



**DIRECT DEPOSIT OF CLAIM BENEFITS
GROUP INSURANCE**

<input checked="" type="checkbox"/> Please select your request		
<input type="checkbox"/> Initial Authorization <input type="checkbox"/> Modification		
Member Identification		
Policy Owner	Group	Certificate
Name	First name	
E-mail address		
Authorization		
<p>I hereby authorize UL Mutual (The Union Life Mutual Assurance Company), to deposit my group insurance claim payments into my personal bank account identified on the attached void check. I certify that the foregoing information is accurate and complete, and I commit to inform UL Mutual, of any changes.</p> <p>I accept that this agreement may be cancelled by UL Mutual, or by myself upon written notice.</p>		
Please attach a void check		
Member's signature	Date	
X	D	M Y

Please return the completed form to the following address:

UNION LIFE MUTUAL ASSURANCE COMPANY
 142, HERIOT, P.O. BOX 696
 DRUMMONDVILLE (QUEBEC) J2B 6W9
 TEL. : 819-478-1315
 TOLL FREE : 1-800-567-0988
 FAX. : 819-474-1990
 WEB SITE : www.ulmutual.ca