

American National (ANICO) Military Allotment Process

1. Complete the ANICO Military Allotment Direct Deposit Form and scan to New Business with or while application is pending
2. Once the Policy is [APPROVED](#), ANICO will send the agent an email notification to set up the allotment with [MY PAY](#)
3. Agent scans [MY PAY](#) confirmation page to ANICO New Business
4. ANICO will issue policy.
 - a. If payments are made bi-weekly, then the policy will be issued once the 3rd bi-weekly payment is received.
 - b. If payments are made monthly, the policy is issued and inforce once the 1st monthly premium is received.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																	
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>							0	9	9	8	6	1	9	9	2	1	5
					0	9	9	8	6	1	9	9	2	1	5				
CITY	STATE	ZIP CODE																	
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (Check only one)																	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (specify)																	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)																	
Prefix	Suffix	TYPE	AMOUNT																
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																	
SIGNATURE	DATE	SIGNATURE	DATE																
SIGNATURE	DATE	SIGNATURE	DATE																

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION JP Morgan Chase Bank 712 Main Street Houston, TX 77002		ROUTING NUMBER <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> </tr> </table>		1	1	1	0	0	0	6	1	4
1	1	1	0	0	0	6	1	4				
		CHECK DIGIT										
DEPOSITOR ACCOUNT TITLE												
FINANCIAL INSTITUTION CERTIFICATION												
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.												
PRINT OR TYPE REPRESENTATIVE'S NAME Christopher Davenport CSO	SIGNATURE OF REPRESENTATIVE <i>C. Davenport</i>	TELEPHONE NUMBER 713 216 5499	DATE 3/25/14									

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Blanket Codes

Army

Department of the Army
US Army Finance Center
Indianapolis IN 46249

Blanket Code 015

Co. Code K000248

Phone # (317) 510-0585

Active Marines

Marine Corps Finance Center
Def Finance & Acct Ser
Kansas City Center
Kansas City MO 64197-0001

Blanket Code 0003

Phone # (816) 507-7031 or 7032

Coast Guard

Commander Officer
Coast Guard Pay & Personnel Center
444 S E Quincy
Topeka KS 66683

Blanket Code 036

Phone # (913) 357-3506 or 800-882-9824

All Retirees

DFAS-CL
1240 E 9th St
Attn Code FTBCB
Cleveland OH 44199

Blanket Code 118

Phone (216) 522-5894
Or (800) 321-1080

Active Navy and Active Air Force

Dept of the Air Force
HQAFMPC/RMIQL
550 C St West STE 50
Randolph AFB TX 78150

Blanket Code N192075

Phone # (303) 676-7213