

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) OF
ADVANCES AND/OR EARNED COMMISSION**

_____ Monumental Life Insurance Company

_____ Stonebridge Life Insurance Company

_____ Transamerica Life Insurance Company

_____ Western Reserve Life Assurance Co. of Ohio

By signing below, I authorize the company indicated above (the "Company") to electronically transfer to the financial institution and account indicated below any advanced or earned commission, any bonus payment, and any other monetary compensation due to me from the Company. This grant of authority shall remain in full force and effect until the Company has received, and has reasonable opportunity to act on, written notice which I have signed and dated that terminates this grant of authority.

Type of Account _____Checking _____Savings

_____ Financial Institution

_____ Bank Account Number

_____ Address

_____ Bank Transit Number

_____ City, State, Zip

_____ Print Agent/Corporation Name & Agent #

_____ Signature

_____ Date

_____ Tax ID or Social Security Number

****ATTACH A COPY OF PREPRINTED VOID CHECK OR CORRESPONDENCE
FROM BANK INDICATING ACCOUNT & ROUTING NUMBER**

Return to Contract Administration - 1240
Fax to 319-355-2498 or Email to apfercontractadmin@aegonusa.com