

Acceptional Life™ is insured and underwritten by Co-operators Life Insurance Company and is distributed by Hunter McCorquodale and its contracted sales advisors.

REQUEST FOR PRE-AUTHORIZED DEBIT (PAD) PLAN

REQUEST INFORMATION

I request and authorize Co-operators Life Insurance Company 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 (1st – 28th) _____ 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.cdnipay.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 _____

Co-operators Life Insurance Company Privacy Statement

The Co-operators 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.

At The Co-operators, 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 The Co-operators 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 our Privacy Officer at The Co-operators at Priory Square, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: privacy@cooperators.ca (please include The Co-operators company you deal with 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.

I declare and certify that the above information is true and complete and shall form part of my Application. I understand the personal information provided on this form will be used by Co-operators Life Insurance Company for underwriting purposes, and for any other lawful purpose in accordance with applicable federal and provincial laws. I also understand that Co-operators Life Insurance Company is relying on the information I have provided and if I have misrepresented any information, that Co-operators Life Insurance Company will be entitled to void my policy(ies).

Applicant Signature _____ Date _____
MMM/DD/YYYY