

PAC PLAN AUTHORIZATION *(Pre-Authorized Collections/Electronic Funds Transfer)*

To: The Canada Life Assurance Company ("Canada Life") and my Bank (the Canadian financial institution I designate now or subsequently)

I, the Bank ACCOUNT HOLDER, request and authorize the Canada Life to make monthly withdrawals from my account specified below, or any account of mine I subsequently designate. I authorize and agree that my Bank may deal with each such withdrawal as though it was signed by me, and need not verify that the withdrawals are in accordance with this authorization. For any joint account, I certify that all persons required to sign on this account have done so. It is further understood and agreed that:

1. This authorization is for the withdrawal of the monthly premium payments established for the policy/ies I designate now or subsequently, and may include any agreed policy loan repayments. If the first withdrawal request in a month is not honoured because of insufficient funds (NSF), Canada Life may make another withdrawal request.
2. The PAC Plan may be terminated:
 - (a) upon 10 days written notice given to the other party by either Canada Life or the ACCOUNT HOLDER or
 - (b) if any withdrawal from the account is not honoured, or is refunded to the Bank by Canada Life at the Bank's request.

The payment method will then change to another premium mode and amount, as allowed under the policy provisions and Canada Life's then current rules.
3. This authorization is not part of any policy and does not modify or affect any provisions of any policy, except that any dividend option cannot be for premium reduction.
4. Any PAC Plan Bank Account Holder has the right to receive a copy of this authorization, if requested.

There are two PAC options available to Canada Life Clients.

OPTION A - Establish PAC to pay monthly premiums only

OPTION B - Establish PAC to pay monthly premiums and increase the monthly withdrawal to include policy loan repayment(s)

Please establish the PAC plan as indicated below:

Policy No.	Insured	Option A/B	Withdrawal Day (1 - 28)	Loan Repayment Amount

Please make withdrawals from the Bank (Canadian Financial Institution) designated on the sample cheque attached.

DEPOSITOR'S NAME

TYPE OF ACCOUNT <input type="checkbox"/> Personal Chequing <input type="checkbox"/> Savings	ACCOUNT NUMBER	SIGNATURE OF ACCOUNT HOLDER
	DATE	SIGNATURE OF ACCOUNT HOLDER

PLEASE NOTE:

1. A SAMPLE CHEQUE MUST BE ATTACHED (Should be marked void)
2. BY SIGNING THIS AUTHORIZATION, IT IS UNDERSTOOD AND AGREED THAT YOU ACKNOWLEDGE ALL CONDITIONS PRINTED ABOVE.
3. JOINT ACCOUNTS REQUIRES THE SIGNATURES OF ALL PERSONS ASSOCIATED WITH THE ACCOUNT.

HELPFUL INFORMATION

PAC PLAN AUTHORIZATION FORM

- Remember to enclose a voided cheque. If type of account is Savings, please include an encoded voided cheque with proper bank details (i.e. Bank Number, Transit Number and Account Number)
- Line of Credit Account is not accepted for PAC (Pre-Authorized Collections)
- Your policy anniversary date will automatically become your withdrawal date, unless otherwise indicated on the PAC form.
- If electing Option B, please indicate a Loan Repayment Amount.
- In order to change bank information, we require a PAC form with a voided cheque or a signed request with a voided cheque.