



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

This agreement is for (check one): NEW PAD ADDITION TO EXISTING PAD CHANGE TO PAD/BANK INFORMATION

The payment frequency is for (check one): MONTHLY SEMI-ANNUAL ANNUAL

| PAYOR INFORMATION (please print clearly) | | | | |
|--|------|-------|--------|---------|
| ACCOUNT OWNER NAME(S) | Last | First | Middle | PHONE # |
| ADDRESS | | | | |

| BANK ACCOUNT INFORMATION | |
|--|--|
| PLEASE ATTACH A SAMPLE CHEQUE MARKED 'VOID' and/or complete the following: | |
| FINANCIAL INSTITUTION (F.I.) | |
| BRANCH ADDRESS | |
| TYPE OF ACCOUNT (must allow electronic debits) | <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHEQUING |
| TRANSIT NO. | F.I. NO. ACCOUNT NO. |

| PAD DETAILS – You, the Payor, authorize Wawanesa Life Insurance Company to debit the bank account identified above for the amount(s), frequency and on withdrawal day indicated or the next business day. | | | |
|---|--------|--|--|
| POLICY NUMBER | AMOUNT | NAME OF POLICYOWNER or PROPOSED LIFE INSURED | WITHDRAWAL DAY (1 st – 28 th) |
| | | | |
| | | | |
| | | | |
| | | | |

| FOR EXECUTIVE OFFICE USE ONLY | |
|-------------------------------|--|
| PAD No. | |
| TOTAL PAD AMOUNT | |
| \$ | |
| WITHDRAWAL DAY | |

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: receiving payments on account of insurance premiums, investment contributions, policy loan repayments and mortgage payments; depositing funds into my account; establishing and maintaining communications with me; detecting and preventing fraud; compiling statistics and acting as required or authorized by law.

I understand that Wawanesa Life may share my personal information with the following people, organizations and service providers: Wawanesa Life employees and agents who require this information to perform their jobs; providers of information processing and storage, programming, printing, mailing and distribution services; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

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.

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.

DECLARATIONS / AUTHORIZATIONS AND SIGNATURES

The Wawanesa Life Insurance Company is requested and authorized to make withdrawals from the account designated above or from any subsequently designated account in order to make policy payments and/or specific payments on loan indebtedness, under the following terms:

- Withdrawals will be made according to the payment frequency indicated above on the policy issue date unless a particular withdrawal day is specified.
- If a monthly PAD is returned as insufficient funds, the next PAD amount will be for the two months of premium. Notification will be provided prior to this double withdrawal.
- You, the Payor, may revoke your authorization at any time, subject to providing written notice of 10 days to Wawanesa Life. For more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.
- You have certain recourse rights, provided under this Personal PAD Agreement, if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Personal PAD Agreement. For more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
- You may provide written request to add/delete policies to this PAD or change bank information without completing a new PAD Agreement.
- You waive the right to receive 10 days' notice of an increase or decrease in the amount of the automatic withdrawal due to premium changes during the underwriting process. Notification of premium changes will be provided when the policy is issued.**

A photocopy or an electronic reproduction of this document will be as valid as the original.

| | | |
|-------|--|--|
| _____ | _____ | _____ |
| Date | Signature of Account Owner | Name of Account Owner (please print) |
| _____ | _____ | _____ |
| Date | Signature of Joint Account Owner (if applicable) | Name of Joint Account Owner (please print) |

PLEASE RETURN FORM TO:
Wawanesa Life
400-200 Main Street
Winnipeg, MB R3C 1A8

CONTACT INFORMATION:
Tel. 1.800.263.6785
Fax. 1.888.985.3872
Email. LifeCustServ@wawanesa.com