

Pre-authorized chequing (PAC) authorization



Name of owner	Policy(ies)
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Bank change only Add to existing PAC previously paying for policy #

Start new PAC – Withdrawal date of Date (dd-mm-yyyy) Total withdrawal amount (please specify) \$

to be applied as specified below. Please note that the only frequency available for PAC is monthly.

For insurance products

Premium \$ Other \$

All outstanding premiums are to be paid by: Special withdrawal Date (dd-mm-yyyy) Other

For savings annuity products

Note: For Tax-Free Savings Accounts (TFSA) at least one of the payors must be either the owner of the policy or the TFSA owner's spouse.

Start a new PAC (funds deposited to Daily interest account) \$

One-time PAC setup (not applicable to Superflex) \$ Date (dd-mm-yyyy)

Third party payor information – Applicable for non-registered policies only

To be completed, if the payor is different than the owner, on all insurance products (excluding term, critical illness, long term care and personal health insurance plans) and savings products.

First name	Last name	Date of birth (dd-mm-yyyy)	
Relationship to owner		Occupation or principal business	
If corporation, include registration number and country/province of incorporation			
Address (street number and name)	City	Province	Country
		Postal code	

Authorization

To use PAC you must agree to all the terms of the authorization. All pre-authorized chequing (PAC) payors agree:

- Sun Life Assurance Company of Canada may make deductions, at any time, for regular recurring payments and/or one-time payments from time to time, from the bank account indicated or any account I/we may designate in the future.
- All PAC withdrawals be processed as personal under the Canadian Payments Association rules. This means I/we have 90 calendar days from the date the payment is processed, to claim reimbursement for any unauthorized payment. The withdrawal amount is considered variable under the Canadian Payments Association rules.
- Any notices, to be sent to me under this agreement, may be sent to the owner's most recent address that the company has on record at the time a notice is sent if I/we have not provided the company with my/our address.

Authorization (continued)

- The company may terminate this agreement if any withdrawal is not honoured.
- All persons, whose signatures are required to sign on this account, have signed this agreement.
- The company may not assign this authorization, either directly or indirectly, by operation of law, change of control or otherwise, without providing me/us at least 10 days prior written notice.
- **To waive the requirement that the company notify me/us of:**
 - **this authorization before the first payment is processed,**
 - **any subsequent payments, and**
 - **any changes to the amount or date of the payment initiated by me/us or the company.**

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The payor may cancel this authorization at any time, subject to providing the company ten days notice. Contact your financial institution about your rights regarding cancellation. A sample cancellation form is available at www.cdnpay.ca. 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 PAC Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Signature of bank accountholder X	Address of bank accountholder
Signature of bank accountholder X	Address of bank accountholder
Date (dd-mm-yyyy) — —	Please note that we will charge a \$25 fee if there is not enough money in your account to pay the insurance PAC withdrawal.

IMPORTANT - Attach a cheque marked "VOID" here

A cheque is the only reliable source for banking information.
Details of the Terms and Conditions are available upon request.

Sun Life Assurance Company of Canada
P.O. Box 1601 Stn Waterloo
Waterloo ON N2J 4C5
Customer Call Centre: 1 877 SUN-LIFE/1 877 786-5433