

### Preauthorized Debit (PAD) Agreement

<b>General Information</b>	Please indicate all policy number(s) and name of owner(s) of the policy for which this new agreement applies. If this agreement applies to an insurance application for a new policy, please complete the additional information requested below.														
<b>This PAD agreement applies to the following policies</b>	Policy Number _____ _____ _____	Name of the owner(s) of the policy _____ _____ _____													
<b>Banking Information</b>	<b>Please attach a blank cheque marked "VOID" or a copy of the banking information</b>														
	Name of Financial Institution _____	First and last name of payer: _____													
	Address of Financial Institution: _____	Address of payer : _____													
<b>Type of Service</b>	<input type="checkbox"/> Personal- If debit is from a personal account <input type="checkbox"/> Business – If debit is from a corporate account														
<b>Withdrawal Arrangements</b>	Frequency of withdrawals : <input type="checkbox"/> monthly <input type="checkbox"/> semi-annually <input type="checkbox"/> quarterly <input type="checkbox"/> annually Amount (\$): _____ (subject to change.)  This preauthorized debit agreement is considered a variable one.														
	1. I authorize Assumption Life to begin deductions, at any time, as per my instructions for regular recurring payments. 2. If a preauthorized debit is returned due to insufficient funds (NSF) in the account, Assumption Life will withdraw the related \$25 fee from that same account, without notice. 3. I agree to the debiting of my account on the _____ (1st to 28th day of the month) or the next business day (Subject to change).														
<b>Waiver</b>	I waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of the withdrawal.*														
<b>Cancellation</b>	You may cancel this preauthorized debit agreement at any time, subject to providing Assumption Life with 10 days' written notice. Contact your financial institution about your rights regarding cancellation. (A sample cancellation form is available at <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .)														
<b>Method of payment</b>	Any cancellation of this preauthorized debit agreement will not affect the agreement between you and Assumption Life whatsoever, so long as payment is provided by an alternate method.														
<b>Recourse &amp; Reimbursement</b>	You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .														
<b>Exclusive Rights</b>	All amounts transferred from the preauthorized bank account for the premium payment are for the exclusive benefit of the owner of the insurance policy.														
<b>Date &amp; Signature</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Payer Signature</td> <td style="border: none;">Date (DD/MM/YYYY)</td> <td style="border: none;">*Title</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">2<sup>nd</sup> Payer Signature (if applicable)</td> <td style="border: none;">Date (DD/MM/YYYY)</td> <td style="border: none;">*Title</td> </tr> </table> <p>*If the Owner is a body corporate (corporation, association, etc.), the signature and title of the authorized individuals are required.</p>			_____	_____	_____	Payer Signature	Date (DD/MM/YYYY)	*Title	_____	_____	_____	2 <sup>nd</sup> Payer Signature (if applicable)	Date (DD/MM/YYYY)	*Title
_____	_____	_____													
Payer Signature	Date (DD/MM/YYYY)	*Title													
_____	_____	_____													
2 <sup>nd</sup> Payer Signature (if applicable)	Date (DD/MM/YYYY)	*Title													

\* Assumption Life will not increase your preauthorized debit or change your debit date after your insurance contract becomes effective without notifying you.