

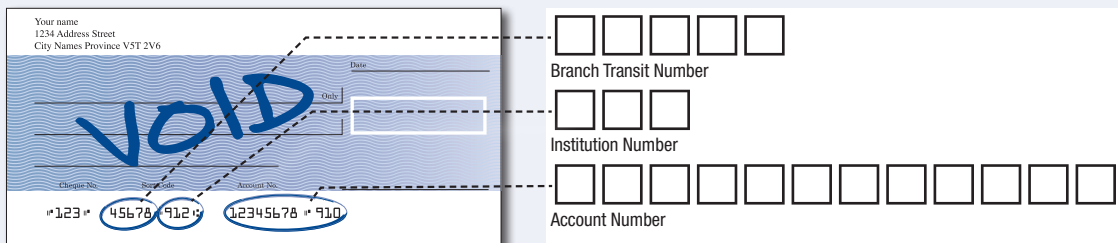
## Direct Deposit Registration Form

To benefit from the convenience of receiving your claims payments by pre-authorized direct deposit, you must complete the following steps: Complete this form and return it to us by mail or fax: (PLEASE PRINT CLEARLY)

Employer Name			Group Policy Number(s)		
Surname		First	Initial	ID Number	
Address		City		Province	Postal Code
Email Address			Birthdate Year / Month / Day		Telephone (      )

Name of Financial Institution			<input type="checkbox"/> Chequing Account <input type="checkbox"/> Savings Account		
Branch Address		City	Province	Telephone (      )	

Please attach either a Void Cheque or a Direct Deposit Authorization form, completed by your financial institution, which verifies your complete bank account encoding information.



I authorize D.A. Townley (DAT) to transfer funds via direct deposit to the account designated above. I understand that this authorization will remain in effect until terminated in writing by me or DAT. I agree that DAT will have no further liability with respect to any payments made in accordance with this authorization. I elect to receive my Explanation of Benefits in relation to my claim online via the Plan's Member website. I authorize DAT, its agents, consultants or service providers, my financial institution, health care providers, other financial institutions, insurance and reinsurance companies, government agencies and departments, employers and former employers, my local union and plan trustees, actuaries and auditors to exchange my personal information, when necessary to administer the plan. I authorize and direct the financial institution designated above to correct overpayments credited to my account during or after my lifetime by debiting my account and refunding such overpayments to DAT at its sole discretion. When providing information for my Spouse or Dependents, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic version of this authorization shall be as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

Signature	Date
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## Direct Deposit for Claims Reimbursement

D.A. Townley & Associates Ltd. now offers "Direct Deposit for Claims Reimbursement". In order to take advantage of this service, we require some information from you. The following is a list of questions we think will help you.

### CONCERNED ABOUT PRIVACY?

- We are committed to protecting your personal information and use your information solely for the purpose of administering your benefit plan.
- We do not disclose your information without your permission, except in limited circumstances as permitted or as required by law.
- A copy of our Privacy Policy is available upon request or at [www.datownley.com](http://www.datownley.com)

### HOW DO I CANCEL DIRECT DEPOSIT?

- Your Direct Deposit request will remain in effect until you change your banking information or cancel the service.
- To cancel the service, please contact us at (604) 299-7482.

### KEEPING YOUR DETAILS UP TO DATE

- It is important that we have your current contact details, including your email address. If there is a change to these details, please contact us immediately.
- If you want to change the account into which your payments are being deposited, you will need to complete a new Direct Deposit Registration Form. Remember not to close your current account until you have provided your updated details to us.

### NEED MORE INFORMATION?

If you have any questions or need help to complete this form, please contact us at 1-800-663-1356 or (604) 299-7482.