

Direct Deposit Electronic Funds Transfer Authorization Agreement

Important!

For us to process your request, you must complete this entire form and attach appropriate account information.

(Please type or print)

Name _____ Contract Number _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number ____/____/____

New enrollment Change existing information Suspend Direct Deposit Program*

* Once a suspension is processed, payments will be sent via check to your current address of record.

Financial Institution (Bank, Savings & Loan, Credit Union)

Name _____

Address _____

City _____ State _____ Zip Code _____

Account No. _____ Checking Savings

Transit Routing Numbers _____

If using a checking account, attach a check with "Void" written across it must be attached here.

(Your check will provide bank & routing numbers).

If using a savings account, attach a letter from the bank verifying account information and your transit routing number.

Annuitant Authorization Having completed the above information, I authorize Hartford Life Insurance Company (Hartford Life) to deposit my benefit payments into the account I have indicated above, with the Depository I have named above. I also authorize Hartford Life to make withdrawals and adjustments, if necessary, for any deposits made in error to my account. This authority will remain in full force and effect until Hartford Life receives written notification from me that I wish to terminate this authority. Such notice must be received within a timeframe and manner that allows Hartford Life and the above named Depository a reasonable opportunity to act.

Signature _____

Date _____

The Hartford
Attn: Annuitization Unit
P.O. Box 1583
Hartford, CT 06144-1583

