

**INDIVIDUAL HEALTH
DIRECT DEPOSIT AUTHORIZATION**
(please print)

If you would like to take advantage of Direct Deposit from Great-West Life, 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.

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")

Notice regarding personal information

Further to an application for any product or services, Great-West establishes a confidential file that contains personal information concerning you. The file is kept in the office of Great-West or of third-parties acting on our behalf. Rights of access to personal information in the file are limited to our staff or persons authorized by us (e.g. service providers), whether located in Canada or elsewhere who require it to perform their duties, to you and persons authorized by you, and, as personal information may be collected, used, or disclosed in or from Canada or elsewhere, access may also be had by persons authorized by the laws of Canada or elsewhere as applicable. Your rights of access and correction of any inaccuracies may be exercised by writing to The Ombudsman, The Great-West Life Assurance Company, 255 Dufferin Avenue, London ON N6A 4K1. We collect, use and disclose your personal information to: (1) process this application and, if this application is approved, provide and service the financial product(s) and/or service(s) applied for, (2) advise you by telephone or otherwise of products and services to help you plan for financial security, (3) respond to, investigate and process claims, (4) create and maintain records concerning our relationship as appropriate, and (5) fulfill such other purposes as are directly related to the preceding.

Note: In accordance with legal requirements, a copy of the entire application, including personal information, may be included with the policy as delivered or be provided separately to the owner. For a copy of our Privacy Guidelines or questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

Authorizations and Declarations

I/We authorize Great-West Life to deposit all claim payments directly to the account indicated above, and to exchange my/our personal information with my financial institution when necessary for this purpose. 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.

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

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

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

Decide if Direct Deposit is the right payment option for you.

Does Direct Deposit cost anything?

No, this service is free.

Do I have to change banks or bank accounts?

No. With Direct Deposit, Great-West deposits your claim payment cheques directly into your account with any credit union, trust company or bank in Canada.

How will I know when the deposit has been made?

Great-West will send you an Explanation of Benefits statement indicating when your cheque was deposited.

What if I change my account in the future?

Notify Great-West 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 send it to:

The Great-West Life Assurance Company
Group Electronic Enrolment
PO Box 6000
Winnipeg MB R3C 3A5

