

PAC/APP Authorization Pre-Authorized Chequing (PAC)/Automatic Payment Plan (APP)

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

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	PAC/APP 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
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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 CHEQUE <input type="radio"/> Savings account only, use the following account:		
Account holder's name(s)		Financial institution
Bank #	Transit #	Account #

Authorization and Signatures I understand and agree that: <ul style="list-style-type: none"> • An administrative fee may be charged to my account for any debit not honoured by my financial institution; • Monthly PAC/APP 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; • I will not receive notices of premiums falling due while the PAC/APP is in effect; • The PAC/APP applies to regularly scheduled premiums; • All premiums required to place a new or reinstated Policy/Contract in force must be paid independently of this plan. I authorize: <ul style="list-style-type: none"> • My financial institution to honour any withdrawal (debit) from my account under the PAC/APP. A photocopy or image of the signed authorization and consent 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	Second Authorized Signature for Corporate Owner X
Signature of Account holder(s) (if other than Owner*) X	Signing authority name (please print)
<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>	