



# 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.

*You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Head Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at [www.wawanesalife.com](http://www.wawanesalife.com).*

## SIGNATURE

I AUTHORIZE THE WAWANESA LIFE INSURANCE COMPANY TO DEPOSIT MY ANNUITY PAYMENT INTO THE ABOVE ACCOUNT.

Date

\_\_\_\_\_  
Signature of Annuitant

**PLEASE RETURN FORM TO:**

**The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8, FAX 1-888-985-3872**