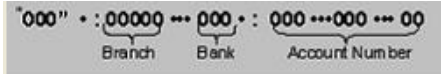


Direct Deposit Authorization

General Information	<p>First Name: _____ Last Name: _____</p> <p>Address: _____ _____ _____</p> <p>Telephone: _____</p> <p>Policy: _____</p> <p>Division: _____</p> <p>Certificate: _____</p>
Banking Information	<p>Please attach a blank cheque marked "VOID" or provide your banking information below, if no cheque is available.</p> <p style="text-align: center;">Name of Financial Institution: _____</p> <p style="text-align: center;">Address of Financial Institution: _____ _____ _____</p> <p>Insert the numbers found on the bottom of the cheque, as shown in the following example.</p> <p>Branch Number: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Financial Institution Number: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Account Number: _____</p> <div style="text-align: center; margin-top: 10px;">  </div>
Authorization	<p>I hereby authorize and request Assumption Life to credit payments due to me to my account with the financial institution specified above or found on the attached cheque.</p> <p>This authorization may be cancelled at any time upon written notice by me.</p>
Date & Signature	<p style="text-align: center;">_____</p> <p style="text-align: center;">Authorized Signature Date (DD/MM/YYYY)</p>