing below, I authorize the company indicated above (the "Company") to electronically transfer to the financial institution and account indicated below any advanced or earned commission, any bonus payment, and any other monetary compensation due to me from the Company. This grant of authority shall remain in full force and effect until the Company has received, and has reasonable opportunity to act on, written notice which I have signed and dated that terminates this grant of authority.

Type of Account _____ Checking _____ Savings

Financial Institution

Bank Account Number

Address

Bank Transit Number

City, State, Zip

Print Name & Agent Number

Signature

Date

Social Security Number

****ATTACH A COPY OF VOID CHECK**

Return to Contract Administration - 1240
PO Box 1447, Cedar Rapids, IA 52499
Or fax to 319-298-4062

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