

CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

Assignment Program

EFT Authorization for Beneficiary

Insured or Owner's Name _____

E-mail Address _____

I (we) hereby authorize **Cincinnati Equitable Life Insurance Company**, hereinafter called the COMPANY, to initiate debit and credit entries to my (our) Checking Account Savings Account (**select one**) indicated below at the depository financial institution named below, hereinafter called the DEPOSITORY. I (we) acknowledge that the origination ACH transaction to my (our) account must comply with the provisions of the laws of the United States of America.

Depository Name: _____

City _____ State _____ Zip code _____

Routing Number _____ Account Number _____

(Note: Routing Number must have 9 digits.)

This authorization is to remain in full force an effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

Name (Printed) _____

Signature _____

Date _____



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