

## **APPLICATION FOR OR CHANGE TO** PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

rino agreemen	is for (check one	): ☐ NEW I	PAD 🔲 ADDITION TO E	EXISTING PAD	☐ CHANGE	TO PAD/BANK INFORMATION
	equency is for (ch		THLY SEMI-ANNUAL		☐ ANNUAL	-
*Payment Frequ	ency not available	for all plans.				
PAYOR INFORM	MATION (please	print clearly)				
ACCOUNT OWN	ER NAME(S)	st	First	Middle	PHC	DNE #
ADDRESS	-			EMAIL		
BANK ACCOUNT INFORMATION						
			AMPLE CHEQUE MARKED 'VOI	D' and/or complete	the following:	
FINANCIAL INSTITUTION (F.I.)						
BRANCH ADDRE	ESS					
TYPE OF ACCOL	JNT (must allow elec	ctronic debits)	SAVINGS CHE	EQUING		
TRANSIT NO.		F.I. NO.	ACCOUNT NO.			
			Life Insurance Company to withdrawal day indicated or			FOR EXECUTIVE OFFICE USE ONLY
POLICY NUMBER	AMOUNT		NAME OF POLICYOWNER			PAD No.
						TOTAL PAD AMOUNT
						\$
						WITHDRAWAL DAY
CONSENT & DI	SCLOSURE REG	ARDING PERSONAL	INFORMATION			
	-	s and mortgage payments	; depositing funds into my accou		-	Int of insurance premiums, investment mmunications with me; detecting and
		and acting as required or a	uthorized by law	,		
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PLEASE RETURN FORM TO:

The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8
Tel: 1.800.263.6785 Fax. 1.888.985.3872 Email: annuities@wawanesa.com WEBSITE: wawanesalife.com