

## Pre-authorized debit (PAD) provisions

PC 2010J

I/We authorize Standard Life to begin deductions as instructed for regular recurring premium payments and regular investment plan payments.

Standard Life requires 10 days verbal or written notice to make any alterations or changes to this PAD Agreement.

I/We may revoke my/our PAD authorization at any time by providing 10 days verbal or written notice. To obtain a cancellation form, or for more information on my/our right to cancel this PAD Agreement, I/we may contact my/our financial institution, Standard Life or visit [www.cdnpay.ca](http://www.cdnpay.ca)

## Protection Solutions policies (Life and Critical Illness insurance)

Premium payments are subject to the Life insurance provisions outlined in the contract. In the event that the amount of this PAD changes, Standard Life will send you a written notice at least 10 days before the first PAD for the new amount.

The re-presentment of a payment returned due to not-sufficient funds or funds not cleared can occur only once and must be within 30 days of the original debit. If the payment is returned a second time, the method of premium payment will be altered to annual, direct billing and the proportion of the annual premium calculated to the next policy anniversary becomes immediately payable. A new PAD agreement is required to return to the PAD method of payment. Standard Life may reserve the right to prohibit a change to the PAD method of payment until the next policy anniversary date.

## Investment Solutions policies and accounts (Ideal Term Funds, Ideal Segregated Funds, Mutual Funds)

Premium payments for a savings policy (registered or non-registered) are subject to the Ideal Term Fund or Ideal Segregated Fund provisions. Mutual Funds are subject to the information in the Simplified Prospectus.

A returned payment due to not-sufficient funds or funds not cleared will cause the PAD agreement to cancel and a new agreement will be required to return to the PAD method of payment.

**I/We may waive the right to receive pre-notification of the amount of the PAD and therefore agree that I/We do not require advance notice of the amount of PAD(s) before the debit is processed.**

**I/We have certain recourse rights if any debit 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 PAD Agreement. To obtain more information on my/our recourse rights. I/We may contact my/our financial institution, Standard Life or visit [www.cdnpay.ca](http://www.cdnpay.ca)**

**If the policy/account is for individual coverage, then the PAD will be setup as a personal PAD and if the policy/account is corporately owned, then the PAD will be setup as a business PAD.**

Date 

Y	Y	Y	Y	M	M	D	D
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Signature of bank account holder(s)

Signature of policy/account owner(s) (if different from bank account holder)

## Owner information

Name

Address

Policy number (a separate form is required per policy)

## Bank account information (attach a personalized specimen cheque, marked VOID)

Name of bank account holder (if payor is different from owner or if payor is a company or a corporation, the information below is mandatory)

Date of birth

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Address

Nature of business/occupation

Relationship of payor to owner (if payor is different from owner)

If payor is a corporation, please include incorporation number & place of issue

Name of bank or financial institution

Address

Bank transit number

Bank account number

## Pre-authorized debit (PAD) details

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New PAD

☐

Modify existing PAD

Withdrawal date

Y Y Y Y M M D D

Effective date

Y Y Y Y M M D D

Dates available: **For Life insurance, Critical Illness insurance and Ideal Term Fund policies:** 1<sup>st</sup> to 28<sup>th</sup> of the month. Date chosen cannot be 29, 30, or 31<sup>st</sup>

**Ideal Segregated Fund policies/Mutual Fund accounts:** 1<sup>st</sup> to 31<sup>st</sup> of the month

Amount: \$

(Only Applicable for Segregated Funds and Mutual Funds)

Fund n°	Amount (\$)	Fund n°	Amount (\$)

Frequency (choose one):

For Life, Critical Illness and Ideal Term Fund policies:

☐

Monthly

☐

Quarterly

☐

Semi-annual

☐

Annual

For Ideal Segregated Fund policies/Mutual Fund accounts:

☐

Weekly

☐

Bi-weekly

☐

Monthly

☐

Bi-Monthly

☐

Quarterly

☐

Semi-Annual

or

☐

Annual

You may contact us Monday through Friday 8:30 am to 5:00 pm eastern/mountain time by calling our toll-free number **1 888 841-6633**.

You may also contact us by email: [csc@standardlife.ca](mailto:csc@standardlife.ca)