



Direct Deposit Form

Direct deposit is a fast and convenient way to ensure you receive your claim payment as fast as possible.

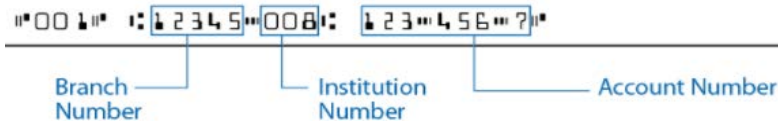
Policyholder Information (please print)

Policy #	Certificate #	Policy Name
Surname	Given Name(s)	Phone #
Address (#, Street Name)		Apartment #
City	Province	Postal Code
E-mail Address (mandatory)		

Bank Information

Please complete the following information and **attach a blank cheque with "VOID" written across the front or a bank issued Pre-Authorized Payment/Deposit form. Any forms without the required documents will not be updated.**

Is this request for: New information <input type="checkbox"/> Change information <input type="checkbox"/>	Financial Institution Name	
Transit #	Institution #	Account #



Authorization

The information that I have provided above is accurate. I will notify NexgenRx of any changes to this data. Please allow NexgenRx to credit my bank account (as per the details provided above) with all my benefit payments. NexgenRx or I can cancel this agreement at any time with written or verbal notice.

Policyholder's Signature	Date
Bank account holder's Signature (if not the same as the policyholder)	Date

At NexgenRx, we know the importance of maintaining your privacy and the confidentiality of personal information. All personal information concerning yourself and your dependants (if any) will be collected, used and disclosed by NexgenRx only for the purposes of adjudicating claims, administering your benefit plan or for certain ancillary purposes, all as set out in the NexgenRx Privacy Policy published on our website at www.nexgenrx.com. You may obtain a printed copy of such Privacy Policy by writing to us at 145 The West Mall, PO Box 110 U, Toronto, Ontario M8Z 5M4, to the attention of our Chief Privacy Officer.