

DIRECT DEPOSIT OF BENEFITS

- Initial request for direct deposit
- Request for bank account change
- Request to end direct deposit

Group policy no.	Class	Certificate no.
Member -- Last name		First name

As the designated beneficiary of benefits paid under my group insurance plan, I authorize Industrial Alliance Insurance and Financial Services Inc. to deposit these sums in my bank account, whose particulars appear on the cheque below, until such time as I make a written request to the contrary. I understand that Industrial Alliance is not obligated in any other way with regards to the benefits paid according to the present request. I also understand that Industrial Alliance can, without prior notice, terminate the direct deposit of benefits and request my personal signature.

The present authorization, which takes effect on the signature date below, is valid for all other active bank accounts in this or any other financial institution that I may name in the future.

Signature

Date

Please attach a cheque specimen marked VOID.

