

REQUEST FOR PRE-AUTHORIZED PAYMENT PLAN

THE EQUITABLE LIFE INSURANCE COMPANY OF CANADA ("Company") is hereby requested and authorized to process withdrawals against my bank account on a monthly basis, subject to the conditions as indicated below, for the purpose of collecting premiums due under the following:

POLICY NUMBER(S)		WITHDRAWAL DATE ON _____ (1 - 28) OF EVERY MONTH	
NAME OF DEPOSITOR		BANK NAME	BANK NUMBER
ACCOUNT TYPE <input type="checkbox"/> - CURRENT <input type="checkbox"/> - PERSONAL CHEQUING <input type="checkbox"/> - SAVINGS/CHEQUING	<input type="checkbox"/> TRANSIT NUMBER	BANK STREET ADDRESS	
ACCOUNT NUMBER		CITY AND PROVINCE	
SIGNATURES OF DEPOSITORS			DATE

PLEASE ATTACH SAMPLE OF CHEQUE YOU ARE USING FOR THIS ACCOUNT

I further authorize and request the Bank, Trust Company or Credit Union named above to pay and debit to the account mentioned above all withdrawals purporting to be drawn on you on behalf of the payor, or of any of the payors if more than one, by and made payable to the Company, and presented to you for payment. This authorization and request may be revoked on written notice to the bank branch.

THIS AUTHORIZATION AND REQUEST SHALL APPLY TO THE ACCOUNT IN ANY OTHER BANK, TRUST COMPANY OR CREDIT UNION SUBSEQUENTLY NAMED BY THE PAYOR.

In consideration of your acting as aforesaid, it is agreed that your treatment of each such withdrawal and your rights with respect to it shall be the same as if it were a cheque signed by the payor, or by each of the payors if more than one, personally and that the failure, whether with or without cause and whether intentional or inadvertent, to pay any such withdrawal shall give rise to no liability on your part even if such failure results in loss or damage of any kind. Any delivery of this authorization and request to you will constitute delivery by the payor.

It is understood and agreed that:

- (1) Such withdrawals shall be processed each month to cover premiums (including those overdue). If premiums change for the insurance policy number(s) listed above, the Company is authorized to amend the amount of the pre-authorized monthly withdrawals without notice.
- (2) The Pre-Authorized Payment plan (hereinafter referred to as P.A.P.) will terminate in respect to all policies named above and any P.A.P. endorsements thereon shall be cancelled upon 10 days prior written notice by the Company to the payor, or by the payor to the Company. The notice period shall be deemed to commence on the day following the date of mailing of the written notice.
- (3) The P.A.P. plan may be terminated by the Company immediately and without written notice if any withdrawal is not honored by the Bank on presentation. When terminated, the premiums for the policy will become payable on a monthly basis unless an alternative payment method is elected by you in writing.
- (4) Except as provided above and in any Pre-Authorized Payment endorsement(s), the P.A.P. plan shall not restrict any rights and privileges contained in the policy(ies) referred to above.
- (5) This authorization and request shall continue in effect so long as the above insurance coverage is maintained with the Company.