



REQUEST FOR PRE-AUTHORIZED DEBIT (P.A.D.)

TERMS AND CONDITIONS OF PARTICIPATION IN THE PRE-AUTHORIZED DEBIT (P.A.D.) PAYMENT PROGRAM

Effective Date

I/We understand and agree that the fully completed Authorization will take effect for the Policies identified in the Authorization, on the latest of the following dates:

- i) the date the Authorization is received by the Head Office of Transamerica Life Canada (Transamerica);
- ii) the date the full amount of the first premium for the Policy is received by Transamerica's Head Office; and
- iii) the date when the Policy applied for is first placed in full force and effect by Transamerica.

General

I/We also understand and agree to all of the following terms and conditions:

- a) I/We certify that the information provided with respect to the P.A.D. Account is accurate. I/We will provide Transamerica with a new pre-printed sample cheque, if the P.A.D. Account is changed.
- b) The amount drawn on the P.A.D. Account shall be a total of all amounts required to pay the applicable premium payments for all Policies identified.
- c) The Authorization shall apply to all Policies listed including any renewal, conversion or increase in cost of insurance specified in the contract.
- d) The Authorization and all its terms and conditions are subject to all of the terms and provisions of the applicable Policies.
- e) If Transamerica has not received a premium payment within the time required, for example, your P.A.D. is not honoured, we will try to represent within 5 business days, if your premium payment is still not honoured, or for any other reason, then the Policy will lapse and become null and void, unless it is otherwise provided in the Policy.
- f) I/We consent to disclosure of any personal information that may be contained on this Authorization to Transamerica's designated financial institution to the extent necessary for the purposes described in the Authorization and these Terms and Conditions.

Termination

The Authorization will be terminated only on the earliest of the following dates:

- a) either I/we or Transamerica provide(s) written notice to the other within 10 days to that effect;
- b) immediately if any P.A.D. is not honoured by your financial institution when presented by Transamerica due to insufficient funds in my/our account or for any other reason preventing the transfer of funds in accordance with Transamerica's then current administrative procedures; and
- c) all of the Policies to which the Authorization applies are no longer in full force and effect.

The revocation of the Authorization does not affect your rights under the Policies.

Any cancellation of this automatic withdrawal arrangement will not affect the agreement between me/us and Transamerica whatsoever with respect to any contract for goods or services, so long as payment is provided by an alternate method.

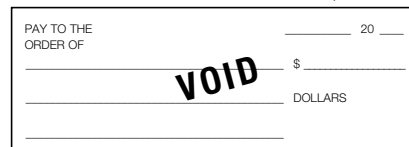
I/We further understand and agree that (a) if the Authorization is terminated, a direct modal premium shall become payable for all Policies to which the Authorization applies; and (b) the amount and frequency of the premium payable under the Policies will be specified in the pages entitled "POLICY DATA"/"Schedule of Benefits and Premiums" attached to the Policy and may be different than the premium payable under a P.A.D. plan.

AUTHORIZATION FOR PRE-AUTHORIZED DEBIT (P.A.D.) PAYMENT PROGRAM

I/We hereby authorize and direct Transamerica Life Canada (Transamerica) to debit the account at the financial institution which is identified on the attached sample (VOID) pre-printed cheque or bank Letter of Direction (P.A.D. Account) in the amount and frequency indicated below for the purpose of making premium payments to the policies listed below, and any policy that may be issued pursuant to the applicable application (the "Policy") (collectively the "Policies"), except that I/we authorize and direct Transamerica to increase/decrease the debit amount when required to maintain the Policies in force, including for renewal and conversion premiums, which may increase/decrease in accordance with the provisions of the Policies. I/We acknowledge and agree that the premiums/cost of insurance including any applicable increases/decreases for the Policies are expressly stated in the contract for the Policies and therefore I/we require no further notification from Transamerica of corresponding P.A.D. increases/decreases. I/we waive the right to receive 10 days' notice of an increase/decrease in the amount of automatic withdrawal or a change in the date of the withdrawal. I/We request that Transamerica apply the P.A.D. amount first to ensure that all such Policies remain in force and then to each of the Policies equally, unless I/we provide other instruction. I/We warrant that all required signatures for the authorization of debits to the P.A.D. Account are present in this Authorization. I/We further authorize such financial institution and any of its branches to deal with these debits as if authorized by me/us. I/We also understand and agree to all of the terms and conditions printed on this form. I hereby direct Transamerica to:

- Establish a new P.A.D. Account
 - Change existing P.A.D. Account Information
 - Add the policies shown below to an existing P.A.D. Account
- Type of Account: Personal Chequing Chequing/Savings Current
- Account Number: _____
- Mode of Payments: Monthly P.A.D. Quarterly P.A.D.

ATTACH SAMPLE CHEQUE



Policy Number(s)	Name of Life Insured(s) (Please print)	Amount	*Deduction Date (1-28) (DD/MM/YYYY)

*Deduction date will be the day of the month policy is issued, unless otherwise specified.

I/we agree that, for the purpose of this agreement, all pre-authorized debits from my/our account will be treated as Personal. Certain recourse rights exist in the event that a debit/payment does not comply with this agreement. I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this P.A.D. Agreement. For further information with respect to recourse rights, I/we may contact my/our financial institution or visit the Canadian Payments Association at www.cdnpay.ca. In addition, I/we may contact Transamerica to make inquiries, obtain information, or seek recourse with respect to any P.A.D. issued by Transamerica, as indicated below.

Transamerica Life Canada 5000 Yonge Street, Toronto, ON M2N 7J8 • Tel: 1-800-PYRAMID (797-2643)

Date: DD / MM / YYYY

Signature(s) of Payor(s)

Payor(s) Name(s) shown on bank records:

Signature of Policy Owner(s), if other than Payor(s)

X _____ X _____
X _____ X _____

**NOTE: ALL DEPOSITORS MUST SIGN THIS AUTHORIZATION.
A VOIDED SPECIMEN CHEQUE MUST BE ATTACHED HERETO FOR THIS AUTHORIZATION TO BE EFFECTIVE.**

