



# Group Benefits Request for Direct Bank Deposit

Return completed form to: **Prairie Teamsters Administration Services OR**  
**155 - 7260 12 ST SE**  
**CALGARY AB T2H 2S5**  
**Tel: (403) 252-6924**  
**Fax: (403) 253-3231**

Manulife Financial Group Benefits  
Attention: Disability Claims  
PO BOX 4217 STN C  
CALGARY AB T2T 5N1  
Tel: 1-877-481-9169  
Fax: 1-866-635-3050

## Direct bank deposit

**Please complete this section in the event that benefits are approved.**

Please attach a sample of a cheque for the account.  
(Mark it void.)

**IN THE EVENT BENEFITS ARE APPROVED**, do you wish to receive your benefits directly into your bank account?

Yes  No If you have selected yes, please provide the following information.

Plan contract numbers (include your Social Insurance Number if this is a group policy)

Name of person(s) receiving payments

Social Insurance Number

Address (number, street, and apt.)

City

Province

Postal code

Name of financial institution

Address (number, street)

City

Province

Postal code

Type of account

Savings  Personal chequing  Current

Transit number

Bank account number

**I hereby authorize** the Manufacturers Life Insurance Company ("Manulife Financial") to deposit, until further notice, payments due to me from the above policy, into my bank account. **I agree** that Manulife Financial will have no further liability with respect to any payments made in accordance with this authorization, and may at any time discontinue payment as requested herein and require my personal endorsement.

**I, for myself, my heirs, my executors, administrators, and assigns do hereby consent and agree** that any sums of money so paid to the bank after my death shall be refunded to Manulife Financial for distribution to the person or persons, if any, entitled thereto under the terms of the policy.

For Group Life and Health policies, **I authorize** the use of my Social Insurance Number (SIN) when applicable for the purposes of my request for Direct Bank Deposit. **I authorize** the use of my SIN for the purposes of identification and administration, if my SIN is used as my certificate number.

The above request and authorization apply to any other account in this financial institution or any other financial institution subsequently named by me.

Authorized signature

Date (dd/mmm/yyyy)

Please attach your cheque sample marked "Void" here.