

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. Anytime you make a claim, we'll automatically put your money into your bank account. It's that simple!

There are two ways to sign up:



Sign up online

- **Step 1** Go to <u>canadalife.com</u>, select Customer sign in and choose GroupNet for plan members
- Step 2 Once you've signed in, go to Profile and select Banking
- **Step 3** Provide your banking information and you're done!



Mail in the paper form

If you prefer to complete and mail a paper form instead of signing up online, follow these steps:

- **Step 1** Complete the Direct deposit authorization form on the other side of this page
- Step 2 If you'd like deposits made to your chequing account, include a cheque marked "void"
- **Step 3** Mail the form to us using the address below that applies to you

Retirees mail form to:

Canada Life Benefits administration services – D227 PO Box 6000 STN MAIN Winnipeg MB R3C 3A5

Active members mail form to:

Canada Life Group electronic enrolment PO Box 6000 Winnipeg MB R3C 3A5

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	n:	
Transit number:	Institution number:	
Account number:		
$\ \square$ Savings account (consult your finar	ncial institution for the proper ID numbers)	
\Box Chequing account (include a chequ	ue marked "void")	
Protecting your personal inform	nation	
establish a confidential file that's kept We limit access to personal information us who require it to perform their duti	ect the importance of privacy. When you appet in our offices or the offices of an organization in your file to Canada Life employees or poies, to persons to whom you have granted acal information to administer the group bene	on authorized by us. persons authorized by ccess, and to persons
Authorizations and declaration	S	
I authorize:		
• Canada Life to deposit all claim pay	ments directly to the account indicated above	ve
administrators of government benef	n, my plan administrator, other insurance or fits or other benefits programs, other organi ge personal information, when necessary to	zations, or service providers
I agree that a photocopy or electronic	copy of this form is as valid as the original.	
I certify that the information given is t	rue, correct and complete to the best of my	knowledge.
For Québec applicants: 🗆 I request the	hat this form be in French.	
☐ Je demand	de que ce formulaire me soit remis en frança	ais.
Plan member signature:	Date:	
We need your signature to set up the	direct deposit.	

