

Identification

Policy no.: _____ Certificate no.: _____

Name of employee: _____

Financial information

Name of financial institution: _____

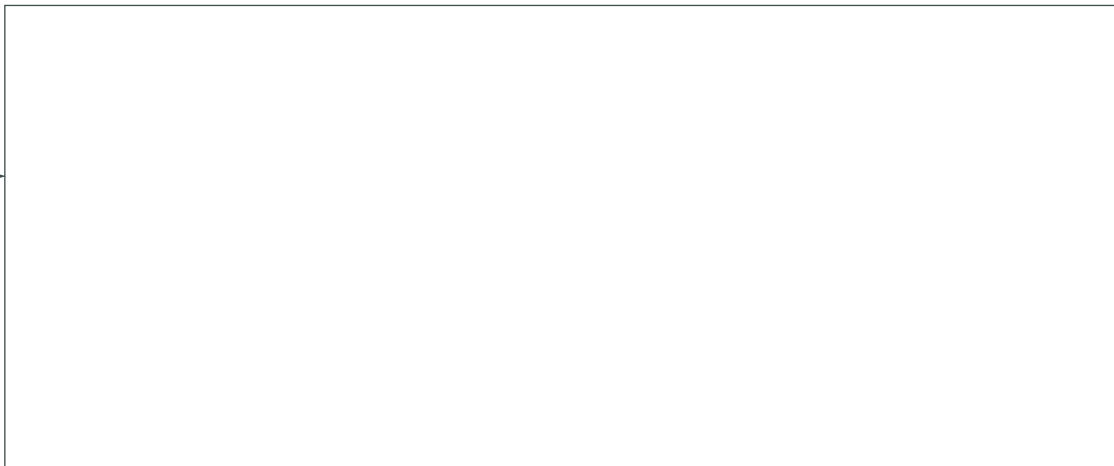
Branch address: _____

Branch number: _____

Account number: _____

I request that my benefits be paid through electronic fund transfers (direct deposit) into this account.

Date: _____ Signature: _____

Please enclose a void check (unsigned) with this form.A large, empty rectangular box with a thin black border, intended for the user to attach a void check. An arrow points from the instruction box above to the top-left corner of this box.