

# DIRECT DEPOSIT INFORMATION



## STRUCTURED SETTLEMENT

Allstate Life Insurance Company of New York  
P.O. Box 80469 Lincoln, NE 68501-0469  
Phone: 1-800-237-3303 FAX: 1-877-690-4092

### 1. CONTRACT INFORMATION - ALL FIELDS MUST BE COMPLETED

Contract Number		
Annuitant Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Annuitant Date of Birth (MM/DD/YYYY)
Annuitant SSN/TIN	Annuitant Telephone Number	
Street Address (include Apt. #, if applicable)		
City	State	Zip Code

This Direct Deposit form will allow Allstate Life Insurance Company of New York to electronically transfer payments directly to your checking or savings account. Funds will be available on the payment due date.

If you need assistance completing the form, contact your financial institution or bank.

### 2. FINANCIAL INSTITUTION/BANK INFORMATION

Bank Name
Bank Address
Bank Phone Number
ABA Routing # (Contact your bank for this number)
<b>Please Check One:</b> <input type="checkbox"/> Savings Account No: _____ (Attach a <b>pre-printed deposit slip</b> showing your account number)  <input type="checkbox"/> Checking Account No: _____ (Attach a <b>pre-printed check</b> marked "VOID." We cannot process your request without a pre-printed check marked "VOID.")

