



THE EQUITABLE LIFE INSURANCE COMPANY OF CANADA

One Westmount Road North • PO Box 1603 Stn Waterloo
Waterloo Ontario N2J 4C7

Toll Free: 1-800-668-4095(Canada & USA) Fax: (519) 883-7404 All others call collect: (519) 886-5110

Request for Pre-Authorized Payment Plan

THE EQUITABLE LIFE INSURANCE COMPANY OF CANADA is hereby requested and authorized to process withdrawals against my bank account (as indicated below) on a monthly basis, subject to the conditions on the reverse side, for the purpose of collecting amounts due under the following:

POLICY NUMBER(S)		WITHDRAWAL DATE ON _____ (1 - 28) OF EVERY MONTH	
NAME OF DEPOSITOR		BANK NAME	
ACCOUNT TYPE	- CURRENT <input type="checkbox"/> - PERSONAL CHEQUING <input type="checkbox"/> - SAVINGS/CHEQUING <input type="checkbox"/>	TRANSIT NUMBER	BANK STREET ADDRESS
ACCOUNT NUMBER		CITY AND PROVINCE	
SIGNATURES OF DEPOSITORS			DATE

378MD(1997/09/30)

PLEASE ATTACH SAMPLE OF CHEQUE YOU ARE USING FOR THIS ACCOUNT



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PLEASE ATTACH SAMPLE OF CHEQUE YOU ARE USING FOR THIS ACCOUNT

I further authorize and request the Bank, Trust Company or Credit Union named on the reverse to pay and debit to the account mentioned on the reverse all withdrawals purporting to be drawn on you on behalf of the payor, or of any of the payors if more than one, by and made payable to The Equitable Life Insurance Company of Canada, and presented to you for payment. This authorization may be revoked on written notice to the bank branch.

THIS AUTHORIZATION AND REQUEST SHALL APPLY TO THE ACCOUNT IN ANY OTHER BANK, TRUST COMPANY OR CREDIT UNION SUBSEQUENTLY NAMED BY THE PAYOR.

In consideration of your acting as aforesaid, it is agreed that your treatment of each such withdrawal and your rights with respect to it shall be the same as if it were a cheque signed by the payor, or by each of the payors if more than one, personally and that the failure, whether with or without cause and whether intentional or inadvertent, to pay any such withdrawal shall give rise to no liability on your part even if such failure results in loss or damage of any kind. Any delivery of this authorization to you will constitute delivery by the payor.

It is understood and agreed that:

- (1) Such withdrawals shall be processed each month to cover the amounts falling due.
- (2) The Pre-Authorized Payment plan (hereinafter referred to as P.A.P.) will terminate in respect to all policies referred to on the reverse side and any Pre-Authorized Payment endorsements thereon shall be cancelled upon 10 days written notice by the Company to the payor, or by the payor to the Company. Notice shall be deemed to have been given on the day following the mailing of such written notice.
- (3) The P.A.P. plan may be terminated by the Company immediately and without written notice if any withdrawal is not honored by the Bank on presentation.
- (4) Except as provided above and in any Pre-Authorized Payment endorsement(s), the P.A.P. plan shall not restrict any rights and privileges contained in the policy(ies) referred to on the reverse side.

I further authorize and request the Bank, Trust Company or Credit Union named on the reverse to pay and debit to the account mentioned on the reverse all withdrawals purporting to be drawn on you on behalf of the payor, or of any of the payors if more than one, by and made payable to The Equitable Life Insurance Company of Canada, and presented to you for payment. This authorization may be revoked on written notice to the bank branch.

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