OXFORD®
LIFE INSURANCE COMPANY

AUTHORIZATION FOR COMMISSION DIRECT DEPOSIT

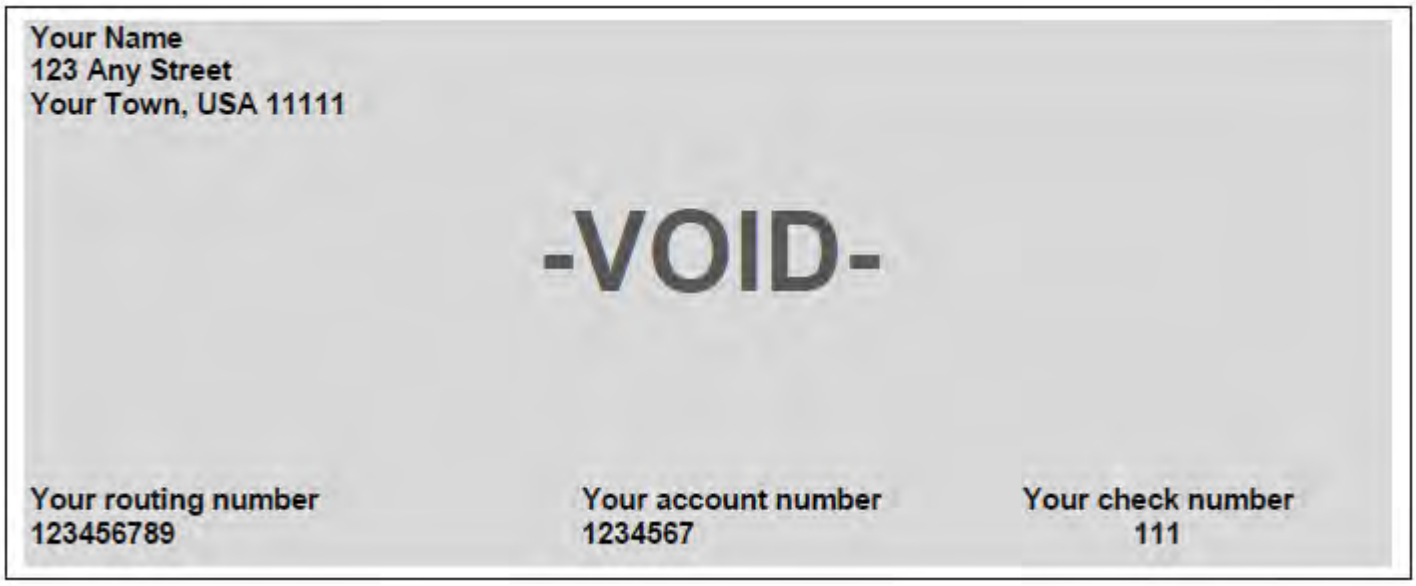
Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date this form and submit all pages.

AGENT/AGENCY NAME	AGENT NUMBER
MAILING ADDRESS	CITY, STATE ZIP
BUSINESS PHONE NUMBER	

BANK INFORMATION

NAME ON ACCOUNT	
NAME OF BANK	ACCOUNT TYPE ☐CHECKING ☐SAVINGS
ROUTING NUMBER	ACCOUNT NUMBER

CHECKING ACCOUNT: A voided check must be attached in the shaded area below. Starter checks and deposit slips are not accepted.
SAVINGS ACCOUNT: A copy of a bank statement must be attached in the shaded area below.



SIGNATURES AND AGREEMENT

I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives or agents, ("Oxford Life") to electronically transfer into my account, until further notice, all payments due to me and to charge the referenced account to reverse any transfer erroneously posted to my account. I agree that Oxford Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue my direct deposit and issue checks to me requiring my personal endorsement. I understand this authorization is to remain in full force and effect until Oxford Life has written notification from me of termination and in such manner as to afford Oxford Life and the financial institution a reasonable opportunity to act on it. I, for myself, my heirs, executors, administrators and assigns do hereby consent and agree that any sums of money deposited to my account after my death, shall be refunded to Oxford Life for distribution to the person or persons, if any, entitled to those sums under the terms of the governing Producer Contract.

Signature: _____ Date:_____

Print Name: _____

INSTRUCTIONS

Signature Requirements

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator papers if not previously submitted.

Power of Attorney – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form. An updated Certification of Power of Attorney form is required every 12 months.

Oxford Life Mailing Address and Contact Information	
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
Fax	(866)295-6232
Email	contracting@oxfordlife.com
Licensing & Contracting	(800)308-2318
Website	www.oxfordlife.com