



Sign up
for direct
deposit

canada  life™



Get your reimbursement faster

With direct deposit, when you make a claim under the Pensioners' Dental Services Plan (PDSP), we will automatically deposit the applicable reimbursement into your bank account.

It is that simple!

There are 2 ways to sign up:

Sign up online

Step 1 – Sign in to your PDSP Member Services account through My Canada Life at Work™ at canadalife.com/pdsp.

Step 2 – Go to the icon in the top right corner of the screen, select **Your profile** and select **Banking**.

Step 3 – Provide your banking information.

Sign up by paper

Step 1 – You can download and print the Direct deposit authorization form from the **Forms** page of the PDSP Member Services website at canadalife.com/pdsp. You can also call the PDSP Member Contact Centre to request a paper form be mailed to you.

Step 2 – Complete, sign and date the form.

Step 3 – Include a cheque marked “VOID” with the form.

Step 4 – Mail the form and void cheque to the address below.

Mail to:

The Canada Life Assurance Company
PDSP Positive Enrolment
PO Box 6000 Stn Main
Winnipeg MB R3C 3A5

Questions?

If you have any questions, please sign in to your account through the PDSP Member Services website at canadalife.com/pdsp or call the PDSP Member Contact Centre for inquiries within North America (toll-free) at 1-855-415-4414, Monday to Friday from 8 am to 5 pm, your local time, or for international inquiries (collect) at 1-431-489-4064, Monday to Friday from 8 am to 5 pm, ET.

Direct deposit authorization

Plan name: Pensioners' Dental Services Plan Plan number: _____

Certificate number: _____

Plan member name: _____
Last First Middle initial

Name of Canadian financial institution: _____

Transit number: _____ Institution number: _____

Account number: _____

Consult your financial institution for the proper ID numbers or include a cheque marked "VOID".

Authorizations and declarations

I authorize:

- Canada Life to deposit all claim payments directly to the account indicated above.
- Canada Life, my financial institution, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life to exchange personal information, when necessary to administer the plan.

I agree that a photocopy or electronic copy of this form is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

Plan member signature: _____ Date: _____

We require your signature to set up direct deposit. Without your signature, reimbursements will not be paid through direct deposit.