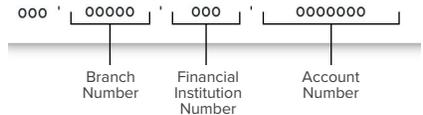


PREAUTHORIZED DEBIT (PAD) AGREEMENT

General Information	Policyholder's Name _____ Policy _____ Division _____
Banking Information	<p>Please attach a blank cheque marked "VOID" or provide the following banking information if no cheque is available.</p> <p>Name of Financial Institution _____ Name of payer _____</p> <p>Address of Financial Institution _____ Address _____</p> <p>_____</p> <p>_____</p> <p>Insert the numbers found on the bottom of the cheque, as shown in the following example.</p> <p>Branch Number _____</p> <p>Financial Institution Number _____</p> <p>Account Number _____</p> <div style="text-align: center;">  </div>
Type of Service	All our group insurance PADs are considered to be business PADs.
Withdrawal Arrangements This preauthorized debit agreement is considered a variable one.	<ol style="list-style-type: none"> I authorize Assumption Life to begin deductions, at any time, as per my instructions for regular recurring payments. If a preauthorized debit is returned due to insufficient funds (NSF), Assumption Life is authorized to re-submit the payment. Any NSF charges incurred will be added to the subsequent preauthorized payment. I agree to the debiting of my account on the _____ (1st to 28th day of the month) or the next business day (subject to change).
Waiver	I waive the right to receive 10 days notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of the withdrawal.
Cancellation	You may cancel this preauthorized debit agreement at any time, subject to providing Assumption Life with 10 days written notice. Contact your financial institution about your rights regarding cancellation. (a sample cancellation form is available at www.cdnpay.ca .)
Method of Payment	Any cancellation of this preauthorized debit agreement will not affect in any way the agreement between you and Assumption Life, as long as payment is provided by an alternate method.
Recourse & Reimbursement	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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your right of recourse, contact your financial institution or visit www.cdnpay.ca .
Exclusive Rights	All amounts transferred from the preauthorized bank account for the premium payment are for the exclusive benefits of the policy holder.
Date & Signature	_____ Authorized Signature Date (DD/MM/YYYY)