

**Direct  
Deposit**

*Automatic payments  
to your bank account*



THE  
**Great-West Life**  
ASSURANCE  COMPANY



*You can have your benefit cheques automatically deposited to your account with Direct Deposit from Great-West.*

With Direct Deposit, there are no delays receiving your cheques due to mail disruptions, no chance of them being lost or stolen, and no need to deposit your cheques in person.

## *Decide if Direct Deposit is the right payment option for you*

### ***Does Direct Deposit cost anything?***

No. There is no charge for this service.

### ***Do I have to change banks or bank accounts?***

No. Great-West will deposit your benefit 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 Great-West's *GroupNet™ for Plan Members\**. Visit [www.greatwestlife.com](http://www.greatwestlife.com) to register.

### ***How will I know when a deposit has been made to my account?***

If you sign up for Direct Deposit through *GroupNet 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 *GroupNet*, Great-West will mail you an Explanation of Benefits statement indicating when your cheque was deposited.

### ***If I am receiving disability benefits, when will payments be credited to my account?***

Each payment will be credited to your account on or before its due date, which is the last weekday of your benefit pay period. Payments due on Saturday or Sunday will be credited to your account on Friday.

### ***What if I change my account in the future?***

You can notify Great-West of your new account through *GroupNet for Plan Members*. If you do not have access to *GroupNet*, complete the attached form and return it to your plan administrator.

*If you'd like to take advantage of Direct Deposit, sign up through GroupNet for Plan Members, or complete the attached form and return it to your plan administrator. If you'd like deposits made to your chequing account, enclose a sample cheque marked "void" to ensure your cheques are deposited to the correct account.*

*\*GroupNet for Plan Members is not available to policies with disability coverage only.*

**Direct Deposit Authorization** (please print)

Plan number(s): \_\_\_\_\_ Plan sponsor: \_\_\_\_\_

Plan member name: \_\_\_\_\_ Plan member ID: \_\_\_\_\_  
last first middle initial

Name of Canadian financial institution: \_\_\_\_\_

Transit number: \_\_\_\_\_ Institution number: \_\_\_\_\_

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



**Protecting your personal information**

**At The Great-West Life Assurance Company (Great-West Life)**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life 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:

- Great-West Life to deposit all claim payments directly to the account indicated above.
- Great-West 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 Great-West Life to exchange personal information, when necessary to administer the plan.

I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.

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

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

Plan member signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*You and your family deserve quality  
benefits coverage backed by  
excellent service, and we at  
Great-West understand that.  
We are committed to being  
**your Benefits Solutions People.***



[www.greatwestlife.com](http://www.greatwestlife.com)

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