

Request for Payment by Direct Deposit

IDENTIFICATION

Name of claimant: _____ Policy No: _____

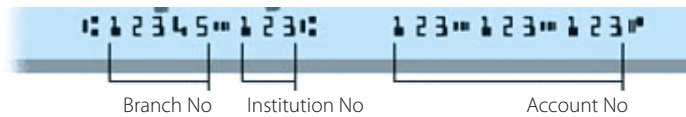
BANK ACCOUNT DETAILS

Name of financial institution: _____

Branch address: _____

Branch No _____ Institution No _____ Account No _____

These numbers appear at the bottom of your cheque.
Please indicate all account/folio number digits, including zeroes (0s).



I hereby request that my benefits be paid via electronic funds transfer (direct deposit) into the aforementioned account number.

Signature of claimant: _____ Date: _____ day / month / year

We recommend that you select direct deposit for a number of reasons:

- Avoid the many possible delays that come with receiving cheques by mail.
- Access your funds immediately without any holds that may be required by your financial institution.

Please attach a VOIDED and unsigned cheque to this form.