

Policy Information

Policy number: _____ Policyowner: _____

Payer Identification

Name: _____

| Y | Y | Y | Y | M | M | D | D |

Date of Birth

Relationship with the insured

Payer's Supporting Document

This section must be completed by the financial security advisor/representative. If he/she is not present, do not complete this section.

The financial security advisor/representative must:

- verify the identity of the payer;
- review the applicable document indicated below for that person (must be a government-issued photo identification document). In Quebec, you are not allowed to request the client's Health Card, but you can accept it only if the client offers it to you. In the provinces of Ontario, Manitoba, Nova Scotia and Prince Edward Island, the use of a Health Card for identification purposes is prohibited;
- indicate, for each payer, which of the required documents has been reviewed, its number, its expiration date and jurisdiction. The identifying document must be an unexpired original. If the document is "Other photo identification document admissible by Law", please specify the type of document verified.

☐ Driver's licence ☐ Passport ☐ Citizenship card with photo☐ Other photo identification document admissible by Law (specify): _____

Name of the payer (as appearing on the document): _____

Document number

Jurisdiction

| Y | Y | Y | Y | M | M | D | D |

Document expiration date

Payment

Name of Financial Institution: _____ Bank Account Number (source of funds): _____

Name of Account Holder: _____

Amount of Payment: _____ | Y | Y | Y | Y | M | M | D | D |

Date of Payment

Reason for Paying by Draft or Money Order: _____

Consent and Signatures of the payer(s)

I (We) authorize the Canadian financial institution mentioned above to provide the insurance company Beneva Inc. with a written confirmation indicating that the funds used for the bank draft / postal money order have been taken from my (our) personal / corporate account, and I (we) confirm that no third parties have taken any part in this transaction.

I (We) authorize Beneva Inc., when required by law, to ascertain my (our) identity by means of a reliable and independent identification product and/or any other method provided by law.

X

Payer's Signature

| Y | Y | Y | Y | M | M | D | D |

Date

X

Payer's Signature

| Y | Y | Y | Y | M | M | D | D |

Date

Declaration of the Financial Security Advisor/Representative

By signing below, you attest that you have seen the original documents provided by the payers confirming their identity and that these documents are non-expired and valid.

Full name of the Financial Security Advisor/Representative

Financial Security Advisor/Representative No.

X

Signature of the Financial Security Advisor/Representative

| Y | Y | Y | Y | M | M | D | D |

Date

Acceptance of this bank draft or postal money order is subject to approval by Beneva Inc.