



**REQUEST FOR DIRECT DEPOSIT**

CONTROL NUMBER

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THE EQUITABLE LIFE INSURANCE COMPANY OF CANADA ("Equitable Life") is hereby requested and authorized to deposit payments under its Direct Deposit Plan (hereinafter referred to as D.D.P.) to my/our bank account as shown below, subject to the conditions below.

NEW APPLICATION <input type="checkbox"/>	POLICY NUMBER(S)		
NAME OF PAYEE		BANK ADDRESS	BANK NUMBER
ACCOUNT TYPE	CURRENT <input type="checkbox"/> PERSONAL CHEQUING <input type="checkbox"/> SAVINGS/CHEQUING <input type="checkbox"/>	TRANSIT NUMBER	BANK STREET NUMBER
ACCOUNT NUMBER		CITY AND PROVINCE	
SIGNATURES OF DEPOSITORS			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 Life.