

MOUNTAIN LIFE INSURANCE COMPANY
DIRECT DEPOSIT FORM



NOTE: The commission deposits are made on the 10th of each month. If the 10th is on a weekend or holiday, the deposit will be made on the last working day before the weekend or holiday.

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| NAME OF PAYEE (LAST, FIRST, MIDDLE INITIAL) OR ENTITY NAME | TYPE OF DEPOSITOR ACCOUNT (CHECKING, SAVINGS, ETC.) |
| ADDRESS (STREET, ROUTE, P.O. BOX) | NAME OF DEPOSITOR BANK |
| CITY, STATE, ZIP | DEPOSITOR ACCOUNT NUMBER |
| TELEPHONE NUMBER, EMAIL ADDRESS | DEPOSITOR ROUTING NUMBER |
| PAYEE CERTIFICATION I certify that I am entitled to or authorized to direct the payment identified above, and that I have read and understood this form. I authorize the payment of commissions to be sent to the financial institution named above to be deposited to the designated account. | |
| Signature _____ | Title _____ Date _____ |

MLIC-ACCT-0608-DDF