




If you are already set up for Direct Deposit, please check here, complete *Information about client* and return form to us.

1. Information about client

Last name		First name										
Address (No.)	Street		City									
Province	Postal code	Telephone (home)	Telephone (work)									
<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	Date of birth		Policy No.	Email address
Y	Y	Y	Y	M	M	D	D					

2. Authorization

I hereby authorize Beneva Inc. to deposit the benefits into my bank account. I authorize Beneva Inc. (Beneva) to withdraw from my bank account all benefits that may have been paid by mistake or to which I am not entitled under the contract or under the associated laws and regulations in effect. **Please complete the following bank information and enclose a void cheque.**

			
Branch number	Institution number	Account number	Account number

Three easy ways to return this form:

- 1) **By mail:** Beneva Inc.
1225 Saint-Charles Street West, Suite 200
Longueuil, Quebec J4K 0B9
- 2) **By email** (photo or a scanned copy of the form): reclamations@beneva.ca
- 3) **By fax:** 1 866 582-6672

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

3. 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.

X	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		
Client's signature	Date								

Protection of Personal Information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the *Privacy statement* at beneva.ca.