THE Great-West Life ASSURANCE COMPANY

BANKING INFORMATION

For GWL Head Office Use Only

GWL Certificate Number

Please print clearly and complete this form, in INK. Send the **original** directly to The Great-West Life Assurance Company:

For Dental Payments:
Group Electronic Enrollment
P.O.Box 6000
Winnipeg MB R3C 3A5
Fax: 204.946.4699

For Long Term Disability Payments:
Regina DMSO
1901 Scarth Street
Regina SK S4P 4L4
Fax: 1.866.870.0237 or 751.6800

1. Plan Member Information

This section must be completed if you want to have your claim payments deposited directly to your account.

Please print clearly, in INK.

Attach void cheque below.

Complete this attachment if you want reimbursement for claims to be deposited directly to your account.

Group number: _____ Plan sponsor: _____

Plan member name: _____
last name first name middle initial

Plan member ID: _____

Name of financial institution: _____

Transit number: _____ _____ _____ _____ _____ Institution number: _____ _____ _____

Account number: _____

2. Privacy

This section explains Great-West Life's commitment to privacy.

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 contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. 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. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have 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.

3. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

I have read and understand and agree with the contents of the section on this form entitled "Protecting Your Personal Information".

I authorize:

- Great-West Life to deposit claim payments directly to the above account;
- 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.

Plan member signature: _____ **Date:** _____

ATTACH VOID CHEQUE HERE

Clear