## **Premium Payment Authorization**

# Securian Life Insurance Company Minnesota Life Insurance Company



Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098

#### 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	I
Financial institution		Withdrawal date (1st through 22nd)
Routing number	Account number	
Account holder signature		Date
X		

### Complete and sign authorization.

#### **Return options:**

· Attach and submit on: www.LifeBenefits.com/filetransfer

• Fax to: 651-665-4827

· Mail to: Securian Financial

**Group Customer Service** 

PO Box 64546

St. Paul, MN 55164-0546

Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates. Insurance products are issued by affiliated insurance companies Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

F36585-3 Rev 10-2020 Page 1 of 1