INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.

www.inalco.com

GROUP INSURANCE

POLICYHOLDER PRE-AUTHORIZED WITHDRAWALS (PAW)

According to your province of residence, please send your form to:

Quebec
Group Administration
P.O. Box 790, Station B
Montreal, Quebec H3B 3K6

Ontario, Atlantic and Western Provinces
Group Administration
522 University Ave, Suite 400
Toronto, Ontario M5G 1Y7

POLICYHOLDER INFORMATION

Name of Policyholder _____ Policy Number |_|_|_|_|_| Division Number |_|_|_|

Name of Authorized Signatory _____

BANKING INFORMATION *(Please attach a void cheque AND complete the banking information below.)*

Name of Financial Institution _____

Name of Account Owner(s): _____ and _____

Banking Information: |_|_|_|_|_| Transit Number (5 digits) |_|_|_|_| Financial Institution Number (3 or 4 digits) |_|_|_|_|_|_|_|_|_|_|_|_| Account Number

AUTHORIZATION OF AUTHORIZED SIGNATORY

I authorize Industrial Alliance and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for regular recurring payments and/or one-time payments from time to time, for payment of all premiums, deposits, instalments and charges arising from the contract hereunder mentioned.

I waive the right to receive pre-notification of an increase or decrease in the amount to be debited or a change in the date and/or frequency of these payments.

I agree that Industrial Alliance is not required to provide me with a written notice of a change in the pre-authorized withdrawals (PAW) amount that is made as a result of my request. If a PAW is dishonoured for any reason such as, but not limited to, insufficient funds ("NSF"), stop payment or account closed, Industrial Alliance is authorized to resubmit the payment. **Any charges incurred by Industrial Alliance as a result of the dishonoured PAW will be added to the subsequent PAW.**

I may cancel or modify this PAW agreement at any time, subject to providing Industrial Alliance with thirty (30) days notice in writing. To obtain a cancellation form or for more information on my right to cancel the PAW agreement, I may contact my financial institution or visit www.cdnpay.ca. Any cancellation of this PAW agreement will not affect my insurance contract(s) and/or contract(s) for financial services, so long as payment is provided by an alternate method.

Industrial Alliance may not assign this PAW agreement without providing, any time prior to the next PAW, written notice to me of the assignment.

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

X _____ Authorized Signature of Account Owner

Y M D |_|_|_|_|_|_| Date

X _____ Authorized Signature of Account Owner (if applicable)

Y M D |_|_|_|_|_|_| Date

NOTICE

Withdrawals are made on the 10th day of each month. The amount of the premium includes any changes and adjustments made during the current month.