

### 1. Policy Information

OWNER(S) Policy Number(s):

Last Name First Name

Last Name First Name

### 2. Payor Information (if other than Owner or Life Insured)

Mr.  Mrs.  Ms.  Miss  Other

Last Name First Name initial(s)

Street address Apt./Suite

City Province Postal code

### 3. PAD Information

Change /Establish new PAD using the account shown on the attached VOID cheque, bank letter of direction (payor name is required on cheque) or as follows:

Transit Number Financial Institution Account Number

Use existing PAD from Specialty Life policy number:

The date of withdrawal will be the same as the Policy Issue date. If the PAD date falls on a non-business day or statutory holiday, the PAD will be drawn on the next business day.

### 4. Acknowledgement/Authorization

I/We authorize Specialty Life Insurance to make automatic withdrawals from my/our bank account for insurance premiums due on the policy's due date each month on behalf of the insurer, ivari. Withdrawals from my/our account may be for variable amounts, as they may change in accordance with my/our insurance contract and as required to administer my/our policy. **I/We waive the right to receive further notice of the amount and date of each automatic withdrawal from my/our account.** If the bank or financial institution does not honour an automatic premium withdrawal when it is first presented for payment, we may attempt to withdraw that payment again within 5 business days. Specialty Life reserves the right to ask for an alternative method of payment if payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I/We or Specialty Life may end this agreement at any time by giving 5 days written notice. I/We understand that canceling this PAD agreement may result in loss of insurance coverage unless Specialty Life receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner. Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

You may obtain a sample cancellation form by contacting your financial institution or through [www.cdnpay.ca](http://www.cdnpay.ca). If you have any questions about withdrawals from your bank account, contact us by phone or fax, or write to the address below. You have certain recourse rights if any debit does not comply with this agreement. i.e. you have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a reimbursement claim, or for more information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Owner(s) Date: (DD/MM/YYYY) Signature of Payor Date: (DD/MM/YYYY)