



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
cinfin.com ■ 513-870-2000

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

In the completion of the Electronic Funds Transfer Authorization, I, the undersigned, hereby authorize The Cincinnati Life Insurance Company (hereinafter "CLIC") to make deposits by automatic entry on the account for the purpose of payment of benefits and any other distributions.

Name of Insured/Owner/Payee: _____ Policy #: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Social Security Number: _____

CLIC is authorized to use automatic entry to deposit funds on the account indicated below.

Name of Bank: _____

Street Address or P.O. Box: _____

City: _____ State: _____ ZIP Code: _____

Type of Account: Checking Savings Routing Number: _____

Account Number: _____

**TO AUTHORIZE DEPOSIT OF FUNDS TO YOUR ACCOUNT, YOU MUST INCLUDE EITHER
A VOIDED SAMPLE CHECK OR DEPOSIT SLIP FROM YOUR ACCOUNT.**

Signature of Insured/Owner/Payee

Date

Upon completion of this form, return it to CLIC Life Policy Services – EFT, P.O. Box 145496, Cincinnati, Ohio 45250-5496