

Member's last name and first name			Certificate No.
No., street, apartment	City, province	Postal code	Policy or group or contract No.
Telephone Nos.:	Home: <small>Area code + Number</small>	Office: <small>Area code + Number</small>	Extension:

This service enables you to receive your health and dental claim payments by direct deposit and to be informed by e-mail when your claim has been processed. If you are not already enrolled in the direct deposit service, please attach a specimen cheque marked "VOID" to this enrollment request.

To enroll in the electronic notice service, provide your E-mail address: _____

For more information about these services, or **to sign up electronically for the services** or to make changes to your personal information, please visit our website at www.desjardinsgroupinsurance.com.

Signature of the member

Date

RETURN TO: Desjardins Financial Security, P.O. Box 4358, STN A, Toronto, ON, M5W 3M3