PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION FORM

This form can be used to start PAD or change banking information on Life and Health Policies.

To start or change PAD instructions on an Investment policy/contract, use the appropriate INP-125 Investment Change form.

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

1.	Please select from the following: O New authorization O Change PAD instructions								
	Policy number	First name of In	sured	Last name		PAD amount	Amount to premium	Amount to loan*	
	L					\$	\$	\$	
	L					\$	\$	\$	
	L					\$	\$	\$	
	L					\$	\$	\$	
To list additional policies, please attach a separate sheet with the details above which will form part of this form.									
	*This option is not applicable to Trilogy® policies.								
	Note: All outstanding premiu	ms will be drawı	n immediately	upon completio	on of this request	for the polic	ies noted on	this form.	
2.	PAD details — ATTACH A VOID CHEQUE or a pre-authorized transaction form (pre-printed) from your financial institution								
	Monthly withdrawal date* (1st to 28th) If no date is indicated, the issue date of the policy will be used.								
	The withdrawal from your bank account may occur up to two business days after this date. For Trilogy policies, the withdrawal date annot be after the issue date of the Policy (e.g. Policy issued on the 15th of the month, the PAD draw date must be the 15th or earlier).								
	Payor first name Last name			Date of birth					
	Address (number, street) (If usi	ng a PO Box, also	provide your p	physical address)				
	City					Province	Postal code		
	Occupation								
	Occupation								
	Type of business Relationship to Owner								
	Jurisdiction of registration for entities (i.e. country, province, territory) Incorporation number								
	*If the payor is a legal entity (e.	g. partnership, cl	ub or other ent	tity), attach a cop	by of the charter d	ocument and	I signing autho	ority.	



3. PAD Agreement, Bank Authorization and Signatures

PAD Agreement

- The Pre-authorized Debit (PAD) applies to regular scheduled premiums.
- PAD arrangements may be terminated on 10 days written notice, beginning on the date the notice is mailed by either me or Empire Life. If terminated, subsequent premiums will be payable to Empire Life using any of the methods of payment then being offered, according to the terms of the policy. To obtain more information on the right to cancel a PAD arrangement, or to obtain a sample cancellation form, I may contact my financial institution or visit www.payments.ca.
- For the purposes of this agreement, all debits from my account will be treated as a personal PAD.
- . I waive my right to notice before any withdrawal is made and also my right to notice of any change in the amount of the automatic withdrawal.
- I am aware that certain recourse rights exist in the event that a debit does not comply with this agreement. I 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 my recourse rights, I may contact Empire Life or visit www.payments.ca.

For inquiries regarding your Pre-authorized Debit, contact:

The Empire Life Insurance Company 259 King Street East, Kingston ON K7L 3A8

Phone: 1800 561-1268 Fax: 1800 920-5868 insurance@empire.ca

Banking Authorization

I authorize Empire Life to withdraw monthly premium payments, as required and as per my instructions in this form. I authorize my financial institution to honour any withdrawal (debit) from my account under the PAD agreement. I understand that these amount may be variable and may increase or decrease.

A photocopy or image of the signed PAD authorization will be as valid as the original.

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Signed at (city and province)		Date							
		d d - m m m - y y y y							
Signature of Owner (or first authorized signature for a corporate owner)									
X									
First name	Last name	Title if signing for a corporation							
Signature of Owner 2 (for corporate or joint Owner) OR Only one signing authority to bind corporation/entity									
First name	Last name	Title if signing for a corporation							
Signature of account holder(s) (if other than Owner*) X									
First name	Last name	Title if signing for a corporation							
*Includes corporate accounts, joint personal accounts or accounts of anyone who is not the Owner.									

Send the completed form to:

By mail:

Empire Life 259 King St East Kingston ON K7L 3A8

By fax: 1800 920-5868

By email: insurance@empire.ca

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