



Pre-Authorized Debit (PAD) Agreement

Group Policy # 901102



**PLEASE AFFIX A CHEQUE MARKED "VOID" TO CONFIRM BANKING INFORMATION
IF YOU DO NOT HAVE A CHEQUING ACCOUNT, PLEASE ASK YOUR BANK FOR A COUNTER CHEQUE**

1. MEMBER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Number (SN)	Rank	Surname	First Name	Initials
<input type="text"/>			<input type="text"/>	
Mailing Address			Home Phone #	
<input type="text"/>			<input type="text"/>	
PO Box, Rural Route, etc.			(circle) work/cell phone/pager #	
<input type="text"/>	<input type="text"/>	<input type="text"/>		
City	Prov.	Postal Code		

2. ACCOUNT INFORMATION

- While the PAD is in effect, the Company will not give notice of the premiums falling due.
- All provisions of SISIP FS Policy #901102 relating to the payment or non-payment of premiums shall apply to the PAD.
- SISIP FS may change their rates from time to time and this authorization to deduct the associated monthly premiums shall remain in force until revoked by me, or by SISIP FS, in writing. This notification must be received at least twenty (20) business days before the next debit. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca.
- I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights I may contact my financial institution or visit www.cdnpay.ca.
- If there are more than two failed transactions in any twelve month period, the Company may terminate the PAD and bill the undersigned for annual payments in advance.

Please complete the following:

- | | |
|--|---|
| <p>1) type of account
Chequing <input type="checkbox"/> or Savings <input type="checkbox"/> AND Personal <input type="checkbox"/> or Business <input type="checkbox"/></p> <p>2) day of the month to be withdrawn
1st of the month <input type="checkbox"/> 15th of the month <input type="checkbox"/></p> <p>3) depositor(s) name as shown on bank records (please print)
<input type="text"/></p> | <p>4) signature(s) of depositor(s) as shown on bank records
<input type="text"/></p> <p>5) date
<input type="text"/> / <input type="text"/> / <input type="text"/>
Day Month Year</p> |
|--|---|

3. SIGNATURE

Declaration and Authorization by Applicant

Manulife Financial, as the insurer of the SISIP FS Policy, is hereby requested and authorized under this PAD Agreement to debit the bank account described on the specimen cheque attached for the purpose of paying premiums. This authorization and request shall also apply to any other account in any financial institution subsequently named by me by the provision of a specimen cheque on such new account.

I will advise of any changes in this information and this authorization will remain in effect until written notification of its change or cancellation has been received from me. I understand there is no fee for this service. The information provided on this form is protected from unauthorized disclosure under Canada's *Privacy Act*, *Personal Information Protection and Electronic Documents Act* or equivalent provincial legislation and is available upon request.

Member's Signature Day Month Year

Please return completed form to: Manulife Financial, SISIP Services, PO Box 1030, 2727 Joseph Howe Drive, Halifax, NS B3J 2X5

Manulife Financial Office Use Only

Verified by:
Day Month Year