

REQUEST FOR PRE-AUTHORIZED DEBIT (PAD) PLAN

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

Please complete the information by printing clearly, in ink. In order to avoid delays, please ensure that all required information is provided.

1. MEMBER POLICIES

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

PAD withdrawals are the 1st of each month.

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 the PADs before the debit is processed.

Group _____ Account _____ Certificate _____

Plan Member _____
First Name Initial Last Name

Financial Institution Name _____

Address _____
Street City Province Postal Code

Bank Branch _____ Bank Code _____ Account Number _____
5 Digits 3 Digits

2. AUTHORIZATION

CO-OPERATORS LIFE INSURANCE COMPANY PRIVACY STATEMENT

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

Co-operators Life Insurance Company will collect, use and disclose personal information about you, your spouse or dependents for the purposes of providing group benefit plan administration, underwriting and claim services. Only authorized personnel have access to your information, and 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. Your personal information may be collected by or transferred to a service provider outside of Canada for processing, storage, analysis or disaster recovery. You can find more details about Co-operators Life Insurance Company's privacy policy at 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 Co-operators Privacy Officer: Priory Square, Guelph ON N1H 6P8 Tel: 1-888-887-7773 email: privacy@cooperators.ca (please indicate Co-operators Life Insurance Company in your inquiry)

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.

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

2nd Depositor Signature (if Joint Account) _____

3. OFFICE USE ONLY

PAD Control Number _____