

PART A - Annuitant's Authorization for Pre-arranged Credits/Debits

TO: The Canada Life Assurance Company ("the Company")
 AND TO: The Depository Named Below ("the Depository")

I authorize the Company to,

- (1) initiate credits to my bank account indicated in Part B as payments fall due. Each credit initiated will discharge the Company from its obligation therefor.
- (2) initiate debits to the same account of any overpayments made in error or after my lifetime.

I authorize the Depository to credit, or debit, my account for any amounts initiated by the Company. I understand that this authorization will be in effect until the Company has received written notification from me that I no longer desire this service, or that I wish to change my Depository, branch, account number or mailing address, and the Company and the Depository have had reasonable time to act on my notification.

Policy Number Group Certificate No. (if applicable)

PART B - Banking Details (Please attach a sample VOID check.)

Name of Bank, Trust or other Depository Institution	Transit/ABA No.

Bank Address, Street and Number/Box Number

Bank City/Town and State	Zip Code

Account Number	Account Type
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Account Holder's name

Witness	Annuitant's Signature
Date	Annuitant's Phone No.

PART C - Bank Confirmation:*

VERIFICATION OF BANKING DETAILS

Date	Authorized Bank Signature

* Note: Please have the Banking Details confirmed by your bank ONLY if your account does NOT have checking privileges.

SOMETHING TO THINK ABOUT . . .

We would like you to consider letting us deposit your annuity/pension payments directly into your bank account. Everybody likes to receive their payments promptly and that can now be ensured.

THINK OF THE ADVANTAGES . . .

- Reliability** - timely deposits - even when you are away
- Safety** - no risk of loss
- no risk of theft
- Convenience** - your account is credited with no effort from you
- you can avoid - special trips to the bank
- lines and delays
- bad weather

To take advantage of this completely confidential service, please complete Part A - Annuitant's Authorization For Pre-arranged Credits/Debits and Part B - Banking Details shown on the reverse of this form. If this is an account with checking privileges, simply attach a sample check marked "VOID" and return this form. If your deposits are to be made to an account without checking privileges (e.g. Savings Account) have your bank verify the Banking Details and sign Part C - Bank Confirmation before you return it to:



The Canada Life Assurance Company
PO Box 989
Buffalo, NY 14240-0989

ACT NOW . . .