

**First Security Benefit Life Insurance and Annuity Company of New York  
Electronic Deposit/ACH Transfer Forms  
(Please Print Clearly)**

To enroll in Electronic Deposit for your **Monthly LOSAP Annuity** payments, simply fill out this form and mail it to: **First Security Benefit C/o Hometown Firefighters 5 Orville Drive, Suite 400 Bohemia, NY 11716**

Participants' Name: \_\_\_\_\_

Participants' Social Security #: \_\_\_\_\_

Participants' Phone Number: \_\_\_\_\_



**Account Information**

Bank Name/ City/ State/ Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Financial Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type (Check One)       Checking       Savings

**Notes:**

- 1. Forms will **not be accepted** without a voided check if you have a checking account. (No deposit slips.) If you have a savings account a letter from your bank with its ACH transfer instructions will be needed.
- 2. An ACH transfer may take up to 2-3 business days to be deposited into your account.

**Participant Certification**

I hereby authorize **First Security Benefit (hereinafter "FSB")** to deposit any monthly LOSAP annuity amounts owed to me by initiating credit to my account at the financial institution (**hereinafter "Bank"**) indicated on this form. Further I hereby authorize the Bank to accept and credit any credit entries indicated by FSB to my account. In the event that FSB deposits funds erroneously into my account, I authorize FSB to debit my account for the amount not to exceed the amount of the erroneous credit this authorization will remain in effect until FSB has received written notice from me to terminate the electronic deposit transfer to the Bank.

\_\_\_\_\_  
Participants' Signature

\_\_\_\_\_  
Date