



Pre-Authorized Payment Plan Request Form

Please print in ink

Policy Information

Policy No. Name of Policyholder

Please Tell Us About Yourself

Member/Employee Information

Last Name Given Name Initials Member/Employee ID

- Note: Monthly premiums will be processed on or about the first day of each month. In addition, depending on when your Pre-Authorized Payment Plan request is received, your first payment may include two month's premium.
For the Monthly Pre-Authorized Cheque Payment Plan option only, please provide a "voided" sample cheque and forward with this signed request to IAP, Special Markets Group at the address noted below.
The Pre-Authorized Payment Plan will be discontinued by IAP if the premium is not received when due.
Your monthly premium, which is based on the total annual premium for all benefits for which you are insured, is calculated as follows:

(Total Annual Premium) ÷ 12 months + (8% Ontario RST or 9% Quebec PST (if applicable)) = (Monthly Premium Payable)

Monthly Pre-Authorized Cheque Payment Authorization

Please read this authorization, complete the appropriate sections and sign below.

Account Holder(s) Name

Name of Bank Bank Address City/Province

Branch Code Transit Number Account Number

Type of Account: Current Personal Chequing (Savings accounts cannot be accepted)

Please attach a "VOID" sample cheque

I (we) as the Account holder(s), authorize Industrial Alliance Pacific Insurance and Financial Services Inc. ("IAP") and the financial institution indicated on the attached sample cheque to debit my (our) account, at the branch indicated on the sample cheque, under terms and conditions agreed to by me (us) with IAP until such time as written notice to the contrary is given by me (us) to IAP.

A debit, in paper, electronic or other form in the amount of \$_____, with a reasonable latitude for adjustments, may be drawn on my (our) account. This amount may be increased/decreased at a future date as per the policy terms. IAP will, to the best of their ability, advise me (us) in writing of the revised amount in advance of its effective date. The entry on my (our) bank statement will constitute receipt for premium payments.

Upon change of bank and/or account number of the account holder(s) only a sample cheque showing the new bank and/or account number will be required for IAP to draw premiums from the new bank account.

* \$1.00 PAC charge may be applicable for each debit entry.

Signature of Member/Employee Date (dd/mmm/yyyy) Signature of Account Holder(s) if other than Member/Employee Date (dd/mmm/yyyy)

Note: For a joint account, all Account holders must sign

Credit Card Payment Authorization

Payment Option: (Please check one of the following boxes)

Credit Card Information: (Please check one of the following boxes)

- Annual Premium or Monthly Premium

VISA or MasterCard Account Number:

Account Number grid

Expiry Date:

Expiry Date grid (M M / Y Y Y Y)

I, as the Credit Card holder, authorize Industrial Alliance Pacific Insurance and Financial Services Inc. ("IAP") to charge my credit card account as indicated above, under terms and conditions agreed to by me with IAP until such time as written notice to the contrary is given by me to IAP.

A charge in the amount of \$_____, with a reasonable latitude for adjustments may be processed against my account. With respect to the Monthly Premium option, such amount may be increased/decreased at a future date as per the policy terms. IAP will, to the best of their ability, advise me in writing of the revised amount in advance of its effective date. The entry on my credit card statement will constitute receipt for premium payment.

Upon change of credit card company and/or account number of the Credit Card holder, revised Credit Card Information must be provided in writing in order for the Monthly Premium option to continue.

Signature of Member/Employee Date (dd/mmm/yyyy)

Please return to IAP, Special Markets Group at 2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6 or contact us at 1-800-266-5667 or e-mail us at group@iapacific.com