

# Claims Payment Authorization



Please return this completed form and supporting documents to:

**The Wawanesa Life Insurance Company**

Attn: Life - Claims

236 Carlton Street, Winnipeg, Manitoba R3C 1P5

For Inquiries, please call 1-844-318-0411, ext. 3

Fax: 1-855-496-3028 Email: wawanesalife-claims@wawanesa.com

wawanesalife.com

Name of Policyholder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

If there are multiple beneficiaries, each beneficiary must submit a Claims Payment Authorization Form.

☐ **Option 1 - Cheque** If you choose this option, please indicate the address you would like the cheque mailed to.

Address of Beneficiary: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Date of Signature (dd/mm/yyyy)

☐ **Option 2 - Electronic Funds Transfer** The funds will be automatically deposited into your bank account.

**Account Type:**

☐ Savings account (a signed authorization from your financial institution is required)

☐ Chequing account (attach sample cheque marked "void")

Name of Canadian Financial Institution: \_\_\_\_\_

Transit Number: \_\_\_\_\_ Institution Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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## Direct Deposit Authorization and Declarations

- I authorize The Wawanesa Life Insurance Company to deposit all claims payments directly to the account indicated above.
- I authorize The Wawanesa Life Insurance Company and my financial institution to exchange personal information, when necessary to administer the direct deposit.
- I agree that a photocopy or electronic copy of this Direct Deposit Authorizations is as valid as the original.
- I certify that the information given is true, correct and complete to the best of my knowledge.

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Signature of Beneficiary

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Date of Signature (dd/mm/yyyy)

**We require your signature in order to process your payment request. Please ensure this form is completed in full.**

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## Personal Information Protection

At The Wawanesa Life Insurance Company (Wawanesa Life), we recognize and respect the importance of privacy. When a person applies for coverage, we establish a confidential file that contains their personal information. This file is kept in the offices of Wawanesa Life or the offices of an organization authorized by Wawanesa Life. You may exercise certain rights of access and rectification with respect to the information in your file by sending a request in writing to Wawanesa Life's address on the top of this form. Wawanesa Life limits access to personal information in your file to Wawanesa Life staff or persons authorized by Wawanesa Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Wawanesa Life will use the personal information to administer the group plan, investigate and process claims, and create and maintain records concerning our relationship.