



APPLICATION FOR OR CHANGE TO MONTHLY AUTOMATIC CHEQUE (M.A.C.) PLAN

☐ NEW MAC ☐ ADDITION TO EXISTING MAC ☐ CHANGE TO MAC/BANK INFORMATION

ACCOUNT INFORMATION

ACCOUNT HOLDER

FINANCIAL INSTITUTION (F.I.)

BRANCH ADDRESS

CITY AND PROVINCE

POSTAL CODE

TYPE OF ACCOUNT (must allow electronic debits)

SAVINGS

CHEQUING

TRANSIT NO.

F.I. NO.

ACCOUNT NO.

PLEASE SUBMIT A SAMPLE CHEQUE MARKED 'VOID'

PAYMENT DETAILS

POLICY NUMBER	WITHDRAWAL DATE DESIRED	NAME OF POLICYOWNER OR PROPOSED LIFE INSURED	MAC PREMIUM

FOR HEAD OFFICE USE ONLY

MAC NO.	
TOTAL MAC WITHDRAWAL CHEQUE AMOUNT	
\$	
STARTING DATE	

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.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Head Office at 200-191 Broadway, Winnipeg, MB R3C 3P1 or at www.wawanesalife.com.

AUTHORIZATION AND SIGNATURES

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

1. The named financial institution or such other financial institution as may be subsequently designated by the undersigned is authorized to treat any withdrawal as though it was personally made by the undersigned.
2. Withdrawals will be made each month on the policy/mortgage due dates unless otherwise indicated above.
3. The MAC Plan will terminate:
 - (a) If any such withdrawal is not paid by the financial institution when presented for payment or if the financial institution requests return of an amount paid to the Company.
 - (b) Upon thirty days written notice by the undersigned to the Company or by the Company to the undersigned. On such termination of the MAC Plan for a life insurance policy, the balance of the annual premium is due immediately.

Date

Signature of Account Holder

If Joint Account, all Account Holders must sign

PLEASE RETURN FORM TO: The Wawanesa Life Insurance Company, 191 Broadway, Winnipeg, MB R3C 3P1, FAX: 1-888-985-3872