APPLICATION FOR DIRECT DEPOSIT OF GROUP BENEFIT PAYMENTS

Necessary for online claims submissions

BENEFITS OF DIRECT DEPOSIT

Direct Deposit of Group Benefit Payments (otherwise known as Electronic Funds Transfer or 'EFT') allows RWAM to deposit your approved benefit payments directly into your personal or joint bank account (your name must be on the account).

You will be e-mailed once your claim is processed, and a corresponding Explanation of Benefits ('EOB') statement will be made available to you, explaining the benefit payment and/or decision.

Advantages of this convenient service include: Quick, safe and confidential**,** eliminates risk of lost or delayed benefit cheques**, c**onvenient, no extra trips to the bank, and it's more environmentally friendly.

EMPLOYEE & BANKING INFORMATION

Employee Name _____ Group # _____ Certificate # _____

Send my Explanation of Benefits (EOB) to my personal e-mail address at _____

Attach Your Cheque Marked "VOID"

If you are do not have a chequing account, we recommend that you confirm the account information you are providing with your financial institution.

Return this form and your VOID cheque by mail, fax or email to:

RWAM Group Administration Department
49 Industrial Drive, Elmira, ON N3B 3B1
Fax: 519-669-1923
email: csr-groupadmin@rwam.com

If a void cheque is not included, complete the following:

Sample cheque number pattern

Name(s) of Account Holder (as it appears on the cheque) _____

Name & Address of Financial Institution _____

Financial Institution # ___ ___ ___ (3 digits)

Branch/Transit # ___ ___ ___ ___ ___ (5 digits)

Account # _____
(If your Acct. # starts with zero, be sure to include the zero. Do not include dashes, hyphens or any other punctuation.)

NOTES:

- If you don't have cheques and are unfamiliar with how to complete the above, contact your financial institution or your Plan Administrator to make sure you are providing RWAM with the correct information. Inaccurate or missing information can result in delays or errors.
- You must be the sole or ***joint*** (generally jointly with your spouse) account holder at a Canadian financial institution & have signing authority.
- Applications for deposit to a third party's account will be rejected.

AUTHORIZATION

I hereby authorize RWAM Insurance Administrators Inc. to deposit Group Benefits (Extended Health, Dental and/or Disability) payments directly to my personal/joint bank account and to exchange my relevant financial information with my financial institution for such purposes. This authorization shall remain valid until revoked by me in writing. Any copy of this authorization shall be as valid as the original.

Employee Signature *x* _____ Date (yy/mm/dd) _____