



Copy of the Terms and Conditions Business Pre-Authorized Debit (PAD) Agreement

To be given to Group Policyholder

Group Policyholder Name (Full Legal Name): _____

Group Policy Number(s): _____

Division Number(s): _____

Healthcare Spending Account Medical Reimbursement Plan

Monthly withdrawal day (choose from 1 - 20): _____

The effective date of the first withdrawal will occur on the policy effective date or the date in which the new group was processed, whichever is later.

Important note(s): If there is a different bank account or monthly withdrawal date, a separate form is required. Please provide this PAD agreement and an unsigned blank cheque marked "VOID" to your Canada Life group representative.

Terms and Conditions of PAD Agreement

Authorization	<p>Note: References in this form to "this PAD agreement" include later amendments to it. Reference in this PAD agreement to "we" and "our" refers to the Group Policyholder (Payor) indicated above.</p> <p>We authorize The Canada Life Assurance Company (Canada Life) and the financial institution named above (or any other financial institution we may authorize at any time) to withdraw from our account any payments that we have agreed to make under the listed above group policy(ies), and/or as otherwise specified to be made in this PAD agreement as though we had personally signed a cheque. We understand that changes to the Group Policy(ies) including as applicable, to premium amounts or to the method or required amount of payment (including changes requested to this PAD agreement) or termination and recommencement of automatic payments under this PAD agreement may increase or decrease the amount withdrawn or to be withdrawn from our account. Accordingly, we authorize such increases or decreases, waiving any pre-notification requirement with respect to them.</p> <p>We agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.</p>
Signatures	<p>We certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.</p>
Account changes	<p>We will notify Canada Life if our financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the change effective date. Canada Life may, but is not obligated to, rely on verbal instructions from us to amend this authorization.</p>
Confirming withdrawals	<p>We agree to regularly review our account information and if we question or disagree with the amount withdrawn or any account changes, we will notify Canada Life in writing within 10 days of the withdrawal or account changes; otherwise, we agree that the withdrawal or account changes will be considered to have been properly made.</p> <p>For questions related to these withdrawals we may contact Canada Life.</p>
Non-sufficient funds (NSF) information	<p>If there is not enough money in our account to cover the total amount due ("due" as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement), we authorize Canada Life to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). If the second attempt is also returned NSF (or if Canada Life decides, in its sole discretion, not to make the second attempt), we understand that pre-authorized payments will be suspended, and possibly cancelled by Canada Life. We understand that we are responsible for any NSF charge(s).</p>
Assignment	<p>We hereby waive any requirement of prior written notice to us by Canada Life of the assignment by Canada Life of this PAD agreement.</p>
Cancellation	<p>This PAD agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by us to Canada Life or by Canada Life to us.</p> <p>To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement, contact your financial institution or visit www.cdnpay.ca. To obtain more information on your PAD agreement, contact your Canada Life representative.</p> <p>We agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Canada Life, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Canada Life, in its sole discretion, may require a new written PAD agreement if this PAD agreement is cancelled for any reason.</p>
Recourse	<p>We have certain recourse rights if any debit does not comply with this PAD agreement. For example, we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain information on our recourse rights, we may contact our financial institution or visit www.cdnpay.ca.</p>
Contact information	<p>For more information about this PAD agreement, contact Canada Life at selectpacPAD@canadalife.com or call 1-204-946-7696.</p>



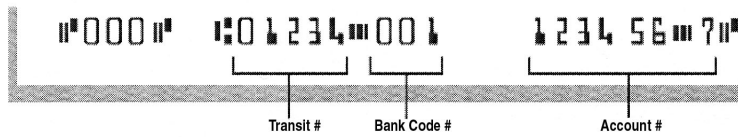
Business Pre-authorized Debit (PAD) Agreement

(Available for Canadian currency only)

Group Policyholder Name (Full Legal Name): _____
 Group Policy Number(s): _____
 Division Number(s): _____
 Healthcare Spending Account Medical Reimbursement Plan
 Monthly withdrawal day (choose from 1 - 20): _____
The effective date of the first withdrawal will occur on the policy effective date or the date in which the new group was processed, whichever is later.

Name and address of Financial Institution: _____

 Transit Number: _____ Bank Code: _____ Account Number: _____



Important note(s): If there is a different bank account or monthly withdrawal date, a separate form is required. Please provide this PAD agreement and an unsigned blank cheque marked "VOID" to your Canada Life group representative.

PAYOR (Please type or print clearly)

Group Policyholder Name (Full Legal Name): _____

Name(s), Title(s), Signature(s) and Phone Number(s) of Authorized Signing Officers:

Name of Authorized Signing Officer: _____
 Title: _____
 Signature: _____
 Date: _____
 Phone Number: _____

Name of Authorized Signing Officer: _____
 Title: _____
 Signature: _____
 Date: _____
 Phone Number: _____

Name, Title, Signature and Phone Number of Joint Account Holder (if applicable):

Name: _____
 Title: _____
 Signature: _____
 Date: _____
 Phone Number: _____