

6. PREMIUM PAYMENT BY PRE-AUTHORIZED WITHDRAWALS

Name of Financial Institution: _____

Name of Account Owner(s): _____ and _____

Banking Information:

**Please attach a cheque specimen marked VOID.
(Please attach here.)**

I authorize Industrial Alliance Insurance and Financial Services Inc. 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 authorize the direct withdrawal of premiums from my bank account, whose particulars appear above or on the enclosed cheque, until such time as I make a written request to the contrary. This authorization, which takes effect on the signature date below, is valid for all other active bank accounts in this or any other financial institution that I may name in the future.

I authorize the direct withdrawal of premiums on the first day of each month.

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 regarding Rule H1: Pre-authorized debits (PADs). 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 _____
Signature of Account Owner

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

X _____
Signature of Account Owner (if applicable)

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

7. DIRECT DEPOSIT REQUEST FOR HEALTH AND DENTAL BENEFITS

Yes, I am subscribing to **direct deposit** to have my health and dental claim reimbursements automatically deposited in my bank account, and to be informed by email when claims have been processed.

Banking information: Same as pre-authorized withdrawals. If not, specify:

Branch no. (5 digits) | Financial Institution No. (3 digits) | Bank Account No. | Email: _____ Home Work

DISCLOSURE

At Industrial Alliance, the personal information we collect concerning you and your dependents is kept in strict confidence and is only used for the purposes you have authorized.

Your personal file will be kept at Industrial Alliance's offices.

You have the right to request access to your personal information and, if necessary, correct any inaccurate information. In order to do so, send a written request to the following: Industrial Alliance Insurance and Financial Services Inc., Information Access Officer, 1080 Grande Allée West, PO Box 1907, Station Terminus, Quebec City, Quebec, G1K 7M3.

Access to your personal information will be limited to Industrial Alliance's employees, agents, reinsurers and service providers in the performance of their jobs, individuals to whom you have granted access, and persons authorized by law.