



PRE-AUTHORIZED DEBIT (P.A.D.) AGREEMENT CANCELLATION REQUEST

PAYOR CONTACT INFORMATION	
PAYOR NAME(S)	PHONE #
STREET ADDRESS	
CITY AND PROVINCE	POSTAL CODE

I/We, the undersigned, hereby cancel my/our authorization to issue pre-authorized debits in the amount of \$ _____ against my/our account number _____ at _____ financial institution effective on _____ effective date for the policies listed below. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with The Wawanesa Life Insurance Company.

POLICY NUMBER	POLICYOWNER NAME	INSURED NAME

NOTE: Cancellation requests received within 10 days of the next withdrawal date may not be processed in time to stop that withdrawal. However, the cancellation is effective on the date signed below and any subsequent withdrawals will be refunded via cheque.

Date _____ Payor/Valid Signing Authority(ies) _____

NOTICE CONCERNING PERSONAL INFORMATION:

You have previously provided consent to Wawanesa Life for collection, use and disclosure of your personal information for the purposes of: establishing and maintaining communications with you; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet your needs; compiling statistics and acting as required or authorized by law. That consent applied to personal information being provided to Wawanesa Life at that time and to personal information that may be provided after that time.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Head Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.

PLEASE RETURN FORM TO:
The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg MB R3C 1A8, FAX: 1-888-985-3872

Should you have any questions or need assistance, please contact our Customer Service Department:
PHONE: 1-800-263-6785 FAX: 1-888-985-3872 EMAIL: lifecustserv@wawanesa.com