



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
cinfin.com ■ 513-870-2000

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

In the completion of the Electronic Funds Transfer Authorization, I, the undersigned, hereby authorize The Cincinnati Life Insurance Company (hereinafter "CLIC") to make deposits by automatic entry on the account for the purpose of payment of benefits and any other distributions.

Name of Insured/Owner/Payee: _____ Policy #: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Social Security Number: _____

CLIC is authorized to use automatic entry to deposit funds on the account indicated below.

Name of Bank: _____
Street Address or P.O. Box: _____
City: _____ State: _____ ZIP: _____

Type of Account: Checking Savings Routing Number: _____
Account Number: _____

**TO AUTHORIZE DEPOSIT OF FUNDS TO YOUR ACCOUNT,
YOU MUST INCLUDE A VOIDED SAMPLE CHECK.**

Signature of Insured/Owner/Payee

Date

Return completed form to:
CLIC Life Policy Services – EFT
P.O. Box 145496
Cincinnati, Ohio 45250-5496
Email: *CLICPolicy_Service@cinfin.com*
Fax: 513-870-2099