

## Group Benefits Request for Direct Bank Deposit

Return completed form to: **Prairie Teamsters Admin. Services**  
 209-7260 12 ST SE, Calgary AB T2H 2S5  
 Telephone: (403) 252-6924 Fax: (403) 253-3231  
 or  
**Manulife Financial Group Benefits, Attention: Disability Claims**  
 PO Box 4217 STN C, Calgary AB T2T 5N1  
 Telephone: 1-800-561-1400 • (403) 234-9440 Fax: (403) 263-5169

### Direct Bank Deposit

**Please complete this section in the event that benefits are approved.**

Please attach a sample of a cheque for the account.  
 (Mark it void)

**IN THE EVENT BENEFITS ARE APPROVED**, do you wish to receive your benefits directly into your bank account?

Yes  No

*If you have selected yes, please provide the following information.*

Plan contract numbers (include your Social Insurance Number if this is a group policy)

Name of person(s) receiving payments			Social Insurance Number
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Address (number, street)	City	Province	Postal code
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Name of financial institution

Address (number, street)	City	Province	Postal code
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Type of account	Transit number	Bank account number
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Savings  
  Personal chequing  
  Current

I hereby authorize the Manufacturers Life Insurance Company ("Manulife Financial") to deposit, until further notice, payments due to me from the above policy, into my bank account. I agree that Manulife Financial will have no further liability with respect to any payments made in accordance with this authorization, and may at any time discontinue payment as requested herein and require my personal endorsement.

I, for myself, my heirs, my executors, administrators, and assigns do hereby consent and agree that any sums of money so paid to the bank after my death shall be refunded to Manulife Financial for distribution to the person or persons, if any, entitled thereto under the terms of the policy.

For Group Life and Health policies, I authorize the use of my Social Insurance Number (SIN) when applicable for the purposes of my request for Direct Bank Deposit. I authorize the use of my SIN for the purposes of identification and administration, if my SIN is used as my certificate number.

The above request and authorization apply to any other account in this financial institution or any other financial institution subsequently named by me.

Authorized signature	Date (dd/mmm/yyyy)
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Please attach your cheque sample marked "Void" here.