



P.O. Box 5308  
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ohionational.com

## Electronic Funds Transfer (EFT) Agreement for Direct Deposits

Please Print

Contract Number	Annuitant	Owner
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If EFT is not elected, a check will be mailed to the owner's address of record. Please note EFT may not be an option for a custodial-owned contract.

I elect to have my systematic withdrawal directly deposited to my checking or savings account via EFT. You are hereby authorized and directed to pay to:\*

Type of account:  Checking (please attach a voided check)  Savings (please attach a voided pre-encoded deposit slip)

Name of the Financial Institution:	Account Number:
ABA/Transit Routing Number:	Name(s) as it appears on the account:
Address of the Financial Institution:	Telephone Number of Financial Institution:

For credit to my/our account all funds payable by The Ohio National Life Insurance Company or Ohio National Life Assurance Corporation (hereafter referred to as Ohio National) represent payment from my/our contract referenced above.

This authority is to remain in full force and effect until Ohio National has received notification at its home office in Cincinnati, OH from me/us of the termination of this agreement in such time and manner as to afford Ohio National and the Financial Institution reasonable opportunity to act on it.

I/We authorize the Financial Institution named above to reimburse Ohio National, from this or any other account I/we may hold in such institution, for any payment received by the Financial Institution to which I/we was/were not entitled due to death prior to the due date of the payment.

I/We understand that Ohio National is relying on the information that I/we provided on this form, and further understand that Ohio National will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

The undersigned hereby consents to the provisions contained herein:

_____ Owner Signature**	_____ Date	_____ Daytime Phone Number
_____ Signature of Joint Owner (if applicable)**	_____ Date	

Please note: In order to validate information with your Financial Institution, please allow up to 14 days to process your initial request.

\*Payments must be made to the contract owner(s). Ohio National is unable to pay or direct deposit to a third-party account.  
\*\*If trust, custodial, corporate, or partnership owned, must include a title after the signature (e.g., Trustee, General Partner, President, etc.). If signing for the owner(s) pursuant to a power of attorney, must sign with title (e.g., POA, Attorney-in-fact, etc.).