Manulife

Group Benefits - AdminAdvantage
Premium Pre-Authorized Debit Agreement

Please print clearly and complete all pages of form. If required, retain a photocopy for your files.

1. Plan member information (the Payor)

Plan contract number: **87200**

Plan division number:

Plan member certificate number:

First name:

Middle initial:

Last name:

Date of birth (dd/mmm/yyyy):

Address (number, street, apt.):

City:

Province:

Postal code:

Personal email address:

2. Payor's financial institution information

Personal PAD agreement

◯ **New**

1. Attach a blank personal cheque marked **"Void"** or validation from your financial institution confirming that they will accept electronic debits.
2. Complete the financial institution details below.

Walmart benefits premiums are due and will be withdrawn biweekly as per the payroll schedule once this completed form has been processed.

For more information, contact the Customer Service Centre.

◯ **Change**

◯ **Terminate**

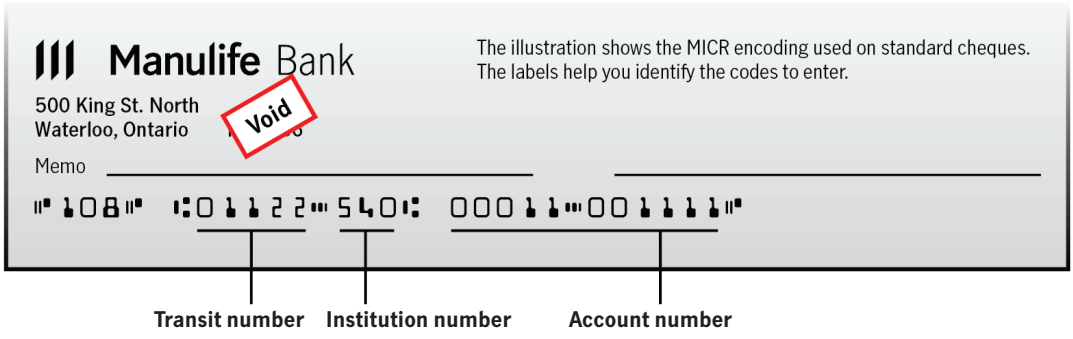
PAD is the mandatory payment method of the Group Contract. Termination of PAD may result in reduction or termination of the Payor's group benefits.

Financial institution name:

Transit number:

Institution number:

Account number:



3. Automatic premium withdrawal authorization (Pre-authorized Debit-PAD)

I authorize Manulife to withdraw, until further written notice from me or my duly authorized representative, all premium payments ("Payments") due in relation to the Coverage, from the bank account identified on the attached void cheque (referred to herein as the "Account"), on a monthly basis on the day(s) of each month in which Coverage premiums are due once this completed form has been processed. **I also understand and agree** that either Manulife or I may, at any time upon 15 days written notice, counted from the date the notice is mailed, discontinue the direct withdrawal of Payment(s), from my Account, in which case Manulife shall be entitled to require another method of payment, acceptable to Manulife, or reduce or terminate my benefits. The terms and conditions of this pre-authorized collection authorization shall apply to the Accounts herein named by me and any other Accounts I choose to name in the future, and shall remain valid for the duration of my Coverage or until revoked by me in writing. **I agree** that if I have asked Manulife to debit my bank account for a Pre-authorized Debit (PAD) plan (Personal PAD), **I authorize** the bank or other financial institution I have named to honour my instructions. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. **I understand and agree that I have waived my right to receive pre-notification of the amount of the PAD and agree that I do not require advance notice of the amount of the PAD before the debit is processed. I understand** that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. **I understand and agree** that in the event that a PAD withdrawal is not honoured because there were non-sufficient funds ("NSF") in my account, **I authorize** Manulife to make a second attempt to withdraw the original PAD amount within 30 days. If the second attempt is also returned for NSF, **I authorize** Manulife to make a third attempt to withdraw that original PAD amount again together with my next month's PAD amount. **I understand** that Manulife reserves the right to terminate the PAD Agreement immediately if a PAD withdrawal is not honoured. To obtain more information on my recourse rights or cancellation rights, or to obtain a sample cancellation form, I may contact Manulife, my financial institution or visit **www.payments.ca** for more information. **I authorize** the collection and use of my email for the purpose of Manulife sending general communications related to my group benefits. We will not request or send personal information through email. Due to the personal information contained on a completed PAD form, **do not respond or submit completed form via email. I agree** that should the email address identified on this form change that I am responsible for updating the email address maintained by Manulife. **I agree** that Manulife is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by Manulife or by me pursuant to this authorization.

I agree a photocopy or electronic version of this authorization is valid. **I acknowledge** that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at **www.manulife.ca/planmember**, or upon request.

The signature(s) placed on this agreement signifies that the Plan Member, the Payor(s), acknowledges that they have read, understood and agree to all the terms of this Personal Pre-Authorized debit agreement.

Signature of plan member: _____ Date signed (dd/mmm/yyyy): _____

Account holder name: _____

Signature of account holder (if different from plan member): _____ Date signed (dd/mmm/yyyy): _____

*Joint account signature only required when both signatures are required for withdrawal.

Joint account holder name: _____

Signature of joint account holder (if applicable)*: _____ Date signed (dd/mmm/yyyy): _____

Any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a personal benefits file. Access to your Information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- persons to whom you have granted access; and
- persons authorized by law.

You have the right to request access to the personal information in your file, and, where appropriate, to have any inaccurate information corrected.

4. Submission instructions

Send completed form and void cheque to Manulife.

Print

Plan Member Site:	Mail:	Fax:
If you're unable to enter this information online, please complete the attached form and send it back to us digitally by navigating to the menu and selecting Information & Assistance > Forms > Send a Document.	**AdminAdvantage Manulife** P.O. Box 1662 Waterloo Ontario N2J 5A4	**519-725-6549**

Completed PAD forms cannot be submitted via email.

For questions, or help with completing this form, please contact Manulife at 1-800-268-6195.