



REQUEST FOR DIRECT DEPOSIT

CONTROL NUMBER			
THE EQUITABLE LIFE INSURANCE COMPANY OF CANADA ("Equitable®") is hereby requested and authorized to deposit payments under its Direct Deposit Plan (hereinafter refferred to as D.D.P.) to my/our bank account as shown below, subject to the conditions below.			
NEW APPLICATION 🗆	POLICY NUMBER(S)		
NAME OF PAYEE		BANK ADDRESS	BANK NUMBER
ACCOUNT - CURRENT		BANK STREET NUMBER	
ACCOUNT NUMBER		CITY AND PROVINCE	
SIGNATURES OF DE	POSITORS		DATE

PLEASE ATTACH A PERSONALIZED SAMPLE OF A CHEQUE MARKED "VOID" OR A DIRECT DEPOSIT FORM OBTAINED FROM YOUR BANK.

CONDITIONS

It is understood and agreed that:

- (1) The D.D.P. will terminate in respect of the policy(s) referred to above in accordance with the conditions specified in the contract(s).
- (2) The D.D.P. may be terminated by the Company upon written notice to the payee.
- (3) The payee acknowledges that all monies paid by the Company after the death of the Annuitant are to be returned to the Company in order for the Company to properly disburse any death benefits payable to the Beneficiary.
- (4) I may change or terminate this authorization by providing ten days notice in a manner acceptable to Equitable.