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| Owner(s) | Policy number*: _____ *Indicate a policy number from page 1. |
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Terms and conditions of the PAC plan

Note: References in this form to "this PAC plan" include later amendments to it.

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| Authorization | <p>I, the account holder, authorize The Canada Life Assurance Company (Canada Life) and my financial institution named on page 1 (a copy of page 1 is available from Canada Life upon request) to withdraw monthly from my account any payments that I have agreed to make under the policy(ies), and/or as otherwise specified to be made in this PAC plan as though I had personally signed a cheque. If, under Insurance premium on page 1, no amount is specified for a policy or the amount specified is other than the amount required for the monthly payment of insurance premium, I authorize Canada Life to deduct the amount required for that policy (Note: For a universal life policy, no withdrawals will be made for premium unless an amount is specified, and any amount specified will be the amount withdrawn). I understand that changes to the policy(ies), including as applicable, to premium amounts or to the method or required amount of payment (including changes requested in this form) or termination and recommencement of automatic premium payments under this PAC plan, may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.</p> <p>I consent to Canada Life's collection, use, retention, and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAC plan. If I am not also an owner of a particular policy covered by this PAC plan, I authorize Canada Life to share with the policy's owner(s) any information relating to this PAC plan, including the payments and their source.</p> <p>I agree that a photocopy or electronic copy of this PAC plan will be as valid as the original.</p> |
| Signatures | I certify that all persons whose signatures are required to authorize this PAC plan have signed below, including any required joint account holder. |
| Account changes | I will notify Canada Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Canada Life may, but is not obligated to, rely on verbal instructions from me to amend this authorization. |
| Transfer of ownership | I understand that if the ownership of a policy is transferred (other than to the account holder(s)), the PAC plan, by no later than 14 days after Canada Life's recording of the transfer, will no longer apply with regard to that policy unless I notify Canada Life otherwise. |
| Confirming withdrawals | I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify Canada Life in writing within 90 days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made. |
| Non sufficient funds (NSF) information | If there is not enough money in my account to cover the monthly premium, I authorize Canada Life to make a second attempt to withdraw the amount due ("due" as an amount owing, or as an amount otherwise specified to be withdrawn under this PAC plan). If the second attempt is also returned NSF (or if Canada Life decides, in its sole discretion, not to make a second attempt), I understand that pre-authorized payments will be suspended. I understand that I am responsible for any NSF charge(s). |
| Assignment | I hereby waive any requirement of prior written notice to me by Canada Life of the assignment by Canada Life of this PAC plan. |
| Recourse | I have certain recourse rights if any debit does not comply with this PAC plan. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC plan. To obtain more information on my recourse rights, I can contact my financial institution or visit www.cdnpay.ca . |
| Cancellation | <p>This PAC plan may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 10 days written notice, given by me or the owner(s) to Canada Life or by Canada Life to me or the owner(s).</p> <p>To obtain a sample cancellation form, or for more information on my right to cancel this PAC plan (a pre-authorized debit agreement), I can contact my financial institution or visit www.cdnpay.ca. To obtain more information on my PAC plan, I can contact Canada Life at 1-888-252-1847 or at 1901 Scarth Street, Regina, Saskatchewan S4P 4L4.</p> <p>I as the owner, agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Canada Life, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Canada Life, in its sole discretion, may require a new written PAC plan if this PAC plan is cancelled for any reason.</p> |

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| Signed at (City) _____ (Province) _____ on (d/m/y) _____ | |
| Signature of account holder X | Signature of other joint account holder(s) , if required for account X |
| Signature of owner (if other than account holder) X | Signature of joint owner (if other than account holder) X |
| <p>If an owner or account holder is a business, print full legal name and if business is a corporation, also affix corporate seal if available. Indicate whether business is owner and/or account holder.</p> | Signature of person authorized to sign on behalf of the business X |
| | Print name and title of person authorized to sign on behalf of the business |

Page 3 is a copy of the Terms and conditions of the PAC plan that is to be given to the account holder. The owner should also retain a copy.

**Copy of the Terms and conditions,
Pre-authorized chequing (“PAC”) plan request
To be given to account holder**

Terms and conditions of the PAC plan

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Mailing information

The Canada Life Assurance Company
1901 Scarth Street
Regina, Saskatchewan
S4P 4L4