



# Request for pre-authorized debit plan (continued)

Owner(s)	Policy number: _____ Indicate a policy number from page 1.
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## Pre-authorized debit agreement (“agreement”)

In this section, *you* and *your* refer to the account holder (or holders) from whose account the withdrawals will be made. *We* and *us* refer to The Canada Life Assurance Company.

**Note:** If the account holder is not the owner, the advisor is to make a copy of this agreement and give it to the account holder.

By signing at the bottom of this section, you understand and agree to the following terms:

### Your personal information

- We may collect, store, use and disclose your personal information as needed with regard to this agreement.
- If you're not the owner of the policy, we may share any information about this agreement with the owner, including payment information.

### Your authorization for regular withdrawals

- You authorize us and your financial institution you named on page 1 to withdraw from your account any monthly payments you've agreed to make, including payments that may vary from one withdrawal to the next, and regardless of any change in policy ownership. Withdrawals may increase or decrease as the insurance policy is administered, including as a result of any changes to the policy. **You release us from any requirement to let you know in advance of these increases or decreases.**
- Payments are subject to the provisions of the policy being applied for. If the premium due date in the policy is different than the withdrawal date shown in this agreement, the fact that they're not the same doesn't change the premium due date.
- You agree to review your account information regularly. If you find a transaction made under this agreement doesn't match your records, you have 90 days from the date of the transaction to contact us. After that, we'll consider the transaction to be correct.

### If a pre-authorized withdrawal is refused by your financial institution

- If any pre-authorized withdrawal is refused by your financial institution, for example because there are insufficient funds in your account (NSF), we may suspend this agreement. We also have the option of making a second attempt to withdraw the amount, but if we still cannot make the withdrawal, we'll suspend this agreement.
- You'll be responsible for any NSF fees charged by your financial institution if they reject a withdrawal.
- If we suspend this agreement and the owner later wants pre-authorized debit payments to resume, we may require a new pre-authorized debit agreement.

### Your rights with respect to unauthorized withdrawals

- 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 agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### Account changes

- If your account information changes, you must tell us in writing at least 14 days before the next withdrawal is to be made. However, we may agree to accept verbal instructions from you to change account information.

### Cancelling this agreement

- You (or the owner) may cancel this agreement by giving us 30 days' written notice. Or if we decide to cancel the agreement, we'll give you (or the owner) 30 days' written notice. Contact your financial institution or [www.cdnpay.ca](http://www.cdnpay.ca) for a sample cancellation form or for information about cancellation rights.

For more information about this agreement, contact us at 1-888-252-1847 or write to us at the appropriate address indicated on the next page.

A copy of this agreement is as valid as the original.

Signed at (City) \_\_\_\_\_ (Province) \_\_\_\_\_ on 

D	D	M	M	M	Y	Y	Y	Y
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**X**

Signature of **owner**  
(if entity, authorized person to sign **and indicate title**)

if **owner is an entity**, print full legal name of entity

**X**

Signature of **owner**  
(if entity, authorized person to sign **and indicate title**)

**X**

Signature of **account holder**, if other than owner  
(if entity, authorized person to sign **and indicate title**)

**X**

Signature of **other joint account holder(s)**, if required for account  
(if entity, authorized person to sign **and indicate title**)

## Pre-authorized debit agreement (“agreement”) - detach and give to the owner

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In this section, *you* and *your* refer to the account holder (or holders) from whose account the withdrawals will be made. *We* and *us* refer to The Canada Life Assurance Company.

**Note:** If the account holder is not the owner, the advisor is to make a copy of this agreement and give it to the account holder.

By signing at the bottom of page 2, you understand and agree to the following terms:

### Your personal information

- We may collect, store, use and disclose your personal information as needed with regard to this agreement.
- If you're not the owner of the policy, we may share any information about this agreement with the owner, including payment information.

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For more information about this agreement, contact us at 1-888-252-1847 or write to us at the appropriate address indicated below.

A copy of this agreement is as valid as the original.

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## Mailing information

### For life insurance policies:

The Canada Life Assurance Company  
Individual Life Client Service  
1901 Scarth Street  
Regina, SK S4P 4L4

### For Quebec and Atlantic Canada life insurance policies:

The Canada Life Assurance Company  
Individual Life Client Service  
2001 Robert-Bourassa Boulevard, Suite 430  
Montreal, QC H3A 1T9

### For critical illness and disability insurance policies:

The Canada Life Assurance Company  
Living Benefits Client Service  
60 Osborne St North, PO Box 6000  
Winnipeg, MB R3C 3A5



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