

# GROUP BENEFITS REQUEST FOR PRE-AUTHORIZED DEBIT (PAD) PLAN

**AVAILABLE ONLY TO POLICYHOLDERS WITH A MINIMUM WITHDRAWAL OF \$5.00 PER MONTH**

In order to avoid delays, please ensure that all required information is provided.

## 1. GROUP EMPLOYEE BENEFITS

To ensure accuracy, attach a void cheque in upper right corner.

Pre-Authorized Debit Plan withdrawals are the 1<sup>st</sup> of each month.

Retain a copy for your records.

I have waived my right to receive pre-notification of the amount of the Pre-Authorized Debit (PAD) Plan and agreed that I do not require advance notice of the amount of the PADs before the debit is processed.

Group \_\_\_\_\_ Account \_\_\_\_\_

Plan Sponsor \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Province

Postal Code

Transit 

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 Institution 

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 Account 

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(5 digits)

(3 digits)

(maximum 12 digits)

## 2. AUTHORIZATION

Your Payor's PAD agreement may be cancelled provided notice is received 14 days before the next scheduled PAD. If any of the above details are incorrect, please contact us immediately at 1-800-667-8164. If the details are correct, you do not need to do anything further and your Pre-Authorized Debits will be processed and start on the Payment Start Date indicated above.

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 PAD that is not authorized or is not consistent with the terms of this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I hereby authorize Co-operators Life Insurance Company ("Co-operators") to withdraw premium payments from my account for the policy referred to herein and to exchange my relevant financial information with my financial institution for such purpose. This authorization shall remain valid for so long as my coverage remains in effect unless revoked by me in writing. Any copy of this authorization shall be as valid as the original.

Depositor Signature \_\_\_\_\_ Date \_\_\_\_\_

MMM/DD/YYYY

2<sup>nd</sup> Depositor Signature (if Joint Account) \_\_\_\_\_

## 3. PRIVACY

### Co-operators Life Insurance Company Privacy Statement

At The Co-operators, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, administering your investments, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We may tell you about products and services that may be of interest to you. You can tell us what information you want to receive from us and you can withdraw your consent at any time. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about The Co-operators privacy policy at [www.cooperators.ca](http://www.cooperators.ca). If you have any questions regarding our privacy policies or about how we collect, use, keep and share your personal information, please contact our Privacy Officer at The Co-operators at 1-888-887-7773, or by e-mail: [privacy@cooperators.ca](mailto:privacy@cooperators.ca)