

## Direct Deposit Request Form

### General Information

Contract Number(s):

\*Annuitant Name:

\*Annuitant SSN:

\*Phone Number:

Email Address:

### Joint Annuitant Information (If applicable)

\*Joint Annuitant Name:

\*Joint Annuitant SSN:

\*Phone Number:

Email Address:

### Financial Institution Information

\*Financial Institution:

\*City:

\*State:

\*Account Type:

Checking Account

Savings Account

\*Request Type:

New Direct Deposit Request

Update Direct Deposit Information

\*Transit Routing Number

\*Account Number

**Name**  
Street Address  
City, State ZIP

0000

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

Pay to the  
order of

\$

Dollars

**Financial Institution**  
Street Address City,  
State ZIP

For \_\_\_\_\_

|: 00 000 0000 |: 22 222 2222 | 0000

Transit Routing Number

Account Number

— Tape a copy of a voided check  
(Temporary checks will not be accepted)

OR

— Tape a copy of a deposit slip (if funds  
are being transferred to a savings  
account)

### Authorization

Agreement:

- 1) Annuitant or his/her legally appointed payee is, or will be, entitled to receive payments of money (the payments) from payor pursuant to one or more annuities of payor.
- 2) In order to facilitate the deposit of the payments, payee hereby authorizes and directs payor to make the payments by issuing instruments payable to the bank or make payments by any other means, including but not limited to electronic fund transfers, for the benefit of payee.
- 3) Payee hereby authorizes and directs (a) payor to send the payments to the bank, and (b) the bank to receive payments from payor, to deposit such payments into the account number of the payee at the bank and, in connection therewith, to endorse the instruments by which the payments are made.

\*Signature of Payee or Legal Representative

\*Signature of Joint Payee (If Applicable)

\*Date of Payee or Legal Representative Signature

\*Date of Joint Payee Signature

**If individual signing is not the annuitant, legal documentation must accompany this request if not previously provided.**

**NOTE: Due to schedule of payments these changes may not be reflected for up to 30 days.**

## Direct Deposit Request Form Instructions

### Instructions

This form should be completed in full, printed, signed by the payee or legal representative, and then submitted to Corebridge Financial via email, facsimile or mail.

Email: ssrequest@corebridgefinancial.com

Facsimile: (806) 349-5802

Mail: Corebridge Financial  
Attn: Structured Settlements Department  
P.O. Box 15367  
Amarillo, TX 79105-5367

**NOTE: Only signed forms will be considered and processed.**

**The form must be filled out in Black Ink only.**

Please contact us if you have any questions.

### Disclaimer

For the contract(s) listed on this form, if any payee, including joint payees, is a minor or is legally unable to manage their affairs, a legal representative must sign.

All payees, including joint payees, must sign this form. If a legal representative, such as Trustee, Guardian or Conservator, has been appointed for the annuitant, only the representative may sign.

If the Account and Routing Numbers from the included check or deposit slip do not match the written Account and Routing Numbers, the written Account information will solely be used when establishing a Direct Deposit.