Print Reset

DIRECT DEPOSIT ENROLLMENT FORM

☐ NEW APPLICATION ☐ EXISTING PLAN # _____

INSTRUCTIONS

PLEASE PRINT ALL ANSWERS.

FOR CHEQUING ACCOUNT, ENCLOSE A 'VOID' BLANK CHEQUE.

FOR SAVINGS ACCOUNT, PLEASE HAVE THE BANK VERIFY ACCOUNT INFORMATION.

ANNUITANT INFORMATION

Name

Address

City and Province Postal Code

Telephone No. -

BANK INFORMATION

Financial Institution (F.I.)

Branch Address

City and Province Postal Code

Type of Account (must allow electronic debits) ☐ Savings ☐ Chequing

Transit No. F.I. No. Account No.

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: receiving payments on account of insurance premiums, investment contributions, policy loan repayments and mortgage payments; depositing funds into my account; establishing and maintaining communications with me; detecting and preventing fraud; compiling statistics and acting as required or authorized by law.

I understand that Wawanesa Life may share my personal information with the following people, organizations and service providers: Wawanesa Life employees and agents who require this information to perform their jobs; providers of information processing and storage, programming, printing, mailing and distribution services; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8.

SIGNATURE

I authorize The Wawanesa Life Insurance Company to deposit my annuity payment into the above account.

I confirm that I have read, understood and accepted the terms and conditions contained in the Consent & Disclosure Regarding Personal Information.

A photocopy or an electronic reproduction of this document will be as valid as the original.

Date Signature of Annuitant

PLEASE RETURN FORM TO:

The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8

TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com

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