

**Section I. Claimant Information**

Full Name	Phone Number	Claim Number(s)	
Address	City	State	ZIP Code

**Section II. Banking Information** *Note: there may be a delay in receiving your benefits electronically if you do not provide accurate and necessary information on this form.*

<p><b>As proof of account ownership, I have attached an official bank-printed document with the following:</b> (See reverse for acceptable types of documentation)</p> <ul style="list-style-type: none"> <li>- <b>Claimant's name</b></li> <li>- <b>Account number</b></li> <li>- <b>Routing number</b></li> <li>- <b>Financial institution's logo</b></li> </ul>		
Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account number	Routing number

**Section III. Request and Agreement with The Standard Life Insurance Company of New York (The Standard)**

- I authorize and request The Standard to electronically deposit my disability benefit payments into my bank account indicated on this form. I authorize The Standard to contact my bank to verify the information on this request form and resolve problems related to electronic deposits or errors in deposits.
- I understand I may receive benefit checks via U.S. Mail for up to two benefit periods after submitting this form in order to allow the necessary transactions to take place between The Standard and my financial institution. I understand that not all financial institutions update their records at the same time, so my deposit may not be posted to my account until the evening of the payment due date. I understand that there may be a delay in receiving my benefits electronically if I do not provide accurate and necessary information on this form.
- I agree to notify The Standard as soon as reasonably possible of any changes to my designated bank account. This agreement will terminate if my designated bank account is closed or the account number is changed. If this agreement terminates, I understand that my disability benefit payments will be paid by check via U.S. Mail until a new EFT request is successfully submitted. Any future EFT requests submitted to The Standard will replace this request.
- I understand that deposit of my disability benefits into my account will satisfy The Standard's obligation to pay benefits to me, and that my entitlement to benefits is subject to the terms of my policy with The Standard.
- I acknowledge that electronic deposits under this request are made in payment of disability benefits because of my inability to work. With each deposit I accept into my account, I am certifying that I have made no false claims or statements or concealed any material fact.
- I may terminate this authorization at any time by contacting The Standard. I understand that discontinuation of my electronic payments may take up to two benefit periods to take effect, and once the change occurs I will receive any remaining benefits due to me by check unless I select another payment option.

By signing this document, I authorize and request The Standard to electronically deposit my disability benefit payments into my bank account indicated on this form.

\_\_\_\_\_ **Claimant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Please sign and return this form with documentation proving account ownership.***  
***See FAQ on page two for more information.***

<b><u>FOR INTERNAL USE ONLY</u></b>	
<i>Analyst:</i>	<i>Routing code:</i>

## **FAQ**

### **What type of banking documentation do I need to provide?**

As the claimant, you must provide banking documentation that shows proof of account ownership.

Examples of approved forms of documentation:

- Voided check with your name printed on it
- Direct deposit enrollment form preprinted by your financial institution
- Letter from your financial institution on official letterhead

Banking documentation must be preprinted with your account number, routing number and your full legal name, as well as your financial institution's logo. We cannot accept banking documentation with handwritten account information.

We cannot accept deposit slips due to routing number inconsistencies.

### **What if The Standard has a different name for me than my banking documentation?**

Banking documentation needs to have the same name that is printed on claim documents or letters received from The Standard. Please contact us if your name has changed.

### **What if I don't have a check with my full legal name printed on it?**

Contact your financial institution and ask for printed documentation on official letterhead or a form that includes your account number, routing number and full legal name. We will not accept starter checks without your name printed on them or checks that only show your initials.

### **My financial institution is an online bank and I don't have checks. What can I do?**

Contact your bank's customer service department and ask for a letter or form with your name, full account number and routing number on letterhead.

### **What happens if my banking information changes (for instance, because of a bank merger, new account, etc.)?**

Contact The Standard and ask for a new EFT form to fill out. You will need to provide banking documentation if your banking information changes.

### **I am a personal representative of the claimant, such as an attorney-in-fact under a power of attorney (POA) or legal guardian or conservator. What do I need to submit?**

The Standard will need documentation supporting that you have legal authority to sign this form on behalf of the claimant, such as a copy of the POA or court order and letters of guardianship or conservatorship. In addition, the bank documentation you submit must show that the claimant is an owner of the account.