

PRE-AUTHORIZED DEBIT PLAN ("PAD")

The Equitable Life Insurance Company of Canada ("Equitable Life") and my/our financial institution are directed and authorized to process withdrawals from my/our account on a monthly basis, subject to the conditions below, for the purpose of collecting premiums as follows:

1. General Information	
Policy number(s)	
Name of policy owner	Name of additional policy owner (if applicable)
Name of policy owner	Name of additional policy owner (if applicable)
Owner's email address	Name of payor(s)*
*If the name of the payor is different from policy owner(s) also complete	e Third Party Information Form (form #31).
2. Banking Information	
□ Change / Establish new PAD using: □ The account shown on the attached VOID cheque or ba □ The account shown on the first cheque provided with the	nk letter of direction (payor name is required on the cheque) application
☐ Use existing PAD from Equitable Life policy number:	(void cheque not required)
Note: • Line of credit accounts or credit cards are not acceptable pay • For Tax-Free Savings Accounts at least one of the payors must	'
3. Withdrawal Information	
	, an attempt to re-draw your payment will automatically occur within sponsible for any NSF charges incurred by their financial institution.
Amount (\$).	Professed with drawal date:*
Amount (\$):(This amount is considered 'fixed')	Preferred withdrawal date: *(1st - 28th) of each month
	*This option is not available on Universal Life policies as the withdrawal date will be the same as the anniversary date.
Pivotal Select policies only:	adio viii de ille sallie as ille allimitoisaly adio.
Payment frequency: ☐ Monthly (1st - 28th) ☐ Semi-monthly (1st & 15th) ☐ Bi-weekly	Select day: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Automatic Payment Increase Option: Automatically increase my	/ PAD amount by (indicate \$ or %)
	rill take effect on the first scheduled withdrawal date of each year.



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4. Investment Allocation (use for investment policies only)				
Complete this section if you wish to specify the deposits will be allocated according to the ex		O deposits will be allocated to. If this section is left actions on your file.	blank, your future	
Investment Name (include fund code if applicable	Allocation %	Investment Name (include fund code if applicable)	Allocation %	
5. Waivers				
insurance premiums, as defined by the Car	nadian Payments Asso	our bank account will be treated as personal without ciation in Rule H1 at www.payments.ca. I/we wait ne fixed amount of the automatic withdrawal or a	ive the right to	
withdrawal, notice by way of telephone, let prior to your next withdrawal. Contact us all payments.ca that can be completed and fo	ter, email or fax must le bout your rights regard rwarded to your finanche policy contract(s) b	itable Life of cancellation. To ensure cancellation of be received at the head office of Equitable Life 10 ling cancellation. (A sample cancellation form is avecial institution). I/we have the right to cancel this Paretween you and Equitable Life so long as paymentract(s).	business days vailable at www. AD at any time.	
	rawal that is not autho	if any withdrawal does not comply with this PAD. brized or is not consistent with this PAD. To obtain not payments.ca		
Contact Information: Equitable Life, One Westmount Road North TF 1.800.668.4095 T 519.886.5210	, P.O. Box 1603 Stn. ' F 519.883.7404	Waterloo, Waterloo, ON N2J 4C7 Email: customer-service@equitable.ca		
6. Date and Signature				
		unt owners must sign if your financial institution require this PAD, and all terms and conditions printed abo		
Date (dd/mm/yyyy) Signature(s) of payor(s	s)	Signature of policy owner(s) (only required if a	different than payor(s)	
Note: If the payor is a corporation, provide seal (if available).	corporation's legal no	ame, signature, name and title of signing officer(s),	and corporate	
Legal name of corporation				
Signature(s) Print	Name(s)	Title(s)		

Please note: Equitable Life® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable Life is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.668.4095.