

Accident Benefits Plan
Direct Deposit Authorization



Please return this completed form and supporting documents to:

The Wawanesa Life Insurance Company - Claims

236 Carlton Street, Winnipeg, Manitoba R3C 1P5

For inquiries, please call 1-844-318-0411 Fax: 1-855-496-3028

Email: wawanesalife-claims@wawanesa.com Website: wawanesalife.com

Direct Deposit Authorization

Direct Deposit is the method of payment by Wawanesa Life. If you have not already signed up, please complete this section.

Plan Member's First Name: _____ Last Name: _____

Telephone Number: _____ Email: _____

Please attach a personalized void cheque or a direct deposit form from your banking institution along with this authorization.

I hereby authorize The Wawanesa Life Insurance Company ("Wawanesa Life") to deposit my benefit payment to the account and the financial institution specified above. This authority is to remain in full force and effect until Wawanesa Life has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Should Wawanesa Life inadvertently deposit into my account any monies not rightfully belonging to me, I authorize Wawanesa Life to debit my account for such amount.

Plan Member's Signature: _____ Date (mm/dd/yyyy): _____

Account Holder Signature (if applicable): _____ Date (mm/dd/yyyy): _____

Personal Information Consent

The information collected on this application for insurance is required for the purposes of considering and, if approved, processing this application for insurance. It may also be used to administer the insurance policy, investigate any claims that may be made under this policy, and for the provision of products and services. This information, and information in existing files, may be used by and exchanged among Wawanesa Life Insurance Company, their agents, affiliates, partners, subsidiaries, reinsurers, rating agencies, and authorized administrators for these purposes, regardless of whether a policy is issued or coverage ceases to be in force.

Subject to legal and contractual requirements, the applicant may refuse to consent to the collection, use, or disclosure of their personal information for specific purposes by contacting privacy@wawanesa.com or by calling 1-888-997-9965 and asking to speak to the Privacy Officer.

For Wawanesa Life use only

Received (mm/dd/yyyy):