

To be completed by the representative and payer (if applicable)

Policy Information

Policy number

Policyowner

Payer identification

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 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.

Name of the payer (as appearing on the document)

Relationship with insured

Driver's licence Passport Citizenship card with photo

Other photo identification document admissible by Law (specify): _____

Document number

Jurisdiction

| Y | Y | Y | Y | M | M | D | D |
Document expiration date

Payer's Method of Payment

Amount of payment

| Y | Y | Y | Y | M | M | D | D |
Date of payment

Payment in cash

X
Payer's signature

X
Representative's signature

Payment other than in cash

Attach a copy of the cheque or other document with trust cheque.

Trust Cheque from Representative or Agency

Name of financial institution

Bank account number (source of funds)

Amount of payment

| Y | Y | Y | Y | M | M | D | D |
Date of payment

Reason for paying by trust cheque

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 trust cheque have been taken from my (our) corporate account and that it is a trust account. I (we) also authorize Beneva Inc. to access and view my (our) trust account register for verification purposes.

I (we) attest that I (we) have seen the original document provided by the payer confirming their identity and that the document is non-expired and valid.

X
Signature of the firm / Agency representative

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

X
Signature of the firm / Agency representative

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

Acceptance of this trust cheque is subject to approval by Beneva Inc.