

Electronic funds transfer (EFT) for withdrawals



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
1-866-747-3421 | SecuritiesPi@sfgmembers.com

Instructions

Use this form to add banking instructions to your account so that future withdrawals can be sent directly to your financial institution via Automated Clearing House (ACH).

1. Account information

Please provide all requested information.

Account number

Account Holder's name (first, middle initial, last)

Social Security number

Street address

Apartment/suite number

City

State

ZIP

Phone number

2. Bank information

I would like future distributions to be sent via ACH to the bank account indicated below. I authorize Sammons Institutional Group® (SIG) and the financial institution listed below to automatically deposit distributions into my:

Checking Savings

Name(s) on account (first, middle initial, last)

Financial institution name

Routing number (ABA#)

Account number

Include a preprinted, voided check, or letter from the bank on their letterhead, to ensure accurate account information for the Automated Clearing House (ACH) debit. **If we do not receive a voided check or bank letter, disbursements will be mailed to your address on file.**

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to my account and return the corrected amount to SIG. This authorization will remain in effect until I have canceled it in writing.

3. Signature

By signing below, I certify and acknowledge that the information provided on this form is correct.

Account Holder's signature

Date signed (mm/dd/yyyy)



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NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.