



DIRECT DEPOSIT AUTHORIZATION / REQUEST FOR PRE-AUTHORIZED PAYMENT

Please indicate your
Firm & Certificate #

Firm #

Certificate #

Covered Individual's Full Name _____

COMPLETE THE APPLICABLE SECTIONS TO CHANGE YOUR FINANCIAL INSTITUTION ACCOUNT INFORMATION

DIRECT DEPOSIT AUTHORIZATION

Identify the account you want to use to receive benefit payments directly from Johnston Group Inc. The account you choose must have chequing privileges.

IMPORTANT: Send this completed form to us along with a sample cheque marked "VOID". Without a sample cheque, we do not have the account codes we need to make direct deposits on your behalf.

Financial Institution Account Information

Account Number _____ Transit Number _____

Financial Institution _____

Branch Address _____

Authorized Signature _____ Date _____

I authorize Johnston Group Inc. to deposit benefits payable to me to the account I have elected. I can cancel this authorization at any time by writing to the National Service Centre. **I have attached a sample cheque, marked "VOID", to provide the Financial Institution details necessary for direct deposit.** I understand that Johnston Group Inc. will provide an Explanation of Benefits statement to me explaining how each direct deposit amount has been calculated.

REQUEST FOR PRE-AUTHORIZED PAYMENT

Financial Institution Account Information

Account Number _____ Transit Number _____

Financial Institution _____

Branch Address _____

Authorized Signature _____ Date _____

THE ACCOUNT YOU CHOOSE MUST HAVE CHEQUING PRIVILEGES.

I authorize Johnston Group to make withdrawals for the payment of monthly premiums. I authorize Johnston Group to debit the account on the 1st day of each month. **I have attached a sample cheque, marked "VOID" to verify the necessary Financial Institution account details.** The monthly debit is for group insurance premium. The amount may be variable and I will receive notice of the debit approximately 3 business days before the 1st of each month. However, I will not receive notice of subsequent months' debits until such time as the amount changes. I understand that this agreement may be revoked at any time by providing 30 days written notice. I understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. I understand that I may obtain further information on my right to cancel / recourse rights by contacting my financial institution, or by visiting www.payments.ca.

Covered Individual's Signature _____ Date _____

NATIONAL SERVICE CENTRE

1051 King Edward Street, Winnipeg, MB R3H 0R4 • 1-800-893-7587 • jgretiree@johnstongroup.ca

Health and dental insurance is underwritten by Co-operators Life Insurance Company and administered by Johnston Group Inc. Travel insurance is underwritten by CUMIS General Insurance Company, a member company of The Co-operators Group Limited, and is administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.

Administered by Johnston Group Inc.



Platinum member