



# APPLICATION FOR OR CHANGE TO PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

This agreement is for (check one):  NEW PAD  ADDITION TO EXISTING PAD  CHANGE TO PAD/BANK INFORMATION

The payment frequency is for (check one)\*:  MONTHLY  SEMI-ANNUAL  ANNUAL

\*Payment Frequency not available for all plans.

PAYOR INFORMATION (please print clearly)				
ACCOUNT OWNER NAME(S)	Last	First	Middle	PHONE #
ADDRESS				EMAIL

BANK ACCOUNT INFORMATION	
PLEASE ATTACH A SAMPLE CHEQUE MARKED 'VOID' and/or complete the following:	
FINANCIAL INSTITUTION (F.I.)	
BRANCH ADDRESS	
TYPE OF ACCOUNT (must allow electronic debits)	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHEQUING
TRANSIT NO.	F.I. NO. ACCOUNT NO.

PAD DETAILS – You, the Payor, authorize Wawanesa Life Insurance Company to debit the bank account identified above for the amount(s), frequency and on withdrawal day indicated or the next business day.		
POLICY NUMBER	AMOUNT	NAME OF POLICYOWNER

FOR EXECUTIVE OFFICE USE ONLY	
PAD No.	
TOTAL PAD AMOUNT	
\$	
WITHDRAWAL DAY	

**CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION**

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: receiving payments on account of insurance premiums, investment contributions, policy loan repayments and mortgage payments; depositing funds into my account; establishing and maintaining communications with me; detecting and preventing fraud; compiling statistics and acting as required or authorized by law.

I understand that Wawanesa Life may share my personal information with the following people, organizations and service providers: Wawanesa Life employees and agents who require this information to perform their jobs; providers of information processing and storage, programming, printing, mailing and distribution services; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at [www.wawanesalife.com](http://www.wawanesalife.com).

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8.

DECLARATIONS / AUTHORIZATIONS AND SIGNATURES		
The Wawanesa Life Insurance Company is requested and authorized to make withdrawals from the account designated above or from any subsequently designated account under the following terms:		
<ol style="list-style-type: none"> <li>Withdrawals will be made according to the payment frequency indicated above on the policy issue date unless a particular withdrawal day is specified.</li> <li>If a monthly PAD is returned, all future withdrawals will be stopped until authorized by the Policy Owner to resume.</li> <li>You, the Payor, may revoke your authorization at any time, subject to providing written notice of 10 days to Wawanesa Life. For more information on your right to cancel a PAD Agreement, contact your financial institution or visit <a href="http://www.payments.ca">www.payments.ca</a>.</li> <li>You have certain recourse rights, provided under this Personal PAD Agreement, if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Personal PAD Agreement. For more information on your recourse rights, contact your financial institution or visit <a href="http://www.payments.ca">www.payments.ca</a>.</li> <li>You may provide written request to add/delete policies to this PAD or change bank information without completing a new PAD Agreement.</li> </ol>		
A photocopy or an electronic reproduction of this document will be as valid as the original.		
_____	_____	_____
Date	Signature of Account Owner	Name of Account Owner (please print)
_____	_____	_____
Date	Signature of Joint Account Owner (if applicable)	Name of Joint Account Owner (please print)

PLEASE RETURN FORM TO:  
 The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8  
 Tel: 1.800.263.6785 Fax: 1.888.985.3872 Email: [annuities@wawanesa.com](mailto:annuities@wawanesa.com) WEBSITE: [wawanesalife.com](http://wawanesalife.com)