

INFORMATION ABOUT CLIENT

<input type="text"/>		<input type="text"/>	
Client's last name		Client's first name	
<input type="text"/>		<input type="text"/>	
No, street, apt.		City	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal code	Telephone (home)	Telephone (work)
Date of birth: <input type="text"/>	<input type="text"/>	<input type="text"/>	
Year	Month	Day	Client's email address

AUTHORIZATION

I hereby authorize La Capitale Financial Security to deposit the benefits into my bank account. **Please complete the following bank information or enclose a void cheque.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch number	Institution number	Account number	Branch number	Institution number	Account number

Three easy ways to return this form:

- 1) By mail:** La Capitale Financial Security
7150 Derrycrest Drive
Mississauga ON L5W 0E5
- 2) By email** (photo or a scanned copy of the form): claims@lacapitale.com
- 3) By fax:** 905 795-2313

If a deposit cannot be made, we will send you a cheque.

DECLARATION AND SIGNATURE

I declare that the information provided in this form is true and complete. I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this application form whose integrity is ensured has the same legal value as the original.

Signed at _____ this _____ day of _____ 20 _____.



Client's signature