



GROUP 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

PAYOR INFORMATION (please print clearly)

POLICYHOLDER PHONE #

STREET ADDRESS

CITY AND PROVINCE POSTAL CODE

BANK ACCOUNT INFORMATION

PLEASE ATTACH A SAMPLE CHEQUE MARKED 'VOID' and/or complete the following:

NAME OF ACCOUNT HOLDER

FINANCIAL INSTITUTION (F.I.)

BRANCH ADDRESS

CITY AND PROVINCE POSTAL CODE

TYPE OF ACCOUNT (must allow electronic debits) SAVINGS CHEQUING

TRANSIT NO. F.I. NO. ACCOUNT NO.

PAD DETAILS: All Group Premiums will be withdrawn on the 1st of each month, or the next business day according to the Balance Due on the most recent billing statement.

Group Policy #	Group Account #	Name of Group Policyholder

FOR HEAD OFFICE USE ONLY

PAD No.

First Withdrawal Date

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

We consent to Wawanesa Life collecting, using and disclosing our personal information for the purposes of: receiving payments on account of insurance premiums, depositing funds into our account; establishing and maintaining communications with us; detecting and preventing fraud; compiling statistics and acting as required or authorized by law.

Further information about Wawanesa Life's Personal Information Protection Policy can be obtained from the Wawanesa Life Head Office at 200-191 Broadway, Winnipeg, MB R3C 3P1 or at www.wawanesalife.com.

AUTHORIZATION AND SIGNATURES

The Wawanesa Life Insurance Company is requested and authorized to make monthly withdrawals from the account designated above or from any subsequently designated account in order to make Group Premium payments, under the following terms:

- Withdrawals are to be made for Business purposes only.
- You, the Payor, may revoke your authorization at any time, subject to providing written notice of ten (10) days to Wawanesa Life. For more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.
- You have certain recourse rights 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 PAD Agreement. For more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
- You, the Payor, should keep a copy of this PAD Agreement for your records and a signed paper or electronic copy should be sent to Wawanesa.

Authorized Signature for the Account _____ Name of Signing Authority (please print) _____ Date _____

Additional Authorized Signature for the Account (if applicable) _____ Name of Other Signing Authority (please print) _____ Date _____

PLEASE RETURN FORM TO:
Wawanesa Life – Group Operation
7th Floor, 191 Broadway
Winnipeg, MB R3C 3P1

CONTACT INFORMATION:
Tel. 1.800.665.7076
Fax. 204.985.5781
Email. GroupCustomerService@wawanesa.com