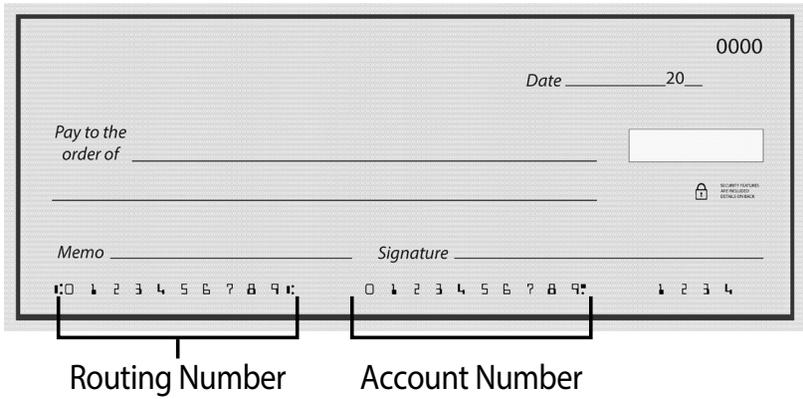


# Annuity Contribution Bank Draft Authorization

Roth IRA, Traditional IRA, and After Tax Annuities Only

Customer Name:	
Customer Number or Social Security Number (SSN):	
Policy Type and Premium:	
Due Date: (Date you want the first draft to start)	
Phone Number: (with area code)	Frequency Selection: Monthly    Quarterly    Semi -Annual    Anual
Routing Number:	Account Number:
Financial Institution:	



As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of the American Fidelity Assurance Company, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice I agree that you shall be fully protected in honoring any such check.

Account Owner's Signature: \_\_\_\_\_

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