



Insurance

- Direct deposit of benefits**
- Replacement income benefit**
- Office overhead benefit**
- Initial request for direct deposit
- Request to change bank accounts

IDENTIFICATION

Policy No.

SSQ Certificate No.

Plan member's last name

Plan member's first name

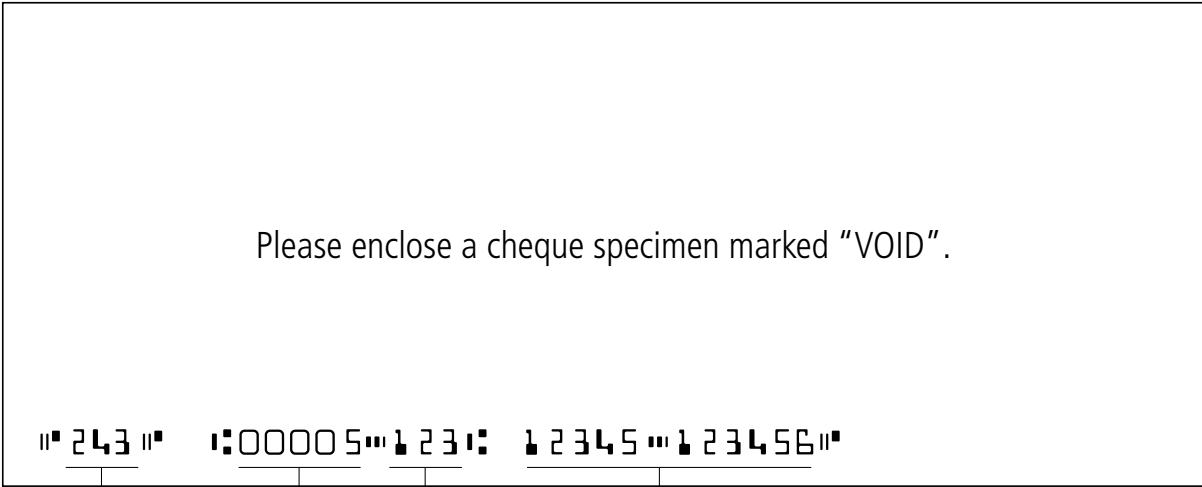
As the beneficiary of the benefits paid under my insurance policy, I authorize the deposit of these benefits into the bank account indicated on the attached cheque until I notify you otherwise in writing. I understand that SSQ, Life Insurance Company Inc. is not bound by any other obligation regarding the benefits paid in accordance with the above. I also understand that SSQ, Life Insurance Company Inc. may, without notice, terminate the direct deposit of benefits and require my personal endorsement.

This authorization is valid for any other active account at the financial institution specified below or at any other financial institution I may subsequently designate, and is effective as of the date of the signature herein.

I certify that the information provided above is accurate.

Signature

Date



Please enclose a cheque specimen marked "VOID".

⑈ 243 ⑈ ⑆00005⑈ 23⑆ 2345 ⑈ 23456⑈

This is the cheque number.

This is the number of the banking institution (5 digits).

This is the number of the financial institution (3 or 4 digits).

This is the account number used for direct deposit.