

PAD AUTHORIZATION Pre-Authorized Debit (PAD)

Throughout this form, "Empire Life" means The Empire Life Insurance Company, and "Owner" will mean Beneficial Owner for Nominee/Intermediary held Contracts.

Corporate Head Office,
259 King Street East, Kingston, Ontario K7L 3A8
www.empire.ca Fax number: 1 800 920-5868

Please select from the following: <input type="radio"/> New authorization <input type="radio"/> Change financial institution details				
<input type="radio"/> Monthly withdrawals as specified below			Life and Health Policies only	
Policy/Contract Number	Name of Life/Person Insured/Annuitant	PAD Amount	Amount to Premium	Amount to Loan

Date of Withdrawal Indicate day of the month withdrawal (debit) to be processed (any day between the 1 st and 28 th): _____ day of each month or the next business day.
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Financial institution account to be debited: Select one of the following: <input type="radio"/> Account shown on the attached void cheque — PLEASE ATTACH VOID CHEQUE <input type="radio"/> Savings account only, use the following account:		
Account holder's name(s)		Financial institution name and branch address
Bank #	Transit #	Account #

Authorization and Signatures I understand and agree that: <ul style="list-style-type: none"> • Monthly PAD arrangements may be terminated on 10 days' written notice beginning the day the notice is mailed either by Empire Life or by me. If terminated, subsequent premiums will be payable to Empire Life using any of the methods of payment then being offered, according to the terms of the Policy/Contract. To obtain more information on the right to cancel a PAD arrangement, or to obtain a sample cancellation form, I may contact my financial institution or visit www.cdnpay.ca; • I will not receive notices of premiums falling due while the PAD is in effect; • The PAD applies to regularly scheduled premiums, which are variable and may increase or decrease; • All premiums required to place a new or reinstated Policy/Contract in force must be paid independently of this plan; • For the purposes of this agreement, all debits from my account will be treated as a personal PAD. I authorize: <ul style="list-style-type: none"> • My financial institution to honour any withdrawal (debit) from my account under the PAD; • Empire Life to withdraw monthly premium payments, as required and as per my instructions; amounts are variable and may increase or decrease; • I waive my right to notice before any withdrawal is made and also my right to notice of any change in the amount of the automatic withdrawal; A photocopy or image of the signed PAD authorization will be as valid as the original.	
Completed and signed at (City and Province)	Date (dd/mmm/yy)
Signature of Owner (or First Authorized Signature for Corporate Owner) X	Print name of Owner and title (if signing for corporation)
Second Authorized Signature for Corporate Owner X	Print name of Owner and title (if signing for corporation)
Signature of Account holder(s) (if other than Owner*) X	Print name of Signing authority and title
<small>*Includes corporate accounts, joint personal accounts or accounts of anyone who is not the Annuitant or Owner. If using a corporate account or the account of someone who is not the Annuitant or Owner, complete form D-0011 (Verification of Identity of Owner(s)/Determination of Third Party Interests).</small>	
You have certain recourse rights 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 PAD authorization. To obtain more information on your recourse rights, please contact your financial institution or visit www.cdnpay.ca .	

