

The insurer of this policy is  Co-operators Life Insurance Company  CUMIS Life Insurance Company

Co-operators Life Insurance Company and CUMIS Life Insurance Company are affiliated companies within the Co-operators group of companies. The Insurance Company that is underwriting and administering your policy is identified by the check boxes above.

MAILING ADDRESS	INSTRUCTIONS
Mail: Co-operators Life Insurance Company CUMIS Life Insurance Company 1920 College Avenue Regina SK S4P 1C4  Phone: 1-800-454-8061 Fax: 1-866-222-4656	Please print clearly and be sure all sections are complete, including confirmation of the Insurance Company that is underwriting and administering your policy in the check box above, to avoid delays in processing.

**REQUEST INFORMATION**

I request and authorize the Insurance Company indicated in the check box above to make withdrawals against the bank, credit union or trust company account specified on the attached void cheque, or any account subsequently named by me, and such banking institution to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this policy(s).

If the said account is replaced by an account in another banking institution, this request and authorization shall also apply to such other banking institution.

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

**The date the PAD cheque clears your account can be anywhere from one to ten days after the deduction date (this depends on the residence location of the payor and the clearing facility of each individual financial institution).**

POLICY NUMBER	LIFE INSURED

**SPECIAL REQUEST**

Add to existing PAD for Insurance Company policy(s) number(s): \_\_\_\_\_

**WITHDRAWAL DAY**

Elect PAD date (1<sup>st</sup> – 28<sup>th</sup>): \_\_\_\_\_ Start Date: \_\_\_\_\_  
(Must be within 30 days of signing date)

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 1-800-454-8061 Option 3. 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.payments.ca](http://www.payments.ca).

**THIRD PARTY DETERMINATION**

Examples of third parties include payors, executors, powers of attorney, collateral assignees.

Check this box if a third party is involved with this contract, if a third party will pay for this contract, or if a third party will have the use of or access to the contract value and then complete the information below (attach a list if more space is required):

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name Initial Last Name MMM/DD/YYYY

Address \_\_\_\_\_  
Street City Province Postal Code

Principal Business/Occupation \_\_\_\_\_

Type of Third Party \_\_\_\_\_ Relationship to Applicant/Owner \_\_\_\_\_

If a Corporation, Registration Number and Place of Incorporation \_\_\_\_\_

## AUTHORIZATION

\_\_\_\_\_  
Name of Owner(s)\*

\_\_\_\_\_  
Signature of Owner(s)\*

\_\_\_\_\_  
Name of Owner(s)\*

\_\_\_\_\_  
Signature of Owner(s)\*

\_\_\_\_\_  
Name of Payor (if different than Owner)\*

\_\_\_\_\_  
Signature of Payor (if different than Owner)\*

\_\_\_\_\_  
Name of Payor (if different than Owner)\*

\_\_\_\_\_  
Signature of Payor (if different than Owner)\*

Date \_\_\_\_\_  
MMM/DD/YYYY

If Joint account, all signatures required above.

\*If the Owner or Payor is a business, the name of the business and the signature of Signing Officer of the business is required above.

## PRIVACY STATEMENT

**Privacy Statement**  
**Co-operators Life Insurance Company**  
**CUMIS Life Insurance Company**

Co-operators Life Insurance Company and CUMIS Life Insurance Company are committed to protecting the privacy, confidentiality, accuracy and security of the personal information it collects, uses, retains and discloses in the course of conducting business.

At each of the companies listed above, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. 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 persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. You can find more details about Co-operators Life Insurance and CUMIS Life Insurance Company's privacy policy at [www.cooperators.ca](http://www.cooperators.ca). If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact the Privacy Office at 130 Macdonell Street, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: [privacy@cooperators.ca](mailto:privacy@cooperators.ca) (please include whether you deal with Co-operators Life Insurance Company or CUMIS Life Insurance Company in your inquiry).

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.