



# ADDITIONAL FPA CONTRIBUTION REQUEST

Insured Name: \_\_\_\_\_

Policy # \_\_\_\_\_

Please apply an additional amount of \$\_\_\_\_\_ to the annuity rider within the FREEDOMFLEX® policy. I understand that no more than \$10,000 per calendar year can be deposited to the annuity rider as additional lump sum contributions.

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### Instructions:

This form is to be completed and submitted via fax or email, when an additional amount is to be contributed to the annuity. If sending a personal check, please make check payable to ISM Administrators, and mail it along with this form to the address below. You may also authorize us to draft from your bank account or credit card of choice, by filling out the following:

Please draft from my current bank account/credit card in file.

-OR-

Checking

Savings

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

-OR-

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Payor (Name on bank account/credit card): \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Note: This form is used only when directing additional monies, over and above the premium, to the annuity rider. A maximum of \$10,000 per calendar year may be added to the rider as lump sum contributions. **We will hold all contributions for up to 3 days after funds are drafted to guarantee funds have cleared your financial institution.**