RELIABLE LIFE INSURANCE COMPANY

Box 557, 100 King Street West
Hamilton, Ontario L8N 3K9
Phone: 800.465.0661

Policy No: _____

These services are for (please check one): Personal ❑ Business ❑

Pre-Authorized Debit (PAD) Agreement

INSTRUCTIONS:

1. Sign the authorization using the signature(s) on file at your financial institution.
2. Attach a voided sample cheque

I/we authorize Reliable Life Insurance Company, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly premium payments. Regular monthly payments for the amount of premium will be debited to my/our specified account. Reliable Life Insurance Company will provide ten (10) days written notice of any change in the amount of each regular debit.

This authority is to remain in effect until Reliable Life Insurance Company has received signed written notification from me/us of its change or termination. This notification must be received at least ten (10) days before the next debit is scheduled at the address provided. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

DEPOSITOR(S)

_____
Name of Accountholder(s) listed on the Account ***(Please print)***

_____

X_____
Signature of Accountholder Date

X_____
Signature of Joint Accountholder *(if applicable)*

_____
Name of Financial Institution

_____
Address of Financial Institution

_____
City Province Postal Code

_____
Financial Institution Phone Number

_____
Chequing Account Number you wish to debit

❑❑❑ - ❑❑❑❑❑
Financial Institution Transit Number

--- Attach a voided sample cheque *(no deposit slips, please)* ---

TO: THE FINANCIAL INSTITUTION NAMED ABOVE

So that you may comply with your depositor's request, this Company agrees:

1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any cheque / electronic debit, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such cheque / electronic debit shall be dishonoured whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss through dishonour results in a forfeiture of the insurance.
3. To defend at our own cost and expense any action which might be brought by any depositors or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.
4. That this agreement may be cancelled by any one of the Insurance Company, the Financial Institution or the Depositor by giving written notice to the other two parties. Such notice shall be effective as to each receiving party upon its receipt except that it shall not affect cheques / electronic debits drawn prior to receipt of the notice and then outstanding.

This form is to be sent to Reliable Life Insurance Company at the address shown above.