

# 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:**     **New authorization**     **Change PAD instructions**

Policy number	First name of Insured	Last name	PAD amount	Amount to premium	Amount to loan*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> L	<input type="text"/>	<input type="text"/>	\$	\$	\$
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> L	<input type="text"/>	<input type="text"/>	\$	\$	\$
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> L	<input type="text"/>	<input type="text"/>	\$	\$	\$
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> L	<input type="text"/>	<input type="text"/>	\$	\$	\$

\*This option is not applicable to Trilogy.

**Note: All outstanding premiums will be drawn immediately upon completion of this request, for the above noted policies.**

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**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) \_\_\_\_\_

\*The withdrawal from your bank account may occur up to two business days after this date. For Trilogy, the withdrawal date cannot 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 <input type="text"/>	Last name <input type="text"/>	Date of birth   d   d   -   m   m   m   -   y   y   y   y
Address (number, street) (If using a PO Box, also provide your physical address) <input type="text"/>		
City <input type="text"/>		Province <input type="text"/>
Postal code <input type="text"/>		
Occupation <input type="text"/>		
Type of business <input type="text"/>	Relationship to Owner <input type="text"/>	
Jurisdiction of registration for entities (i.e. country, province, territory) <input type="text"/>	Incorporation number <input type="text"/>	

\*If the payor is a legal entity (e.g. partnership, club or other entity), attach a copy of the charter document and signing authority.



