



APPLICATION FOR DIRECT DEPOSIT OF GROUP BENEFIT PAYMENTS

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/joint bank account.

A corresponding Explanation of Benefits ('EOB') statement will be sent to you, explaining the benefit payment.

Sign up for Direct Deposit by June 17, 2010 for your chance to win in RWAM's Going Green Contest!

WIN \$100 HOME HARDWARE GIFT CARD

Register for Direct Deposit online
for a chance to WIN

1. Go to **www.rwam.com** - On the home page, under the Plan Member column click on 'Plan Member Sign In'
2. Enter your user ID and password, or if you're not registered, click on "Register Now" and follow the steps.
3. Once in your personal profile, click on 'Update direct deposit'. If your banking information is blank or incorrect - click 'Update Direct Deposit Information' and enter your banking information. Once completed click 'Update'.
4. On this same screen, from the upper menu bar under 'Personal' select 'Personal' from the submenu. If your e-mail address is not indicated under Contact Information, click on 'Update Contact Information' and enter your e-mail address and then 'Update' as this is required to qualify for the contest.

OR

WIN \$50 HOME HARDWARE GIFT CARD

Register for Direct Deposit below and mail or
fax to RWAM for a chance to WIN

Employee Name _____ Group # _____ Certificate # _____
(Please print)

Personal e-mail address _____ (This must be included to qualify for the contest)

BANKING INFORMATION: Attach a personal cheque marked 'VOID' or complete the following:

Name(s) of Account Holder _____

Name & Address of Financial Institution _____

Bank # _____ Branch # _____ Account # _____
(3 digits) (5 digits)

NOTES:

- ▶ You must be the sole or **joint** (generally jointly with your spouse) account holder & have signing authority.
- ▶ Applications for deposit to a third party's account will be rejected.

Disclaimer: The transfer of any personal information by e-mail is not 100% secure. Your consent to transfer information by e-mail is given with this knowledge and understanding, and RWAM Insurance Administrators Inc. does not accept any responsibility for any interceptions of e-mails by unauthorized parties.

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) _____

RWAM INSURANCE ADMINISTRATORS INC.

49 Industrial Drive Elmira, ON N3B 3B1 Fax: 519-669-1923 Our Compliments: 1-877-888-7926 Local: 519-669-1632

