

(THIS FORM IS ONLY TO BE USED IN THE CASE WHERE THE OWNER & PAYOR ARE NOT THE SAME PERSON)

1. POLICY INFORMATION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Current Owner(s)</td> </tr> <tr> <td style="width: 50%;">Last Name</td> <td style="width: 50%;">First Name</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Last Name</td> <td>First Name</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td><input type="radio"/> New policy</td> <td>Transamerica Policy Number: _____</td> </tr> </table>	Current Owner(s)		Last Name	First Name			Last Name	First Name			<input type="radio"/> New policy	Transamerica Policy Number: _____																																							
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5. ACKNOWLEDGMENT	<p>You hereby authorize Transamerica to draw on the account at the financial institution which is identified on the attached void cheque (PAC account) in the amount and frequency indicated for the purpose of making deposits to the indicated policy. You warrant that all required signatures for the authorization of debits for the PAC account are present in this form. You consent to the disclosure of any personal information contained in this form to any third parties for the purpose of processing the PAC. You also understand and agree to all the terms and conditions on this form.</p> <p>You certify that the information provided with respect to the PAC account is accurate. You will provide Transamerica with a new void cheque if the PAC account is changed.</p> <p>Cancellation of PAC Authorization</p> <p>This PAC Authorization is continuing, except that you may cancel it at any time by giving Transamerica at least 10 days notice in writing. You may obtain a cancellation form by contacting your financial institution or at www.cdnpay.ca.</p> <p>The rights under the Policy are not affected by the cancellation of the PAC Authorization or by the cancellation of the Right to Pay by PAC.</p> <p>Cancellation of Right to Pay by PAC</p> <p>Transamerica may cancel your right to pay by PAC:</p> <p>a) immediately if any PAC is not honoured by the financial institution because of insufficient funds in your account or for any other reason preventing the transfer of funds; or</p> <p>b) on 10 days written notice to you.</p> <p>You have certain recourse rights if any debit does not comply with this PAC Authorization. For example, you have the right to receive reimbursement if a debit is not authorized or is not consistent with this PAC Authorization. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.</p> <p>You acknowledge that your advisor has reviewed with you the Fund Fact pages for each of the funds selected above and you have received a copy of the PAC Authorization.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature of Payor:</td> <td style="width: 40%;">Date: (DD/MM/YYYY): <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td> </td> </tr> <tr> <td>Signature of Payor:</td> <td>Date: (DD/MM/YYYY): <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td> </td> </tr> <tr> <td>Signature of Owner:</td> <td>Date: (DD/MM/YYYY): <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td> </td> </tr> </table>	Signature of Payor:	Date: (DD/MM/YYYY): <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input checked="" type="checkbox"/>		Signature of Payor:	Date: (DD/MM/YYYY): <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input checked="" type="checkbox"/>		Signature of Owner:	Date: (DD/MM/YYYY): <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input checked="" type="checkbox"/>																																								
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7. ADVISOR INFORMATION	<p>By signing below, I hereby declare that the information provided in this form are true, complete and correctly recorded to the best of my knowledge and belief, and that I am not aware of additional material information except as stated above. I have reviewed an original non-expired document to confirm the identity, and have witness the signature, of the Payor. Reasonable effort has also been exercised to determine if the Payor is acting on behalf of a third party. I have reviewed with my client(s) the Fund Fact pages for each of the funds selected above.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Dealer/GA Code:</td> <td style="width: 30%;">Advisor Code:</td> <td style="width: 40%;">Name of Advisor:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="2">Signature of Advisor:</td> <td>Date (DD/MM/YYYY): <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td> </td> </tr> </table>	Dealer/GA Code:	Advisor Code:	Name of Advisor:				Signature of Advisor:		Date (DD/MM/YYYY): <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input checked="" type="checkbox"/>																																									
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