

Request for Pre-Authorized Chequing Plan

*Asterisk denotes mandatory fields

Purpose of this form	Use this form to request a Pre-Authorized debit transaction			
Terms used in this form	<i>Foresters Financial™ or Insurer or We</i> means The Independent Order of Foresters or Foresters Life Insurance Company as applicable in relation to the listed certificate or policy. Policy means a certificate or policy issued by the Insurer.			
Policy Information	Policy number(s)*	Insured name(s)*		
	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Payor Information (Account Holder)–as written on account	Payor's name*	Joint Payor's name		
	<input type="text"/>	<input type="text"/>		
	Address (apartment number, street number and name)*		Payor's Email	
	<input type="text"/>		<input type="text"/>	
	City/Town*	Province*	Postal Code*	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Primary telephone (include area code)*		Work or alternate telephone (include area code)		
<input type="text"/>		<input type="text"/>		
Bank Information	Payment Frequency*		Withdrawal Date Requested*	
	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually		<input type="radio"/> 1 st <input type="radio"/> 8 th <input type="radio"/> 15 th <input type="radio"/> 22 nd	
	Type of Account* <input type="radio"/> Chequing <input type="radio"/> Savings			
‡Please attach a VOID cheque	Select applicable option:*			
	<input type="radio"/> Void cheque attached‡			
	<input type="radio"/> Void cheque is not available. Please use the following banking information:			
Name of financial institution:*				
<input type="text"/>				
Transit Number (5 digits)*	Bank Number (3 digits)*	Account Number*		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Request for Pre-Authorized Chequing Plan (continued)

*Asterisk denotes mandatory fields

Policy Number(s)

Third Party Determination

Complete this section if the payor named above is not an Owner or an Insured under a Policy listed on the form.

Full legal name of third party (first, middle, last), or corporation/entity Date of birth (mm/dd/yyyy)

Type of third party Relationship to Owner(s)

Detailed occupation or nature of business

Address (apartment number, street number and name)

City/Town Province Postal Code

Registration number if a corporation Jurisdiction of Incorporation

If unable to provide the information above about a third party, provide details as to why:

Pre-Authorized Chequing Plan Agreement

The payor, by signing below, verifies that the payor is an account holder of the account identified in the Bank Information section of this form and is permitted to provide this authorization, and agrees that:

1. Foresters is authorized to make withdrawals for premiums and/or other payments related to the certificate(s) and policy(ies) listed in this form, from that account or another account later identified or substituted by, or on behalf of, the payor, such as for additional coverage, loan repayment(s) or for premium deposit funds.
2. The financial institution from which the deductions are to be withdrawn is authorized to treat each such withdrawal by Foresters as though it was made personally by the payor.
3. Foresters reserves the right to determine when the first deduction and each subsequent deduction, if any, will be made and the amount of each deduction; subsequent deduction amounts may vary.
4. If a deduction request is not honored when submitted to the financial institution, Foresters may, at its sole discretion, do further resubmits for the deduction.
5. This authorization is effective immediately and will continue until terminated by Payor up to 30 days prior notice by contacting Foresters in writing or by phone. To obtain a sample cancellation form, or for more information on your right to cancel, contact your financial institution or visit www.cdnpay.ca
6. The payor waives the right to receive pre-notification of the amount and date of the first debit and of a change in a debit amount required as premium, or charges for the insurance contract(s) in effect, or a change in amount requested by the payor by whatever means.
7. You (the payor) 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, you may contact your financial institution or visit www.cdnpay.ca.
8. Our employees, service providers, representatives, reinsurers and any of their service providers may be located outside of Canada. As such your Personal Information may be subject to the laws of other jurisdictions and may be disclosed in response to demands or requests from government authorities, courts, or law enforcement in those countries. Foresters Privacy Policy can be located at www.foresters.com

This authorization must be signed by the account holder as his/her name appears on the records for the account provided.

Note: If joint account, both payers must sign authorization form

Payment deductions under this Agreement are:* Personal Business related

Signature of Payor (account holder) Date (mm/dd/yyyy)

Signature of Joint Payor (account holder) Date (mm/dd/yyyy)

For further information or to cancel this PAC Agreement contact Foresters Financial at: 789 Don Mills Road, Toronto ON M3C 1T9, Tel: 1-800-828-1540, Email: clientservice@foresters.com

413648 CAN (07/16)