

Direct deposit authorization

Please print

Plan number(s): _____ Plan sponsor: _____

Plan member name: _____
last first middle initial

Plan member ID: _____

Name of Canadian financial institution: _____

Transit number: _____ Institution number: _____

Account number: _____

Savings account (consult your financial institution for the proper ID numbers)

Chequing account (include a cheque marked "void")

Protecting your personal information

At Canada Life, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that's kept in our offices or the offices of an organization authorized by us. We limit access to personal information in your file to Canada Life employees or persons authorized by us who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use the personal information to administer the group benefits plan.

Authorizations and declarations

I authorize:

- Canada Life to deposit all claim payments directly to the account indicated above
- Canada Life, my financial institution, the Trust which provides my disability benefits, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life to exchange the banking information above when necessary to administer the plan

I agree that a photocopy or electronic copy of this form is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

Plan member signature: _____ Date: _____

We need your signature to set up the direct deposit.

Canada Life adjudicates your disability claim on behalf of the Trust which provides the disability benefits.