

I Administrative information <i>(please print)</i>				
Policyholder name				Policy no.
Participant surname	Given name	Certificate no.	Initial	Date of birth (YYY/MM/DD)
				/ /
II Authorization				
I hereby accept the conditions of this policy and I authorize the necessary contributions to be made through salary deductions, if applicable.				
I consent to the use of my Social Insurance Number as my Certificate Number within my group plan and as my identification number in Standard Life database, and that it is my responsibility to advise my Plan Administrator if I do not wish my Social Insurance Number to be used to identify me under the group plan.				
I authorize my employer, the Policyholder, the Plan Administrator, The Standard Life Assurance Company of Canada or their reinsurers and their respective agents to give, receive and share any personal information regarding my eligibility and my insurability or those of my dependents, if any under this plan.				
In case of death, I expressly authorize my employer, the Policyholder, the beneficiary, heir or liquidator of my estate to provide The Standard Life Assurance Company of Canada, when required by the latter, with all the information and authorizations permitting the assessment of the claim and the collection of evidence.				
This consent is valid for the purpose of this contract, or any modifications, extension or reinstatement thereof.				
A photocopy of this consent is as valid as the original if it is used for information-sharing purposes.				
Participant signature			Date (YYY/MM/DD)	
			/ /	