



**REQUEST FOR CHANGE
LIFE AND CRITICAL ILLNESS INSURANCE**

- **MODE OF PAYMENT TO MONTHLY PRE-AUTHORIZED CHEQUE PAYMENT / PRE-AUTHORIZED DEBIT (PAC/PAD) AGREEMENT**
- **MODIFY EXISTING PAC/PAD AGREEMENT**

F4A-01

MANDATORY INFORMATION

Agency _____ Agency Code Agent _____ Agent code SU _____

Policyowner's last and first name _____ Amount received _____ \$ _____

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O. Date (yyyy-mm-dd) Initials _____

Please check

1. MODE OF PAYMENT TO MONTHLY PAC/PAD AGREEMENT / MODIFY EXISTING PAC/PAD

- !** Upon receipt of this form, **all outstanding premiums and fees** will be **withdrawn** from the **bank account**, while respecting the reinstatement rules, unless it is a **universal life** policy with sufficient available funds.
- ➔ The **banking information** must be the same for **all policies** indicated on this form.
- ➔ The modification will be **effective** as of the **reception date** of this form **OR** the following date (yyyy-mm-dd):
- !** The effective date requested must be within the grace period for the payment of the premium.

1.1 Please indicate all the policies to be modified by this request for change.

	Policy 1	Policy 2	Policy 3
Withdrawal Day	<input type="checkbox"/> _____ (from 1 to 28) <input type="checkbox"/> Issue day	<input type="checkbox"/> _____ (from 1 to 28) <input type="checkbox"/> Issue day	<input type="checkbox"/> _____ (from 1 to 28) <input type="checkbox"/> Issue day
! If no withdrawal day is specified, the PAC/PAD will be withdrawn on the issue day of the policy.			
Target Premium (UL only)	<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Minimum premium <input type="checkbox"/> Monthly cost + taxes <input type="checkbox"/> Current premium (Trend)	<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Minimum premium <input type="checkbox"/> Monthly cost + taxes <input type="checkbox"/> Current premium (Trend)	<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Minimum premium <input type="checkbox"/> Monthly cost + taxes <input type="checkbox"/> Current premium (Trend)
! ➔ Upon a change of mode to PAC/PAD , if no premium is specified, the target premium will be the minimum premium , unless the monthly cost + taxes is higher OR the current premium for a Trend product. ➔ Please make sure that the new premium is sufficient to maintain the policy in force. ➔ For EquiBuild policy with the Fund PUA Option , please ensure that the target premium is sufficient to cover the PUA Allocation otherwise it will be reduced.			
Reimbursement of the loan	Amount of: \$ _____ for the reimbursement of the loan	Amount of: \$ _____ for the reimbursement of the loan	Amount of: \$ _____ for the reimbursement of the loan
! The amount indicated for the reimbursement of the loan is a monthly withdrawal in addition to the regular premium/target premium .			
Postpone PAC/PAD Withdrawal	<input type="checkbox"/> Postpone to: _____ <input type="checkbox"/> Postpone to the maximum date allowed. <input type="checkbox"/> Change of banking information to follow. <input type="checkbox"/> Termination of policy to follow. <input type="checkbox"/> Following the death of: _____ <i>Name of the person deceased</i>	<input type="checkbox"/> Postpone to: _____ <input type="checkbox"/> Postpone to the maximum date allowed. <input type="checkbox"/> Change of banking information to follow. <input type="checkbox"/> Termination of policy to follow. <input type="checkbox"/> Following the death of: _____ <i>Name of the person deceased</i>	<input type="checkbox"/> Postpone to: _____ <input type="checkbox"/> Postpone to the maximum date allowed. <input type="checkbox"/> Change of banking information to follow. <input type="checkbox"/> Termination of policy to follow. <input type="checkbox"/> Following the death of: _____ <i>Name of the person deceased</i>
! ➔ The maximum date allowed to postpone a PAC/PAD is the following month's PAC/PAD withdrawal day (the 2 premiums will be withdrawn at the same time). ➔ In the case of a deceased person , please provide us with new banking information if it is the bank account holder and/or a death claim if the person is an insured on the policy and/or the policyowner covered under a waiver of premium upon death benefit.			
Premium Holiday (UL only)	<input type="checkbox"/> Stop PAC/PAD until: _____ <input type="checkbox"/> Undetermined period	<input type="checkbox"/> Stop PAC/PAD until: _____ <input type="checkbox"/> Undetermined period	<input type="checkbox"/> Stop PAC/PAD until: _____ <input type="checkbox"/> Undetermined period
! Please make sure that the accumulation fund and/or the premiums paid to date are sufficient to maintain the policy in force and that all contractual obligations are respected.			



F4A(17-05)

1.4 Pre-Authorized Cheque Payment/Pre-Authorized Debit (PAC/PAD) Agreement

Each account holder is referred to as "I" in this PAC/PAD Agreement section and makes the following statements in respect to himself or herself.

- I authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for regular recurring payments and/or one-time payments from time to time for payment of all premiums, deposits, instalments and charges arising from the contract hereunder mentioned. Regular payments will be debited from my specified account based on the date and/or frequency I have chosen, whereas one-time payments from time to time can be debited from my account on any other date.
- I agree that, for the purpose of this PAC/PAD Agreement, all PACs/PADs from my account will be treated as Personal unless I advise otherwise.
- **I waive the right to receive pre-notification of an increase or a decrease in the amount to be debited or a change in the date and/or frequency of these payments.**
- I agree that the Company is not required to provide me with written notice of a change in a PAC/PAD amount that is made as a result of my request.
- If a PAC/PAD is dishonoured for any reason such as, but not limited to, insufficient funds ("NSF"), stop payment or account closed, the Company is authorized to re-submit the payment. **Any charges incurred by the Company as a result of the dishonoured PAC/PAD will be added to the subsequent PAC/PAD.**
- I may cancel or modify this PAC/PAD Agreement at any time, subject to providing the Company thirty (30) days notice in writing. To obtain a sample cancellation form or for more information on my right to cancel the PAC/PAD Agreement, I may contact my financial institution or visit www.payments.ca concerning Rule H1 – Pre-authorized debits (PADs).
- Any cancellation of this PAC/PAD Agreement will not affect my insurance contract(s) and/or contract(s) for financial services, so long as payment is provided by an alternate method.
- **The Company will not assign this PAC/PAD Agreement without providing, any time prior to the next PAC/PAD, written notice to me of the assignment.**
- I have certain recourse rights if any PAC/PAD does not comply with this PAC/PAD Agreement. For example, I have the right to receive reimbursement for any PAC/PAD that is not authorized or is not consistent with this PAC/PAD Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit www.payments.ca.

SIGNATURES

Is the **ownership** of this policy **joint**?

Yes ➔ Please obtain the signature of **all policyowners**.

Is the **policyowner** and/or the **bank account holder** a **company**?

Yes ➔ Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

Is new banking information provided with this request?

Yes ➔ The signature of the **policyowner** and/or the **bank account holder** is required. If the bank account is joint, the signature of all bank account holders are required.

Is this a change regarding a **withdrawal day, target premium, reimbursement of loan, PAC/PAD postponement or premium holiday**?

Yes ➔ The signature of **all the policyowners** is **preferable** but **not mandatory**.

We agree that this request is an integral part of the modified contract and that the modification takes effect as of the acceptance of the request by the Company inasmuch as the latter has been accepted without modification.

I confirm that I have all the necessary authorizations from the bank account holder (if other than myself) in order to allow the Company to withdraw the premiums from the bank account.

Signed at _____ this _____ day of _____ 20_____

X _____
Agent

X _____
Bank account holder if other than policyowner

X _____
Policy no. 1 – Policyowner/Authorized person

X _____
Witness

X _____
Bank account holder if other than policyowner

X _____
Policy no. 2 – Policyowner/Authorized person

X _____
Policy no. 3 – Policyowner/Authorized person

Attention:
signatures required if the policyowners are other than the policyowner of policy no.1.

Contact Information of service centres:

Quebec: Industrial Alliance Insurance and Financial Services Inc., Policyowner Services
1080 Grande Allée West, PO Box 1907, Station Terminus, Quebec City, QC G1K 7M3
Telephone: 1-844-442-4636, fax: 1-866-572-1075, email: infolife@ia.ca

Toronto: Industrial Alliance Insurance and Financial Services Inc., Toronto Service Centre, Policyowner Services
522 University Avenue, Suite 400, Toronto, ON M5G 1Y7
Telephone: 1-844-442-4636, fax: 1-877-780-7231, email: infolife@ia.ca

Vancouver: Industrial Alliance Insurance and Financial Services Inc., Vancouver Service Centre, Policyowner Services
2165 West Broadway, PO Box 5900, Vancouver, BC V6B 5H6
Telephone: 1-844-442-4636, fax: 1-844-739-0634, email: infolife@ia.ca