

INSURED: _____ **POLICY NUMBER:** _____

Please choose one of the following two payment options.

OPTION 1 – PRE-AUTHORIZED PAYMENT PLAN – Attach Cheque Marked 'VOID'

Name of Bank Account Holder: _____

OPTION 2 – CREDIT CARD – Only available on select products

The Wawanesa Life Insurance Company is authorized to charge my Credit Card. I agree to furnish The Wawanesa Life Insurance Company with the updated Credit Card Expiry date as required. This authorization extends to any replacement cards I may receive and will remain in effect until I cancel it.

Card Type: MASTERCARD VISA *Amex, Debit or Prepaid Cards are not accepted.*

Card Number: _____ Expiry Date: _____

Name as it appears on the Credit Card: _____

Cardholder Address: _____

City: _____ Province: _____ Postal Code: _____ Telephone: _____

AUTHORIZATION AND SIGNATURE

Regular MONTHLY payments in the amount of \$ _____ will be debited to my/our account or charged to the credit card on the _____ day of each month.

Regular ANNUAL payment in the amount of \$ _____ will be debited to my/our account or charged to the credit card on _____ MM/DD of each year.

I understand that premiums may increase by the amount required to keep my policy in effect as stated in my policy. I agree that this authorization in no way affects the terms or conditions of the policy.

The Wawanesa Life Insurance Company is authorized to draw cheques under its Pre-Authorized Payment Plan (PAPP) on the Account and Financial Institution designated by me. I further authorize such institution and any of its branches to deal with such transfers as though they were signed by me.

- If a monthly PAD is returned as insufficient funds, the next PAD amount will be for the two months of premium. Notification will be provided prior to this double withdrawal.
- I also agree to furnish The Wawanesa Life Insurance Company with a voided blank cheque now and at any future time, as required, to assure the accurate imprinting of bank information on my Pre-Authorized transfers.
- I may revoke my authorization at any time, subject to providing notice of 10 days' notice. To obtain a sample cancellation form, or for more information on my right to cancel a PAPP Agreement, I may contact my financial institution or visit www.cdnpay.ca
- Every effort will be taken to meet the same date every month, however this date could change for a given month.
- Wawanesa Life is not required to provide notification before the initial premium is debited.
- 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 PAPP agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

This authorization shall continue in force so long as said policy shall qualify for premium payments under this plan or until this authorization is revoked. Either party to this agreement may terminate this authorization by written notice mailed to the other party at his address of record.

Signature of Bank Account Holder / Credit Cardholder: _____ Dated: _____ MM/DD/YYYY

Signature of Bank Account Holder / Credit Cardholder: _____ Dated: _____ MM/DD/YYYY

PERSONAL INFORMATION CONSENT:

The information collected on this application for insurance is required for the purposes of considering and, if approved, processing this application for insurance. It may also be used to administer the insurance policy, investigate any claims that may be made under this policy, and for the provision of products and services. This information, and information in existing files, may be used by and exchanged among The Wawanesa Life Insurance Company, their agents, affiliates, partners, subsidiaries, reinsurers, rating agencies and authorized administrators for these purposes, regardless of whether a policy is issued or coverage ceases to be in force. Subject to legal and contractual requirements, the applicant may refuse to consent to the collection, use, or disclosure of their personal information for specific purposes by contacting privacy@wawanesa.com or by calling 1-888-997-9965 and asking to speak to the Privacy Officer.