


Request for an Automatic Monthly Withdrawal Plan

1 General information	Name of policy owner (first, middle initial, last)	
	Name of 2nd policy owner (if applicable)	
	Who is paying the first premium?	
<input type="radio"/> you or	Name (first, middle initial, last)	Relationship to policy owner
	Name (first, middle initial, last)	Relationship to policy owner

2 Banking information Make sure you have: <ul style="list-style-type: none"> • provided information for a chequing account. This account cannot be a line of credit. • selected a payment withdrawal date at least four days before the policy anniversary/monthly processing day • attached a MICR encoded cheque marked VOID. MICR encoding looks like this: 	Preferred payment withdrawal date (1st through 28th)	
	Account type	
	Name of bank or financial institution	
	Bank number	Transit number

3 Withdrawal amount	Policy number(s)	Premium amount		Deposit option* or loan repayment amount (if applicable)
		\$		\$
		\$		\$
		\$		\$

* only available on eligible Performax and Performax Gold policies

4 Signatures If withdrawals are to be made from a joint account, both owners of the account must sign. If the owner is a corporation, we require: <ul style="list-style-type: none"> • two signing officers' signatures and titles or • one signing officer's signature, title and the corporate seal; if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided. 	In this section <i>we, us</i> and <i>our</i> refer to the company which insures the policy named above. <i>You and your</i> refer to the owner(s) of the bank account from which automatic monthly withdrawals will be made. By asking us to set up an automatic monthly withdrawal plan, you agree to the following: <ul style="list-style-type: none"> • your bank will honour automatic monthly withdrawals that we make • for universal life or Performax Gold policies, we have the right to change your monthly withdrawal date to be at least four days before your policy year date • you will not receive notice of premiums due while the plan is in effect • we have the right to increase the amount of automatic monthly withdrawals to the amount required to keep your policy in effect • you waive the right to receive 10 days' notice of an increase in the amount of automatic monthly withdrawals • you may end the plan by giving us 10 days' notice • we may end the plan by giving 10 days' written notice, counted from the day the notice is mailed, or • we may end the plan immediately if your bank does not honour a withdrawal. Also, you authorize us to collect, use, release and exchange any personal information necessary for the fulfillment of any obligation under this plan.		
	Name of account owner #1 (first, middle initial, last or legal name for corporation)		Date (dd/mmm/yyyy)
	Signature of account owner #1 X	Title (if applicable)	
	Initial here	Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.	
	Name of account owner #2 or corporate signing officer (if applicable)		Date (dd/mmm/yyyy)
Signature of account owner #2 X	Title (if applicable)		