

Section 1: General information

Policy or application number _____

Policy or application number _____

Policy or application number _____

Section 2: Day of withdrawal

Specify the day:

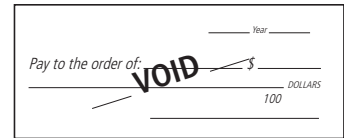
→ **New Business: If left blank, the day of withdrawal will be the policy issue date.**

→ **Inforce business: If left blank, the day of withdrawal will remain unchanged.**

- If the day of withdrawal specified is the 29th, 30th or 31st, the day of withdrawal will be the 28th.
- Universal life only: If the day of withdrawal specified is after the policy issue date, the day of withdrawal will be automatically changed to coincide with the policy issue date.

Section 3: Pre-authorized debit agreement

<ol style="list-style-type: none"> I hereby authorize SSQ Insurance Company Inc. to debit my account as per my instructions and/or as detailed in the contract of insurance, for monthly recurring payments and/or one time payments from time to time, in payment of all charges, including any applicable financing charges and taxes, arising from the contract of insurance. The amount of the pre-authorized debit may be increased or decreased at a later date as a result of endorsements, cancellation, exclusions or renewal of the contract of insurance. I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as variable amount pre-authorized debits. I understand that the same method of payment will apply upon renewal of the contract of insurance, if applicable, unless I notify SSQ Insurance Company Inc. before the renewal date of the contract of insurance. I understand that a financing charge may be applicable and spread over the instalments. If a pre-authorized payment is returned due to insufficient funds (NSF), SSQ Insurance Company Inc., is authorized to re-submit the payment. Any charges incurred as a result of NSF may be added to the subsequent pre-authorized payment. I agree to inform SSQ Insurance Company Inc., by way of a letter, of any change in the account information provided in this Agreement at least ten (10) business days prior to the next debit to my account. I agree to the debiting of my account each month on the day selected above or the next business day. I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as Personal. I agree and understand that SSQ Insurance Company Inc. will not notify me before each withdrawal. 	<ol style="list-style-type: none"> In the event that I instruct SSQ Insurance Company Inc. to change the amount of the pre-authorized debit, I waive the right to receive the required notice. I may cancel this authorization for pre-authorized debits at any time, subject to providing SSQ Insurance Company Inc. with thirty (30) days notice in writing. I may contact my financial institution about my rights regarding cancellation, or visit www.cdnpay.ca for a sample cancellation form. I understand that SSQ Insurance Company Inc. reserves the right to terminate this Agreement upon fifteen (15) days notice in writing. Any cancellation of this Agreement will not terminate or otherwise have any bearing on any Agreement that exists with SSQ Insurance Company Inc. whatsoever with respect to any contract of insurance, so long as payment is provided by an alternate method accepted by SSQ Insurance Company Inc. 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 Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca. <p><i>Please attach a cheque specimen, on which you have written "VOID", for the account to be debited.</i></p>
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Section 4: Financial institution

Name of financial institution _____

Address, city, province and postal code of the branch _____

Branch (5 numbers) _____

Financial institution number (3 numbers) _____

Account number _____

Section 5: Authorization

For a joint account, all account holders must sign if more than one signature is required on cheques issued from the account.

Name of account holder or authorized person (In capital letters)	X	Signature	Date
	Y Y Y Y M M D D		Date
Name of account holder or authorized person (In capital letters)	X	Signature	Date
	Y Y Y Y M M D D		Date

Section 6: Third party determination

1. Is the premium payer different than the policyowner(s)? Yes No
2. Is there a third party to this contract or is there a third party who will have the use of and/or access to the value of the contract? Yes No

If YES, provide information on the premium payer and/or the third party below:

Third Party Identification (if applicable)

Name of the third party	Y Y Y Y M M D D Date of birth (if third party is an individual)
Full permanent address of the third party	
Principal business or detailed occupation and field of activity (if retired, indicate the last profession)	Relationship between the third party and the policyowner(s)

If the third party is a corporation or other type of entity:

Business Number _____

Place of issuance of its certificate of constitution _____