

1. Information about the Member

_____	_____	_____	_____
Last name	First name	Contract No.	Date of birth
_____	_____	_____	_____
Address (No.)	Street		Apt.
_____	_____	_____	_____
City	Province		Postal code
_____	_____	_____	_____
Telephone (home)	Telephone (work)	Extension	Email

2. Information about Financial Institution and Authorization Mandatory: Enclose a personalized cheque specimen marked "VOID"

_____	_____	
Name of financial institution	Account holder (last name/first name)	
_____	_____	
Branch No.	Account No.	Joint account holder (last name/first name) (if applicable)
X	X	_____
Signature of account holder	Signature of joint account holder (if applicable)	Date
_____	_____	_____

Reserved for Beneva

Contract No.: _____