



## Agent Direct Deposit Change

Dear Agent:

Each carrier requires their own direct deposit form to update checking account information for your commission payments. We have gathered the information you need to update your checking account with the carriers and included it in this packet for your convenience.

**It is YOUR responsibility to communicate and verify with each carrier the current checking account information.** Please use the attached contact information to update your direct deposit account information. It is also required to send MRW Financial a copy of your new account information so we can update it in our automated licensing system for future appointments. **Updating your checking account information in our electronic contracting system will NOT automatically update with the carriers.**

Please be aware that this list includes our core carriers. If you believe you have an appointment that should be updated and do not see the information for that carrier, please contact our office.

Sincerely,

The MRW Financial Team

Carrier	Email	Fax	Phone Verification
American General	Does not accept emailed forms	866-826-5961	866-722-2434
American National	Does not accept emailed forms	866-568-0449	888-801-8845
Brighthouse	<a href="mailto:lifecompensation@brighthousefinancial.com">lifecompensation@brighthousefinancial.com</a>	860-656-3346	877-638-0411 opt 5 & 3
Lincoln National	<a href="mailto:PSCompensation@lfg.com">PSCompensation@lfg.com</a>	260-455-1587	800-238-6252 opt 1
Minnesota Life	<a href="mailto:LPMComp@securian.com">LPMComp@securian.com</a>	651-665-5028	877-494-1715
Mutual of Omaha	<a href="mailto:contractsandappointments@mutualofomaha.com">contractsandappointments@mutualofomaha.com</a>	402-997-1830	800-867-6873
North American	<a href="mailto:nacontracting@sfgmembers.com">nacontracting@sfgmembers.com</a>	866-322-7072	866-322-7068
Principal National	<a href="mailto:directdepositchanges@principal.com">directdepositchanges@principal.com</a>	866-321-1474	800-388-4793
Protective	<a href="mailto:Plbcontracting@protective.com">Plbcontracting@protective.com</a>	205-268-3169	800-366-9378 opt 3 & 1
Prudential	<a href="mailto:Pru.compensation.experts@prudential.com">Pru.compensation.experts@prudential.com</a>	844-206-6505	866-622-8778 opt 4
Transamerica	<a href="mailto:ascl@transamerica.com">ascl@transamerica.com</a>	888-837-2820	800-256-7971
MRW Financial	<a href="mailto:caron@mrwfinancial.com">caron@mrwfinancial.com</a>	813-875-7331	813-875-6331

**A voided check is required for each carrier.** Please note that starter checks are not accepted with all companies.

Detailed instructions are provided by each carrier on their form. MRW Financial nor these carriers are responsible for incorrect information provided on direct deposit forms. **Verify account information THOROUGHLY prior to submission.**

**It is highly encouraged that you follow up with each carrier to confirm your information has been accurately updated.**

Contact MRW Financial with any questions.



# Direct Deposit Authorization

American General Life Insurance Company

Please be advised this form cannot be processed unless all sections are completed per the instructions below.

<b>Agent Codes</b> #1 _____ #2 _____ #3 _____	<b>Tax Identification Number (TIN)</b>	<b>Corporation Name</b>	<b>Transaction Type</b> <input type="checkbox"/> Enroll <input type="checkbox"/> Revise <input type="checkbox"/> Cancel
	<b>Social Security Number</b>	<b>Agent Name</b>	

<b>Financial Institution</b>			<b>Phone</b>	
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Bank Identification Number</b> <small>*Cannot begin with the number 5</small>		<b>Account Number</b>		<b>Type of Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <small>Please attach a copy of a VOIDED CHECK</small>

<b>AUTHORIZATION STATEMENT</b> I authorize American General Life Company and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Life Company to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company.	
<b>Signature</b>	<b>Date Signed</b>
<b>GA Signature (if Applicable)</b>	<b>Date Signed</b>

<b>INSTRUCTIONS:</b>  Section 1 Please fill in your Name/Corporation Social Security Number/Tax ID Number, Agent Code(s) and check the Enroll box. <b>NOTE:</b> If you already have Direct Deposit and wish to change your bank or account, check the Revise box.  Section 2 Please complete Financial Institution information.  <b>Please attach a Voided Check for Checking Accounts.</b> <b>Please attach a Deposit Slip for Savings Accounts.</b>  Section 3 Read authorization statement, sign, date and submit to: <b>FAX: 1-866-826-5961 or MAIL: P.O. Box 9978, Amarillo, TX 79105-5978</b>  <p style="text-align: center;"><b>Not for use by Policy Holder</b></p>
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# AMERICAN NATIONAL INSURANCE COMPANY

## Direct Deposit - Mandatory

There are a number of benefits to having your commissions paid by Direct Deposit.

- \* *SECURITY* – Transfer is done electronically – no extra trip to the bank to stand in line.
- \* *CONVENIENT* – Your commissions will be deposited even though you may be out of the office or out of town.
- \* *GUARANTEED* – In your account by Friday of the pay week.
- \* *HOW MUCH PAID FOR THE WEEK* – Call 1-888-801-8845 for your commission amount (can begin calling after 12:00 P.M. on Tuesday of the pay week).

If you change banks while on Direct Deposit, we encourage you to continue to maintain your existing account until we can change bank accounts in our systems. This should eliminate delays in receiving direct deposits.

Direct Deposit is one of the steps in American National Insurance Company’s automation process that will make it easier for you to access information regarding your payment of commissions.

### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I authorize American National Insurance Company and the bank listed to deposit my commissions to the account name below. This authority will remain in effect until I provide a new authorization or cancellation. The company reserves the right to initiate debit entries for recovery of sums due to credit entries processed in error, if determined within the week of the credit entry.

### A Voided Check must be submitted with your request for Direct Deposit.

AGENT NAME \_\_\_\_\_

SSN# \_\_\_\_\_

AGENCY # \_\_\_\_\_

DEPOSITORY (BANK) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CHECKING ACCOUNT # \_\_\_\_\_

SAVINGS ACCOUNT # \_\_\_\_\_

9 DIGIT ROUTING # \_\_\_\_\_

9 DIGIT ROUTING # \_\_\_\_\_

CREDIT UNION \_\_\_\_\_

MONEY MARKET ACCT. \_\_\_\_\_

% TO CHECKING ACCT. \_\_\_\_\_

% TO SAVING ACCT. \_\_\_\_\_

\_\_\_\_\_  
(Name as it appears on checking account)

\_\_\_\_\_  
(Name as it appears on savings account)

**If contract file is submitted electronically through nomoreforms, a voided check should be scanned and submitted as an attachment to the file or you may fax a copy to 1-866-568-0449. If submitting voided check by fax, please include a cover sheet indicating original file was submitted through nomoreforms and list applicant’s name.**

### EFT PROCEDURES

Once you have signed up, your check will be automatically deposited into your checking and/or savings account approximately 3-4 weeks from the day the Home Office received the request. You will receive a "DEPOSIT ADVICE" form which will replace your check stub. This form will show your gross and net pay for the month and year-to-date. It will also show other deductions.

For Agent Use Only

**Direct Deposit Application**

**SECTION I - Agent Information**

Agent/Firm Name \_\_\_\_\_ Agent/Firm SSN/TIN \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

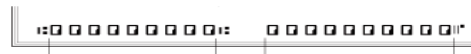
**SECTION II - Bank Account Information**

Action:  Enroll  Change

Account Holder - First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Type:  Checking  Savings Bank Routing Number (ABA) **9-Digit Bank ID Number** Bank Account Number (DDA)



**BANK ROUTING NUMBER      BANK ACCOUNT NUMBER**

**SECTION III - Authorization**

By the signature(s) set forth herein, I/we hereby authorize Brighthouse Services, LLC (BHSV) to deposit my/our compensation payments directly to the Individual/Corporate Account at the Depository set forth herein. I/we hereby authorize the Depository to accept such deposits and post them to my/our Individual/Corporate Account. This authorization will remain in full force and effect until BHSV has received written notification of its termination in such time and manner as to afford BHSV and my/our Depository a reasonable opportunity to act on it. THIS AUTHORIZATION MAY BE REVOKED ONLY BY NOTIFYING BHSV IN THE MANNER SPECIFIED IN THIS AUTHORIZATION FORM. Furthermore, BHSV has the authority to discontinue the direct deposit service with a 30-day advance notice of such termination.

BHSV shall be entitled to rely upon all Depository information provided on this form (e.g., Depository Name, Depository Account Number, etc.) for as long as this arrangement remains in effect, and BHSV shall incur no liability or loss whatsoever as a result of relying on any such information. BHSV shall not be required to verify the accuracy of any Depository information (including but not limited to the name on the Depository account) and may rely solely on the Depository account number even if the number identifies a person other than me/us. I/we understand that BHSV liability under the commission schedule/producer agreement is fully satisfied by virtue of the direct deposit made, and BHSV is not responsible if someone withdraws such funds. If for any reason the Depository information changes, it is agreed that it is the sole responsibility of the Account holder(s) to give written notice to inform BHSV as soon as possible of any change, but not less than ten (10) business days prior to the effective date of such change. When changing Depository accounts, it is understood that the current account will be left open until the initial deposit is made into the new account.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name- First \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Return Form To (please select the area from the options below):**

**TPD Life Compensation**  
 Phone: 877-638-0411 options 5 & 3  
 Fax: 860-656-3346  
 E-mail: [lifecompensation@brighthousefinancial.com](mailto:lifecompensation@brighthousefinancial.com)

**TPD Annuity Compensation**  
 Phone: 888-886-1095  
 Fax: 860-656-3346  
 E-mail: [annuitycompensation@brighthousefinancial.com](mailto:annuitycompensation@brighthousefinancial.com)

## Electronic Funds Transfer Authorization Form

This form is used for new direct deposit setup and revision to existing direct deposit of producer or corporate commission earnings. Please complete all applicable sections and fax or mail the completed form to the address/fax number indicated below.

To avoid processing delays, please verify the following:

1. Voided check or a letter from the bank verifying account information.
2. Fields are filled in completely and form is signed.
3. The account you have chosen for deposit is associated with your SSN/Tax ID.

Completed Forms may be sent to:  
Distribution Compensation  
P.O. Box 2348, Fort Wayne, IN 46802  
Fax: 260-455-1587

### IMPORTANT NOTICE(S):

- **If you would like your personal commission earnings paid to a corporation, the corporation must be licensed and appointed** with The Lincoln National Life Insurance Company and/or Lincoln Life & Annuity Company of New York and affiliates ("Lincoln"). These requests can be accommodated by completing the Financial Owner Assignment Form. For questions regarding the Financial Ownership process or requirements, please contact us at 800-238-6252, option 1.
- **Registered Representatives with LFA or LFS:** You must have a personal bank account under your SSN to direct deposit your commissions. Registered commission earnings cannot be paid to a Corporate Account per U.S. Securities and Exchange Commission guidelines.
- **Statement Access:** Once set up for direct deposit, Life & Annuity as well as all business placed through Lincoln Financial Advisors or Lincoln Financial Securities commission statements will be available online. Statements for Group business are available online and will continue to be provided as previously requested.
- Compensation can only be paid to an entity properly licensed and appointed with the company. EFT Transfers must be deposited into a bank account registered under the Tax ID/SSN noted above or properly financially owned.

### Demographic Information

Full Legal Name of Producer OR Full Corporate Name: \_\_\_\_\_

Social Security Number (Last 4 Digits): \_\_\_\_\_ OR Complete Corporate TIN: \_\_\_\_\_

Producer Codes/Agent Number (List one or more): \_\_\_\_\_

**PLEASE NOTE: Commissions on group business will only be set to direct deposit for producer codes identified.**

Email Address: \_\_\_\_\_ Upline Email Address: \_\_\_\_\_

### Account Information

I hereby authorize and request Lincoln (hereinafter called "the Company") to make payment of any amount(s) owed to me by initiating credit or adjustment entries to my bank(s) as indicated below. I authorize and request my bank(s) to accept credit or adjustment entries initiated by the Company and its affiliates and to enter same into the following account(s):

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA (Routing) Number: \_\_\_\_\_  Checking  Savings

### Authorization & Signature

**Upon election of EFT, you must register and use your Lincoln website to access your commission statement online.**

The only negative adjustment the Company will make to your bank account would be to reverse a credit made in error. This type of transaction is rare, would only occur within 5 days of the initial credit and the Company would notify you of this transaction. It is understood that this agreement may be terminated by me or the Company at any time by written notification. Any such notification shall be effective only after receipt and processing by the Company. Compensation for registered insurance products can only be paid to broker dealers with effective selling agreements. Corporations applying for EFT must include signature and title of either the Corporation President, Vice President, or Principal. Corporations must be licensed and appointed with Lincoln.

\_\_\_\_\_  
Signature (Written Signature Required)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Broker Authorization for Automatic Deposit(s) and Withdrawal(s)

Minnesota Life Insurance Company - Securian Life Insurance Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

## BROKER AND CHECKING ACCOUNT NAME

Broker name

Name on checking account (if assigned, assignee name must be on check)

SSN or TIN

If broker name and name on checking account are different, the checking account name is for:

Sole Proprietorship (no additional form needed)

Corporation (assignment of commission form is needed)

## CHECKING ACCOUNT INFORMATION

New  Change

Financial institution name (depository)

Account number

ABA routing number

Street address

Telephone number (financial inst.)

City

State

Zip code

**\*A VOIDED CHECK IS REQUIRED FOR EACH ACCOUNT\***

## AUTHORIZATION AND CERTIFICATION:

I authorize Minnesota Life Insurance Company, Inc. or Securian 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 Fixed Product Broker Agreement (Individual) with the Company. I authorize the financial institution (DEPOSITORY) 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 DEPOSITORY 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 personal checking account other than my spouse.

I certify, that if I operate as a sole-proprietorship, either my personal checking account is in my individual name and Social Security number, or I have obtained a Federal Employment Identification Number (FEIN/TEIN) for my sole-proprietorship that is different than my Social Security number. The checking account for my sole-proprietorship is in my "Doing Business As" (DBA) name and my sole-proprietorship's FEIN/TEIN if applicable.

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

Title of officer of assignee/principal

Date (month/day/year)

X

**Note: If DBA changes, you will need to complete and send a new EFT form along with a new voided check to Minnesota Life or Securian Life.**



IAN000087



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# Direct Deposit Authorization (Broker)



I, the undersigned, do hereby authorize Mutual of Omaha Insurance Company and its insurance affiliates\* (Mutual of Omaha) to deposit my check as indicated below. This authority is to remain in full force and effect until Mutual of Omaha have received notification from me of its termination in such time and in such manner as to afford Mutual of Omaha a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice.

I acknowledge that Mutual of Omaha may reverse or reclaim any credits to my account made in error, as permitted under applicable law and regulation.

I also understand this is not an assignment of commissions, 1099's will continue to be issued to the commission owner.

\*United of Omaha Life Insurance Company • United World Life Insurance Company  
Omaha Insurance Company • Companion Life Insurance Company

## This Electronic Funds Deposit is for:

Individual/Business Name (please print) \_\_\_\_\_  
Name Associated with SSN or Tax ID

Signature **X** \_\_\_\_\_  
Authorized signature as shown on the account

Social Security Number or Tax ID \_\_\_\_\_

Production Number \_\_\_\_\_

Telephone Number (        ) \_\_\_\_\_

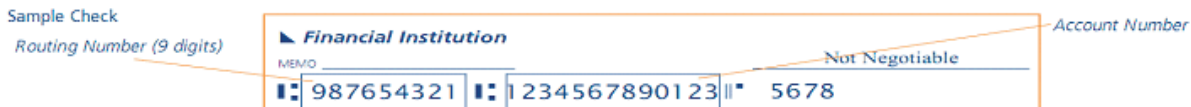
Deposit Type:  New Deposit Account        or         Change to Existing Deposit Account

Name of Financial Institution \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Account Type:  Checking Account        or         Savings Account



**A VOIDED IMPRINTED CHECK, SAVINGS DEPOSIT SLIP OR LETTER FROM THE BANK MUST BE ATTACHED TO VERIFY ACCOUNT AND ROUTING NUMBERS.**

### For Direct Deposit Setup Inquiries:

Phone: (800) 867-6873

FAX: (402) 997-1830

Email: [contractsandappointments@mutualofomaha.com](mailto:contractsandappointments@mutualofomaha.com)

### For Compensation Inquiries:

Phone: (800) 475-4465



## Commission Direct Deposit Authorization Form

It is the policy of North American to deposit your commissions directly to an account of your choosing at a designated financial institution.

1. Mark the appropriate box specifying that your pay will be deposited to either your checking account or savings account.
2. Complete the requested information about you, your financial institution and your account.
3. Submit a voided check for verification of all financial institution information.

**DIRECT DEPOSIT AUTHORIZATION - Please fill out and return to the Agency Services Dept.**

Annuity     Life (Please check all that apply)

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my:

- Checking Account
- Savings Account - **Note:** If choosing the Savings Account option, please supply the information on bank letterhead.

Should an incorrect deposit be made, the financial institution is authorized to process debit entries to my account and return to North American the amount of any such overage.

*In the event you incur a commissions debt to North American we will not debit your account without prior permission from you.*

This agreement will remain in effect until I have cancelled/changed it in writing.

\_\_\_\_\_  
Financial Institution's Name

\_\_\_\_\_  
Agent/Agency Name and Number

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Routing Number

\_\_\_\_\_

Agent/Principal Signature

\_\_\_\_\_

Date

**Mail, fax, or email completed form along with a voided check to the appropriate address below.**

**VOIDED CHECK REQUIRED**





## COMMISSION DIRECT DEPOSIT

**For Business or Individuals receiving commission, please complete this form.**

*With Protective Life's Commission Direct Deposit, your commission earnings will be deposited directly into the account specified below.*

This authority will remain in effect until Protective Life Insurance Company has received written notification from me that I wish to discontinue participation in the Commission Direct Deposit program.

Please complete this form and return it to the following address:  
*(Soliciting Agents should not complete this form.)*

Protective Life Insurance Company  
Commission Service Department  
E-mail: [plbcontracting@protective.com](mailto:plbcontracting@protective.com)  
Fax: (205) 268-3169

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### Commission Direct Deposit Authorization

I authorize Protective Life Insurance Company to initiate entries and to initiate, if necessary a debit entry for any credit entry made in error to the account listed below.

**If this applies to all of your agent numbers, please check the following box**

**Agent Numbers**

**If not, please list all agent numbers to update**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Last four digits of SSN #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



The Prudential Insurance Company of America  
 PO BOX 1143  
 Minneapolis, MN 55440-1143  
 (877) 782-7654  
 www.prudential.com

## Electronic Funds Transfer (EFT) Form

**1. General Information:**

Individual or Firm Name: \_\_\_\_\_

Social Security or Tax Identification Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

**2. Bank Information:**

Bank Name: \_\_\_\_\_

Bank Street Address, City State and Zip Code: \_\_\_\_\_

**3. Type of Account – Required (Check One):**

Personal Checking  
Account

Personal Savings  
Account

Business Checking  
Account

Business Savings  
Account

**4. Attach Voided Check or Copy of Deposit Slip**

Please attach a copy of a voided check or a copy of a deposit slip indicating the name of the account holder (This must be preprinted on the copy. Handwritten or blank forms will not be accepted).

Account Number: \_\_\_\_\_

Bank Transit  
Routing Number:  
(9 -digits) \_\_\_\_\_

**5. Authorization**

I authorize Prudential to deposit compensation payments directly to the Account named below when appropriate. This authorization shall remain in full force and effect until Prudential has received, and has reasonable opportunity to act upon, the written notification from me of its termination. (Please allow 2-3 business days for processing). I also authorize the Company to adjust this account for any funds erroneously credited by the Company.

**Signature :** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Email:** \_\_\_\_\_

**6. Please return completed form using one of the following:**

Fax:  
(844) 206-6505

E-Mail:  
Pruxpress.compensation.experts@Prudential.com

U.S. Mail:  
The Prudential Insurance Company of America  
Prudential Brokerage Compensation  
Post Office Box 1143  
Minneapolis MN 55440 – 1143



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

Fax: # 888-837-2820 Email: ascl@transamerica.com

I hereby authorize deposits and/or immediate/same day corrections to deposits, if processed in error, to the financial institution indicated below. This authorization is to remain in full force and effect until the affiliated companies of Transamerica Life and Protection receive written notification of its termination and have reasonable opportunity to act on it.

**Note:**

**All requested information below must be completed or the request will not be processed.**

**The Company will not be responsible for deposits if incorrect information is provided. NOTIFY THE COMPANY IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNTS.**

**All agent codes under the Federal Tax ID Number or Social Security Number listed below will be updated unless otherwise requested.**

- Change account information for all Transamerica Life and Protection Companies.
- Only change account information on the agent number(s) listed below.

**Please include a copy of a void check or bank letter indicating the account and routing numbers.**

\_\_\_\_\_  
Name

Type of Account:  Checking  
 Savings

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Tax ID/Social Security Number

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Routing/ACH Number

\_\_\_\_\_  
Account Number