

INDIVIDUAL HEALTH DIRECT DEPOSIT AUTHORIZATION (please print)

Policy number: _____

Policyowner's name: _____
Last First Middle

Name of Canadian financial institution (Bank, Trust Co., etc.): _____

Transit number: _____ Institution number: _____

Account number: _____ ☐ Savings account (consult your institution for the proper ID number)
☐ Chequing account (attach sample cheque marked "void")

PRIVACY

Protecting your personal information. At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information. Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your [online account](#) or by submitting a request through our [privacy centre at canadalive.com/privacy](#). This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? [Please visit canadalive.com/privacy.](#)

Authorization, Declaration and Consent

I/We authorize Canada Life to deposit all claim payments directly to the account indicated above.

I understand that my personal information will be collected, used and shared as set out above.

I/We understand that this authorization will remain in effect until revoked by me/us in writing. A photocopy or electronic copy of this authorization is as valid as the original.

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

For Québec applicants: ☐ I request that this form be in English.
Je demande que ce formulaire me soit remis en anglais

Signature of Policyowner(s): **X** _____ Date: **X** _____

Signature of Policyowner(s): **X** _____ Date: **X** _____

(We require your signature(s) in order to process your request for Direct Deposit.)

HOW DIRECT DEPOSIT WORKS

If you'd like to take advantage of Direct Deposit, sign up through mycanadalifeatwork.com for Plan Members or complete this form and return it to the address on page 2. If you would like deposits made to your chequing account, please enclose a sample cheque marked "void" to ensure your cheques are deposited to the correct account.

Does Direct Deposit cost anything?

No, this service is free.

Do I have to change banks or bank accounts?

No. With Direct Deposit, Canada Life deposits your claim payment cheques directly into your account with any credit union, trust company or bank in Canada. All benefit payments covered under one policy number will be deposited into the same account.

Can I sign up for Direct Deposit online?

Yes. It's quick, convenient and secure through Canada Life's mycanadalifeatwork.com for Plan Members. Visit www.canadalife.com to register.

How will I know when the deposit has been made to my account?

If you sign up for Direct Deposit through mycanadalifeatwork.com for Plan Members, you will have access to eDetails and will receive an e-mail notification when your claim has been paid. You will also have access to an online Explanation of Benefits statement. If you do not have access to mycanadalifeatwork.com, Canada Life will mail you an Explanation of Benefits statement indicating when your cheque was deposited.

What if I change my account in the future?

You can notify Canada Life of your new account through mycanadalifeatwork.com for Plan Members. If you do not have access to mycanadalifeatwork.com notify Canada Life of your new account in writing. Include your name, policy number, new account number and the name and address of the financial institution. Enclose a sample cheque marked "void", and sent it to:

The Canada Life Assurance Company
Group Electronic Enrolment
PO Box 6000
Winnipeg MB R3C 3A5