

DIRECT DEPOSIT REQUEST FORM

Please print clearly.

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

1. Empire Life code		Name (as it appears on contract)	
<input type="radio"/> Start direct deposit		<input type="radio"/> Change information on direct deposit	
2. Financial Institution Information			
<input type="radio"/> Account shown on attached void cheque (must be personalized with the name appearing on contract)			
<input type="radio"/> If you are not attaching a void cheque complete information below and have confirmed by your financial institution. (name on account must be same as name appearing on contract)			
Direct deposit routing number		Financial institution name, address and postal code	
Branch number	Institution number	Account number	
Name(s) of account holder(s)			
Joint signatures required <input type="radio"/> Yes <input type="radio"/> No			
Confirmation/Signature of Financial Institution Official			
Telephone number	Date (dd/mmm/yy)	(stamp may be used)	
3. Authorization and Consent			
I authorize:			
<ul style="list-style-type: none"> • Empire Life to deposit commission payments into my account noted in Section 2 above until notice in writing is given to stop direct deposit. • My financial institution to honour any deposit (credit) to my account as outlined in Section 2 above and return to Empire Life any amount deposited to which I am not entitled. 			
I understand and agree that:			
<ul style="list-style-type: none"> • Any direct deposit arrangements may be terminated on 10 days written notice beginning the day the notice is mailed either by Empire Life or by me. 			
A photocopy or an image of this signed Authorization and Consent will be as valid as the original.			
Signature of Advisor			
X			
If using a corporate account with more than one signing authority			
Signature		Signing authority name	
X			
Signature of MGA/AGA/GA (if applicable)			
X			
All signed at (City and Province)		Date (dd/mmm/yy)	