



Physicians
Mutual®

Insurance for all of us.™

Physicians Life Insurance Company
Annuity Customer Service
PO Box 2316
Omaha, NE 68172-4081
1.800.720.2891

ACH Wire Authorization for Annuity Contracts

By completing and signing this authorization form, I am giving Physicians Life Insurance Company the authority to wire my annuity payment directly into my checking or savings account.

Owner/Annuitant Information

Owner/Applicant's Name _____

Contract Number _____

Checking Account Number _____

Savings Account Number _____

Name of Bank _____

ABA Number of Bank _____

Contact Person at Bank _____ Phone Number (_____) _____

Signature

X _____
Bank Account Owner's Signature Date

Attach a voided
check or savings
deposit slip here. →

John S. Owner 1902
 123 Any Street
 Any Town, USA 12345 DATE _____

**PAY TO THE
ORDER OF** _____

MEMO _____

VOID

":256006419":	03020032178"■	1902
Transit No.	Account No.	Check No.