



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

PAYOR CONTACT INFORMATION			
PAYOR NAME(S)	<input type="text"/>	PHONE #	<input type="text"/>
STREET ADDRESS	<input type="text"/>		
CITY AND PROVINCE	<input type="text"/>	POSTAL CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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.

NOTICE OF CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION
<p>You have previously provided consent (express or implied) to Wawanesa Life for collection, use and disclosure of your personal information for the purposes of: making payments on account of insurance premiums, investment contributions, policy loan repayments and mortgage payments; depositing funds into your account; establishing and maintaining communications with you; detecting and preventing fraud; 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.</p> <p>You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.</p> <p>If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8.</p>

SIGNATURES
A photocopy or an electronic reproduction of this document will be as valid as the original.
<p>_____</p> <p>Date Payor/Valid Signing Authority(ies)</p>

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