



## Pre-Authorized Payment Plan

For the purposes of paying premiums under the following:

Policy Number	Name of (Proposed) Insured

### Pre-Authorized Chequing (PAC) Agreement

Ensure you read and understand the section "Your Privacy Matters to Us".

The Payor named below agrees that:

1. (a) RBC Life Insurance Company (RBC Insurance) is authorized to make scheduled withdrawals to pay the premiums for this policy or policies, including the initial premium and/or the Temporary Insurance Agreement premium if requested in this Application, against the account at the financial institution indicated below, or any other financial institution that the Payor may later designate, in accordance with the rules of the Canadian Payments Association ("CPA").
- (b) such withdrawals will be on dates and in amounts in accordance with the premium schedule as set out in this policy or policies.
- (c) if the amount of withdrawal should vary, pre-notification by RBC Insurance is waived.
- (d) the financial institution indicated below is authorized now or at any subsequent time to honour any requests made by RBC Insurance to withdraw from the account indicated below, including a representation or redraw within 30 days should any withdrawal not clear the account.
- (e) unless otherwise indicated in the Special Requests section below, such withdrawals shall be dated on the day of the month on which the premium is due under the policy or, if more than one policy is included in this Agreement, the withdrawals shall be dated to coincide with the existing policy(ies).
- (f) notification of any change to the account information provided below, shall be given to RBC Insurance by the Payor 5 days prior to the next scheduled withdrawal. I/We agree that from time to time I/we may authorize RBC Insurance to deduct such payments from another account upon my/our oral or written instructions.
- (g) this Agreement will terminate in respect of all policies included in it upon 10 days written notice by RBC Insurance or by the Payor.
- (h) A PAC may be disputed by the undersigned under the following conditions:
  - (i) If the PAC was not drawn in accordance with this Agreement; or
  - (ii) If this Agreement was revoked

In the event that either (i) or (ii) applies, the Payor agrees to contact RBC Insurance. If a satisfactory resolution cannot be achieved between the Payor and RBC Insurance, then in accordance with CPA rules, in order to be reimbursed, the undersigned acknowledge(s) that a declaration to the effect that either (i) or (ii) took place, must be completed and presented to the branch holding the account up to and including 90 calendar days in the case of a personal PAC (or up to and including 10 business days in the case of a business PAC), after the date on which the PAC in dispute was posted to the account on page 2 of this agreement.

I/We acknowledge that a claim on the basis that this agreement was revoked, or any other reason, is a matter to be resolved solely between me/us and RBC Insurance when disputing any PAC after the 90 calendar days in the case of a personal PAC (or up to and including 10 business days in case of a business PAC).

- (i) the names and signatures of all persons required to authorize withdrawals from the indicated account are included on page 2 of this agreement.
2. Add to existing PAC with policy number(s) \_\_\_\_\_
3. Special Requests (withdrawals are limited between the 1<sup>st</sup> – 28<sup>th</sup> of the month)

**BANK INFORMATION**

**Please attach a specimen cheque marked void (a line of credit account cannot be used).**

Name of Bank or Financial Institution	Transit Number	Bank Number	Account Number
Address			
City	Province	Postal Code	

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

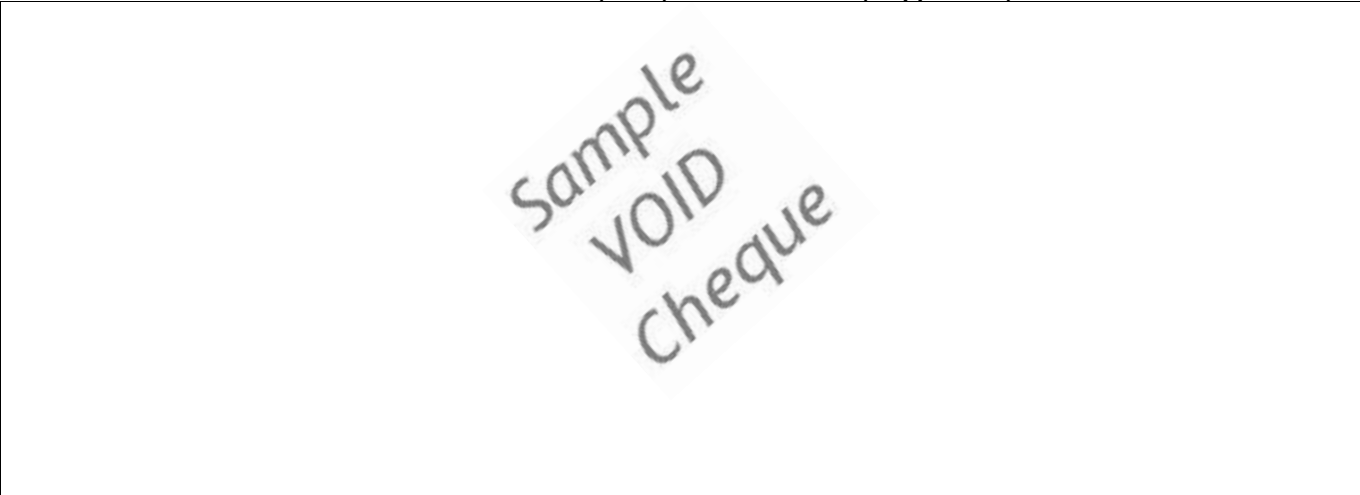
\_\_\_\_\_  
Print name of Payor (Account Holder)

\_\_\_\_\_  
Print Name of Second Payor (Account Holder) (if any)

\_\_\_\_\_  
Signature of Payor (Account Holder)

\_\_\_\_\_  
Signature of Second Payor (Account Holder) (if any)

**ATTACH A SAMPLE (VOID) CHEQUE HERE (if applicable)**



## **YOUR PRIVACY MATTERS TO US**

At RBC Life Insurance Company (RBC Insurance), we're committed to protecting your privacy. We respect your privacy and want you to understand how we safeguard your personal information.

### **How we collect your information**

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employer.

### **How we use your information**

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with others who work for RBC Insurance or other RBC Financial Group<sup>®</sup> companies, or with third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references you provide. We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business.

If you have given us your social insurance number, we will use it for taxation purposes and to help identify you with Citizenship and Immigration Canada, when necessary.

### **Your right to access your information**

You have a right to access the personal information that we have about you in your file. If we have information that is not correct, you can have it corrected.

To access your information or to ask us to correct information, you can contact us at:

**RBC Life Insurance Company**  
**P.O. Box 515, Station A,**  
**Mississauga, Ontario L5A 4M3**  
**Telephone: (800) 663-0417**  
**Facsimile: (905) 813-4816**

### **If you would like more information about client privacy**

RBC Financial Group publishes a brochure on client privacy. If you would like a copy of the brochure, you can contact us and we would be pleased to send one to you.