

Policy No.	Name of insured
Name of policyholder 1	Name of policyholder 2
Monthly disability income benefit amount	
\$	

**IMPORTANT**

- This form must be completed:
  - When a written disability income benefit claim is submitted to the Insurer **AND**
  - When the policyholder wants the monthly disability income benefit to be paid to one or more financial institutions<sup>1</sup> (section 1) or to the insured, when that person is not the policyholder (section 2).
- If the policyholder is a company, this form is not to be completed, since it is mandatory for the monthly disability income benefit to be paid to the company.
- If the policyholder wants to be the recipient of the monthly disability income benefit, this form is not to be completed.
- If this form is not received duly completed, the monthly disability income benefit will be paid to the policyholder.
- Section 3 must be completed immediately on the completion of section 1 or 2.

**1. DISABILITY INCOME BENEFIT PAYABLE TO ONE OR MORE FINANCIAL INSTITUTIONS<sup>1</sup>**

- This section must be completed if the policyholder wants one or more financial institutions to receive all or a portion of the monthly disability income benefit.
- Important: The amount payable to each financial institution must be specified. However, the total amount must not be higher than the monthly disability income benefit amount indicated above.
- The amount payable to a financial institution, which the policyholder indicates in Box A or B, cannot be higher than the monthly reimbursement of the loan held with the institution.
- If the monthly disability income benefit amount is higher than the total amount payable to one or more financial institutions (Box C), the excess amount is payable to the policyholder, unless the latter wants it to be paid to the insured. If so, Section 2 must also be completed.
- Proof of the loan(s) must be attached.

	<b>Amount payable to the financial institution</b>	
<b>Financial institution 1:</b>	\$	<b>A</b>
_____		
Name of financial institution 1		
_____		
Address (No., street)		Apt.
_____		
City		Province
_____		
Country		Postal code
	\$	<b>B</b>
<b>Financial institution 2:</b>		
_____		
Name of financial institution 2		
_____		
Address (No., street)		Apt.
_____		
City		Province
_____		
Country		Postal code
	<b>Total amount payable to financial institutions (A + B)</b>	<b>C</b>
	\$	

1. A financial institution must be a bank, a trust, loan or insurance company, co-operative credit society or any other corporation licensed to conduct business in this regard in Canada.

## 2. DISABILITY INCOME BENEFIT PAYABLE TO THE INSURED

- This section must be completed if the policyholder wants the insured to receive all or a portion of the monthly disability income benefit.
- Important: The monthly disability income benefit cannot be shared between the insured and the policyholder.

**Check one box only:**

- The policyholder wants the insured to receive the total monthly disability income benefit.
- The policyholder wants the insured to receive the monthly disability income benefit amount in excess of the total amount payable to the financial institutions specified in Box C of Section 1.


**Insured's address,  
if different from that  
of the policyholder:**


Address (No., street)	Apt.
City	Province
Country	Postal code

## 3. SIGNATURE OF POLICYHOLDER(S)

The undersigned policyholder(s) are asking the Insurer to pay the monthly disability income benefit on the life of the above-mentioned insured, as specified in this payment instruction. The policyholder(s) therefore give release to the Insurer with regard to any payment made in accordance with this payment instruction.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

 \_\_\_\_\_  
Signature of policyholder 1

 \_\_\_\_\_  
Signature of policyholder 2

### IMPORTANT

This payment instruction is only binding on the Insurer once the latter has received it. The policyholder may modify or revoke it in writing at any time. The Insurer reserves a 30-day period in which to process any payment instruction, subject to the Insurer's approval of the claim. The policyholder alone is responsible for notifying the Insurer of any change to this payment instruction. The Insurer may not be required to reimburse or reissue payment for an amount paid in accordance with this instruction.

N.B. Initial any changes made.