

Initial request for direct deposit ☐
Request to change bank accounts ☐
Request to end direct deposit ☐

IDENTIFICATION OF INTERMEDIARY

Name of Intermediary: _____ Telephone of Intermediary: _____

Name of Account holder: _____

As an intermediary with SSQ, Life Insurance Company Inc. and/or SSQ Insurance Company Inc. (hereafter "SSQ") in the distribution or administration of group insurance contracts, I authorize SSQ to deposit any compensation into my bank account, information for which is indicated on the enclosed cheque, until further written notice from me. I understand that SSQ is not bound by any obligation regarding the amounts paid in accordance with the above.

I further authorize SSQ, Life Insurance Company Inc. or SSQ Insurance Company Inc. to release all information necessary for these deposits to any person needing this information to follow up on this authorization.

I certify that the information provided above is accurate.

Signature of Account holder

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

IMPORTANT

Please enclose a cheque marked "VOID" to avoid any transcription errors. If you change accounts or financial institutions, please inform SSQ, Life Insurance Company Inc.

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