



Making your life easier!

No more bills, cheques and stamps – we take care of everything!

That's right, you can take advantage of our monthly preauthorized payment service as soon as your next billing period. If you choose this option, it will simply replace your current payment option.

To sign up for this handy service, simply complete the coupon below, enclosing a cheque specimen marked "Void."

You will receive written confirmation of your new method of payment along with the date this change is effective.



For further information, please contact our Customer Service team at 1-888-651-8181.



Do not send in your payment. The amount invoiced will be withdrawn directly from your bank account.

Last Name

First Name

Address

Town/City

Province

Postal Code

Telephone

SIN (optional)

Contract Number

Personal Pre-Authorized Debit (PAD) Payments

I hereby authorize SSQ, Life Insurance Company Inc. to debit my account for the amount of my variable monthly insurance premium payment, which is due on the first business day of each month. In addition, I acknowledge that SSQ, Life Insurance Company Inc. reserves the right to charge an additional fee in the event that this pre-authorized debit (PAD) payment cannot be made as stipulated in the present agreement. In such a case, I will receive a notice in writing to confirm any changes made to my next PAD payment.

Account Information

Name of Financial Institution _____ Branch _____ Account No. _____

I authorize my financial institution to withdraw this amount from my account. This authorization may be revoked at any time upon my written notice. Such a notice must be sent to SSQ 30 calendar days prior to the next scheduled payment.

I understand that I have certain rights to recourse should any PAD payment not comply with this pre-authorization agreement. For example, I am entitled to receive reimbursement of all unauthorized PADs or those that are not in compliance with this PAD Agreement. For more information about my right to recourse, on how to obtain a sample cancellation form or any other information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the CPA's Web site www.cdnpay.ca.

Signature (same one you use to sign your cheques)

Y Y Y Y M M D D
Date

N.B. For joint accounts requiring more than one signature, all account holders must sign here.

Important: Please ENCLOSE a personal cheque specimen marked "VOID."

SSQ, Life Insurance Company Inc., 2525 Laurier Blvd, P.O. Box 10500, Station Sainte-Foy, Quebec QC G1V 4H6
Telephone (toll free): 1-888-651-8181

For SSQ Insurance use only: