

## WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

Attention: Retirement Services 3275 Bennett Creek Avenue Frederick, MD 21704 (855) 914-9123

## **Electronic Funds Transfer Authorization**

Annuitant Name:		Certificate Number(s):
Address:		Check For All Certificates:
Address:		Last 4 Digits of Social Security #:
Phone Number:		
		unts Only (For checking accounts, it is requested that you inted on it for validation. Starter checks are not permitted.)
Please Print Clearly		
For checking accounts, it is requested that you attach a voided check with the account holder's name pre-printed on it for validation. Starter checks are not permitted.	Bank Account Owner's Name	
	Bank Account Owner's Address	3
	Financial Institution's Name	
	ABA Routing Number (Typically	y 9 digits)
	Account Number	
	Account Type:	ing Savings
Authorization		
I understand that all distri		e certificate number(s) will be processed according to these
specified above as they be commercially accepted me funds to which I am not en my account. This authority notice from me of its cancer	ecome due and payable, by initiatienthod, and I authorize the financial ntitled are deposited to my account remain in effect until Legal 8	to deposit benefit payments automatically to the accounting credit entries to my account electronically or by any other institution named above to credit the same to my account. If nt, I authorize the financial institution to debit the same from a General America and its subsidiaries have received written as to afford Legal & General America and its subsidiaries and
	se charges, if any. I also understa	with my account and that I should contact my financial and that Legal & General America and its subsidiaries are not
X		
Annuitant's Signature		Date