

DIRECT DEPOSIT APPLICATION HEALTH CARE/DENTAL PAYMENTS

To avoid delays, please complete the required information by printing clearly in ink.

1. GENERAL INFORMATION

To have your claim benefits deposited electronically, simply complete the attached form and return it to us.

Direct deposit of funds allows The Co-operators to deposit your benefit payments directly to your financial institution. This service is convenient for you because the money will automatically appear in your account each time a claim is paid. A corresponding explanation of benefit letter will be mailed to you explaining the distribution of the benefit payment. If you change your bank account, we require three weeks notice to avoid any delay in your payment.

You can choose to go paperless by providing your email address and banking information through Benefits Now™ for Plan Members. You will receive your explanation of benefits electronically and can update your banking information online. You can register for Benefits Now for Plan Members by calling our Group Client Service Centre at 1-800-667-8164.

Please return the completed form to:

**Co-operators Life Insurance Company
Group Benefits Administration
1920 College Avenue
Regina, SK S4P 1C4**

Fax: (306) 761-7176

2. PLAN MEMBER INFORMATION

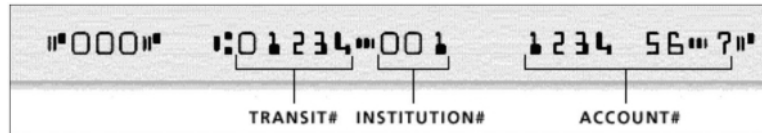
Group 29001 Account 00001 Certificate _____

Plan Member _____
First Name Initial Last Name

Address _____
Street City Province Postal Code

Financial Institution Name _____

Please include a personal cheque marked "VOID". If you are not attaching a void cheque, please provide the following information as displayed by the example below:



Transit
(5 digits)

Institution
(3 digits)

Account
(maximum 12 digits)

3. PRIVACY & AUTHORIZATION

CO-OPERATORS LIFE INSURANCE COMPANY PRIVACY STATEMENT

The Co-operators is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

At The Co-operators, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. You can find more details about The Co-operators privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact our Privacy Officer at The Co-operators at Priory Square, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: privacy@cooperators.ca (please include The Co-operators company you deal with in your inquiry).

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.

I hereby authorize The Co-operators to deposit Extended Health and Dental payments directly to my account and to exchange my relevant financial information with my financial institution for such purpose. This authorization shall remain valid until revoked by me in writing. Any copy of this authorization shall be as valid as the original.

Plan Member Signature _____ Date _____

MMM/DD/YYYY