

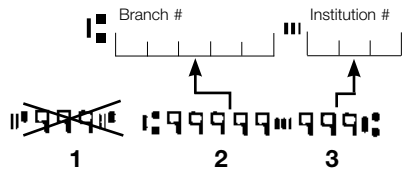
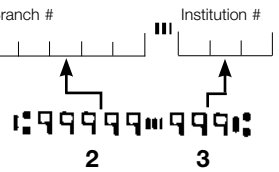
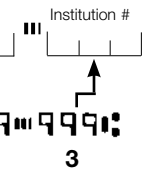
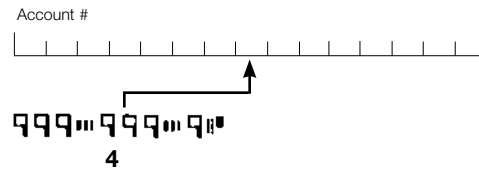
ENROLMENT MODIFICATION

MEMBER IDENTIFICATION

 Policy No. Certificate No.

 Member Last Name First Name
REQUEST FOR DIRECT DEPOSIT OF DISABILITY BENEFITS

To request direct deposit or to modify your banking information, please enclose a void cheque with this request and complete the information below. Moreover, please sign the authorization below.

 1	 2	 3	 4
Branch #	Institution #	Account #	

1. Cheque number (do not write this number).
2. Branch number (5 digits).
3. Financial institution number (3 digits).
4. Account number. The format may vary from one financial institution to another. Indicate all numbers and only the numbers.

As the beneficiary of benefits paid under my group insurance plan, I hereby authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") to deposit the disability benefit sums in my bank account, whose particulars appear above or on the enclosed cheque, until such time as I make a written request to the contrary. I understand that the Company is not obligated in any other way with regard to the benefits paid in accordance with this request. I also understand that the Company can, without prior notice, terminate the direct deposit of benefits and request my personal signature.

This authorization, which takes effect on the signature date below, is valid for all other active bank accounts in this or any other financial institution that I may name in the future.

Y	Y	Y	Y	M	M	D	D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature

Date

IMPORTANT

An explanatory statement indicating the amount of the benefit deposited in your bank account will be issued. This statement will also show the taxes withheld, if applicable (or any other amount withheld, as the case may be). This statement will be mailed to you following the first direct deposit.

A new statement will only be mailed to you following a change in the amount payable or when a report is required by Industrial Alliance Insurance and Financial Services Inc.

WHERE TO SUBMIT THE FORM?
For Quebec residents

By fax: 1-877-799-6691
 By mail: PO Box 790, Station B
 Montreal, Quebec H3B 3K6

For other provinces residents

By fax: 1-877-781-1583
 By mail: 522 University Avenue, Suite 400
 Toronto, Ontario M5G 1Y7

Note: If you submit the form by fax, the original form is not required.