

**The Manhattan Life Insurance Company
Family Life Insurance Company
Western United Life Assurance Company
ManhattanLife Assurance Company of America**
10777 Northwest Freeway, Houston, Texas 77092

I authorize The Manhattan Life Insurance Company, Family Life Insurance Company, Western United Life Assurance Company, and ManhattanLife Assurance Company of America (hereinafter the "Company") to electronically deposit my Commissions directly into the financial institution(s) of my choice as specified below. I understand that my earnings advice will electronically post to Agent Portal or Agent Resource Center. I also authorize the Company to withdraw electronically from my account(s) any sum credited in error.

I understand that in the event I incur a commission debt to the Company, it will not debit my account without prior permission from me.

This authorization will remain in effect until I provide the Company written notice of its revocation and the Company has adequate time to process the appropriate transactions.

I understand the Company is providing this without charge, and the Company will not be held liable for any claims or damages arising, directly or indirectly, from this deposit arrangement.

Please Check Box: New Change

(A voided check or statement containing pertinent banking information, such as bank transit/routing number and bank account number is recommended but not required.)

Account Type: Checking Savings

Deposit Account

Bank Name _____

Transit/Routing No. _____ Account No. _____

Agent No.: _____

Payee Name: _____

Social Security or TIN No.: _____ Phone No.: _____

Please print name and title of authorizing party

Signature of authorizing party (REQUIRED)

Date

Return completed form to:

MandiDoucet@ManhattanLife.com and/or

YoselinGallardo@ManhattanLife.com