

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

\_\_\_\_\_ Life Investors Insurance Company of America

\_\_\_\_\_ Peoples Benefit Life Insurance Company

\_\_\_\_\_ Transamerica Life Insurance Company

\_\_\_\_\_ Western Reserve Life Assurance Co. of Ohio

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  
Fax to 319-355-2498