

## Administration department

P.O. Box 4002, Postal Station B  
 Montréal, Québec H3B 4M2  
 Fax: 514-499-8845

### To ensure you receive your claim payments as quickly and efficiently as possible have you considered Standard Life's direct deposit services?

Direct deposit is the fastest, safest and easiest way to receive claim payments.

It's also:

- reliable – no risk of lost, forgotten or stolen cheques or postal delays
- completely confidential
- informative – your deposit notification and explanation of benefits statement are mailed immediately upon payment
- familiar – many employees receive their salaries by direct deposit
- convenient – no need to spend valuable time depositing benefit payments at a financial institution

You can enjoy peace of mind in knowing that your reimbursements will be directly deposited into the designated account within three working days following the day your claim is processed, and you will continue to receive an explanation of benefit payment and notice of direct deposit.

## Participant statement (please print)

Policy no.	<input type="text"/>	Certificate no.	<input type="text"/>
Participant surname	Given name(s)		Initial
Main residence address (no., street)			Apt.
City	Province	Postal code	
Telephone no. (day)	E-mail		
What is the reason for completing this form?	<input type="checkbox"/> 1 <sup>st</sup> application <input type="checkbox"/> Modification request		
Financial institution name			
Financial institution address			
Please complete this section or attach a personalized void cheque to ensure that we obtain your accurate banking information.			
Branch no.	<input type="text"/>	Institution no.	<input type="text"/>
Account no.	<input type="text"/>		

## Authorization

I authorize Standard Life to credit all my benefit payments to the account mentioned on this form. I certify that the information provided on this form is accurate, and I agree to inform Standard Life of any subsequent changes. I accept that this agreement may be cancelled at any time by either Standard Life or myself, in writing or verbally.

Participant signature	Date	<input type="text"/>
Account holder signature (if other than participant)	Date	<input type="text"/>

For more information, do not hesitate to contact our **customer services at 1 800 499-4415.**