



Sign up
for direct
deposit

canada  lifeTM

Get your money back faster

With direct deposit, you won't have to wait for a cheque in the mail and then go to the bank to cash it.

There are 2 ways to sign up:



Sign up online

Step 1 – Go to mycanadalifeatwork.com to sign in or register.

Step 2 – Once you've signed in, go to your profile and select Banking.

Step 3 – Provide your banking information and you're done.



Mail or email the paper form to Canada Life

If you prefer to complete a form and mail or email it instead, follow these steps:

Step 1 – Complete the Direct deposit authorization form on the next page.

Step 2 – If you'd like deposits made to your chequing account, include a cheque marked "void".

Step 3 – Mail or email the form to us at the address below.

Mail form to:

The Canada Life Assurance Company
Group member administration
PO Box 6000
Winnipeg MB R3C 3A5

Email form to:

enrolmentservices@canadalife.com

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, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life to exchange personal information, 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.

For Quebec applicants: ☐ I request that this form be in French.

☐ Je demande que ce formulaire me soit remis en français.

Plan member signature: _____ Date: _____

We need your signature to set up the direct deposit.