

Premium Payment Authorization

Complete, sign authorization and **attach a voided check.**

Return to: Securian Financial Group, Inc. PO Box 64086, St. Paul, MN 55164-0086 or
fax to 651-665-4827.

Please note your premium must be paid in full before the Electronic Funds Transfer can begin.

I authorize Securian Financial Group, Inc. and its affiliates, Minnesota Life Insurance Company and Securian Life Insurance Company (COMPANIES), to make charges equal to the monthly premium against the checking account indicated below, and the financial institution named below to withdraw that premium from my checking account.

This authorization is to remain in full force and effect until COMPANIES have received notification from me of its termination in such time and manner as to afford COMPANIES and the financial institution named below a reasonable opportunity to act on it, or until such time as COMPANIES terminate this method of payment.

Insured/owner name (please print)		Policy number - contract ID	
Daytime phone number		Owner email address	
Financial institution		Withdrawal date (1st through 22nd)	
Routing number		Account number	
Account holder signature X		Date	

Insurance Products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer.