

Group Benefits Request for Direct Bank Deposit

Return completed form to: **Manulife Financial Group Benefits**
Attention: Disability Claims
PO BOX 4606 STN A, TORONTO ON M5W 4Z2
Tel: 1-800-465-2076 • (416) 687-5049 Fax: (416) 687-5132 • (416) 687-5211

Direct Bank Deposit

Please complete this section in the event that benefits are approved.

Please attach a sample of a cheque for the account.
(Mark it void)

IN THE EVENT BENEFITS ARE APPROVED, would you consent to your plan member receiving benefits directly in their bank account? Yes No

If you have selected yes, please have the following information completed by your plan member.

Plan contract numbers (include your plan member certificate number if this is a group policy)

Name of person(s) receiving payments			Social Insurance Number	
Address (number, street, apt.)		City	Province	Postal code
Name of financial institution				
Address (number, street, suite)		City	Province	Postal code
Type of account <input type="radio"/> Savings <input type="radio"/> Personal chequing <input type="radio"/> Current		Transit number	Bank account number	
<p><u>I hereby authorize</u> the Manufacturers Life Insurance Company ("Manulife Financial") to deposit, until further notice, payments due to me from the above policy, into my bank account. <u>I agree</u> that Manulife Financial will have no further liability with respect to any payments made in accordance with this authorization, and may at any time discontinue payment as requested herein and require my personal endorsement. I, for myself, my heirs, my executors, administrators, and assigns do hereby consent and agree that any sums of money so paid to the bank after my death shall be refunded to Manulife Financial for distribution to the person or persons, if any, entitled thereto under the terms of the policy. For Group Life and Health policies, <u>I authorize</u> the use of my Social Insurance Number (SIN) when applicable for the purposes of my request for Direct Bank Deposit. <u>I authorize</u> the use of my SIN for the purposes of identification and administration, if my SIN is used as my certificate number. The above request and authorization apply to any other account in this financial institution or any other financial institution subsequently named by me.</p>				
Authorized signature			Date (dd/mmm/yyyy)	

Please attach your cheque sample marked "Void" here.