



REQUEST FOR DIRECT DEPOSIT OF COMMISSION

New request
Modification

Name [Last Name] [First Name]

Agent/Broker Code [0] Sales Office/Agency Office Code []

(if additional Agent/Broker Code) [0] (if additional Sales Office/Agency Code) []

FINANCIAL INSTITUTION INFORMATION

Name []

Address []

[]
City Province

Postal Code [] Telephone # []

Branch Transit # [] Inst # [] Acc # []

* Please attach VOID cheque

I, _____, declare that I am the account holder or, in the case of a corporation, an authorized representative of the account holder described on this form and that the account holder is duly licensed where required.

I hereby authorize Standard Life to deposit commission payments in the above account.

Broker's Signature _____ Date _____

HEAD OFFICE use only

Broker Code [0] effective date of 1st deposit _____

(if additional Agent/Broker Code) [0]

Updated by _____