Manulife

Set up or change a pre-authorized debit plan

Send by mail or fax to:

Manulife, Individual Insurance
500 King Street North
P.O. BOX 1669
WATERLOO ON N2J 4Z6
1-866-257-6207

Use this form to:

- Request a single pre-authorized debit for a first payment.
- Create a new monthly pre-authorized debit plan or change an existing plan.
- *We, us,* and *our* mean the company that insures the policy identified below.
- *You* and *your* mean the policy owner unless otherwise defined.
- Should you have any questions about completing this form, contact your advisor or call our Customer Service Centre at 1-888-626-8843 in Quebec, or 1-888-626-8543 in all provinces except Quebec. If you are calling from outside of North America, call us collect at 1-519-747-6600. Visit **manulife.ca** for more information.

1 General information

Policy number

Name of policy owner #1 or full legal name of entity, including "Company", "Limited", "Inc.", etc.

Name of policy owner #2 or full legal name of entity, including "Company", "Limited", "Inc.", etc.

Who is paying the premium?

◯ Policy owner #1 ◯ Policy owner #2

Complete the following if any payor or joint bank account holder is not a policy owner named on this form.

Account holder #1

Name (first, middle initial, last or full legal name of entity) | Relationship to policy owner

Address | City or town | Province | Postal code

Account holder #2

Name (first, middle initial, last or full legal name of entity) | Relationship to policy owner

Address | City or town | Province | Postal code

2 Create a single pre-authorized debit

This payment is a one-time payment.

Once the payment has been fulfilled, this one-time preauthorized agreement will no longer be valid. Any subsequent pre-authorized payments will require a newly authorized pre-authorized agreement.

Amount of your one-time payment by pre-authorized debit

Amount

$

Note: Payment must be in Canadian funds drawn on a Canadian bank or financial institution.

What banking information should we use?

◯ From the attached void cheque (Attach the cheque to this page)

◯ As follows: (Complete this table only if you do not have a void cheque):

Name of Canadian bank or financial institution | Transit number | Institution number | Account number

If you also want to make monthly payments by pre-authorized debit, complete both sections 2 and 3.

3 Create a new monthly pre-authorized debit plan

* This date must be at least 4 days before the policy anniversary/monthly processing day. Your monthly pre-authorized debit plan comes into effect on this date.

Deposit option is only available on eligible Performax and Performax Gold and Manulife Par, and Manulife Par with *Vitality Plus*™ policies.

Amount of monthly pre-authorized withdrawals | Deposit option amount (if applicable)

Preferred monthly pre-authorized withdrawal date (1 through 28)* | First withdrawal date* (dd/mmm/yyyy)

Note: Payment must be in Canadian funds drawn on a Canadian bank or financial institution.

What banking information should we use?

◯ From the attached void cheque (Attach the cheque to this page)

◯ As follows: (Complete this table only if you do not have a void cheque):

Name of Canadian bank or financial institution | Transit number | Institution number | Account number

4 Change an existing monthly pre-authorized debit plan

◯ Add another policy to an existing monthly pre-authorized debit plan	Policy number to be added to a monthly pre-authorized debit plan
◯ Change amount withdrawn from a monthly pre-authorized debit plan	New amount to be withdrawn from a monthly pre-authorized debit plan
◯ Make loan repayments from a monthly pre-authorized debit plan	Amount to be added to a monthly pre-authorized debit plan for loan repayments
◯ Change the date we make monthly pre-authorized debits	New date for monthly pre-authorized debits

5 Signatures

We collect, use, and disclose your personal information for the purposes identified in this form. Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions. You may withdraw your consent, subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For more information you can review our **Canadian Privacy Policy** at **manulife.ca**.

Canadian Privacy Policy | Ten Privacy Principles | Manulife

This policy explains how Manulife collects personal information, what we will do with it, how it will be protected and who we will share it with.

In this section, *you* and *your* refer to the holder(s) of the bank account from which withdrawals will be made.

By asking us to take payments from your bank account, you agree that you have read and agree to the following information:

Single pre-authorized debit for first payment

Authorizing a single pre-authorized debit from your bank account

By asking us to make a pre-authorized debit for the first payment, you agree that:

- You authorize us to make 1 withdrawal from your bank account for the amount of your first payment as shown in Section 2
- This payment may be withdrawn from your bank account as soon as you submit this request to us
- If your bank or financial institution does not honour this pre-authorized debit the first time we present it for payment, we may attempt to withdraw that payment again within 30 days
- **You waive the right to receive 10 days' notice of the pre-authorized debit to be made from your account for your first payment.**

The pre-authorized debit for your first payment will be treated as a personal pre-authorized debit (PAD) as defined by the Canadian Payments Association in Rule H1 at **payments.ca**.

Monthly pre-authorized debit plan for regular payments

Authorizing variable amount monthly pre-authorized debits to make your regular monthly payments

By asking us to establish a monthly pre-authorized debit plan to make your regular monthly payments, you agree to the following:

- You authorize us to make monthly pre-authorized debits from your bank account to pay for the policy
- Except as otherwise stated in this agreement, the withdrawals will occur on the date that you specified above
- If you don't specify a first withdrawal date, we may withdraw the first pre-authorized debit payment from your bank account as soon as you submit this request to us
- The withdrawals from your bank account are in variable amounts. This means they may increase as required to administer the policy. (Example: if the premiums for the policy are scheduled to change), and
- **You waive the right to receive 10 days' notice of the amount and date of each monthly pre-authorized debit to be made from your account.**

What we will do if your bank or financial institution does not honour a monthly pre-authorized debit

If your bank or financial institution does not honour a monthly pre-authorized debit the first time we present it for payment, we may attempt to withdraw that payment again within 30 days.

If that withdrawal is not honoured, we may attempt to withdraw that amount again together with your next month's monthly pre-authorized debit.

We reserve the right to end the monthly pre-authorized debit plan immediately if a withdrawal is not honoured.

Making changes to your monthly pre-authorized debit plan

You can request changes, by telephone or in writing, to the amount of the monthly pre-authorized debit or the account from which the monthly pre-authorized debit is being taken. We must receive the request at least 3 days before the monthly pre-authorized debit date. The advisor for this policy can also make these changes on your behalf.

We reserve the right to change your monthly pre-authorized debit date to be at least 4 days before your policy processing day.

5 Signatures (continued)

Information about withdrawals from your bank account

Personal withdrawals

All monthly pre-authorized debits from your bank account will be treated as personal pre-authorized debits (PADs) as defined by the Canadian Payments Association in Rule H1 at **payments.ca**.

Cancelling this agreement

You or we can end this agreement at any time by giving 10 days' written notice, counted from the date the notice is mailed. For a sample cancellation form or more information about cancelling a monthly pre-authorized debit plan, contact your bank or financial institution or visit **payments.ca**.

Unauthorized withdrawals

You have certain recourse rights if any withdrawal does not comply with this agreement. For example, you have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, contact your bank or financial institution or visit **payments.ca**.

Your personal information

You authorize us to collect, use, release, and exchange any personal information necessary to fulfill any obligations relating to withdrawals made from your bank account.

For more information about pre-authorized debits from your bank account

If you have any questions or concerns about monthly pre-authorized debits from your bank account, contact us at 1-888-626-8843 in Quebec and at 1-888-626-8543 in all provinces except Quebec.

For more information about your rights, contact your bank or financial institution or the Canadian Payments Association at **payments.ca**.

If withdrawals are to be made from a joint account and if your bank or financial institution requires both signatures, both account holders must sign.

If withdrawals are to be made from a corporate account we require:

- 2 signing officers' signatures and titles
  or
- 1 signing officer's signature, title and the corporate seal.

  If the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided.

Certification

You certify that all people whose signatures are required on this account have signed below, including any required joint account holders or corporate signing officers. The holder of the account from which payments are to be made must sign below to authorize the withdrawals.

Name of account holder #1 or corporate signing officer #1 | Date (dd/mmm/yyyy)

Signature of account holder #1 or corporate signing officer #1 ✘ | Title (if account holder is a signing officer)

Initial here	Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.

Name of account holder #2 or corporate signing officer #2 (if applicable) | Date (dd/mmm/yyyy)

Signature of account holder #2 or corporate signing officer #2 ✘ | Title (if account holder is a signing officer)

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