



BANK AUTHORIZATION FOR ANNUITY PREMIUM WITHDRAWAL

ASLIC ANNUITY ACCOUNT INFORMATION	
Name of Owner	ASLIC Account Number
Owner's Social Security Number	Name of Annuitant (if different from Owner)

OWNER'S BANK ACCOUNT INFORMATION	
Name(s)	Social Security Number or TIN
Bank Name	Bank Routing Number (9 digits)
Bank Account Number	Account Type: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings

AUTHORIZATION FOR WITHDRAWAL & AMOUNT
I authorized American Savings Life Insurance Company (ASLIC) to make a one-time withdrawal from this account. I agree not to hold American savings Life Insurance Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.
Bank Account Withdrawal Amount: \$ _____

SIGNATURE AUTHORIZATION		
Signature of Owner	Print Name	Date
Signature of Joint Owner (if applicable)	Print Name	Date

ATTACH A VOIDED CHECK OR BANK DOCUMENTATION	
<p>NAME ADDRESS CITY, STATE, ZIP</p>	<p>9999 01-23456789</p>
<p>PAY TO THE ORDER OF _____</p>	<p>DATE _____</p> <p>\$ _____</p> <p>DOLLARS</p>
<p>BANK NAME ADDRESS CITY, STATE, ZIP</p>	<p>MEMO _____</p>
<p>[:159736428]: 01020304050607 9999 Bank Routing Number Bank Account Number Check Number</p>	