

**Policyowner Services - Life Administration**  
Changes to an Existing PAC

Agency	Code	Agent	Code	S.U.						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Policyowner's last and first name			Date							
<input type="text"/>			<table border="1"> <tr> <td>D</td> <td>M</td> <td>Y</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		D	M	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	M	Y								
<input type="text"/>	<input type="text"/>	<input type="text"/>								

**For Head Office use**

Date

By

**A**  Please provide the authorization number to which the changes apply:

→ It is under this number that all policies are combined in order to make PAC withdrawals from the client's account.

**B**  Change the group's present withdrawal date to (1 to 28):

**C**  Change the group's present bank account to the account number indicated in section G.

**D**  Divide the present group by forming a new group with the contracts listed in section F.

- The remaining contracts will stay part of the group indicated in section A.
- Please complete sections F and G.
- Please have the **Pre-Authorized Cheque Payments (PAC) Agreement** signed on the reverse side of this form.

**E**  Combine the contracts listed in section F under a new group in order to combine PAC withdrawals.

- Please complete sections F and G.
- Please have the **Pre-Authorized Cheque Payments (PAC) Agreement** signed on the reverse side of this form.

**F**  Please list all contract numbers affected by the present changes:

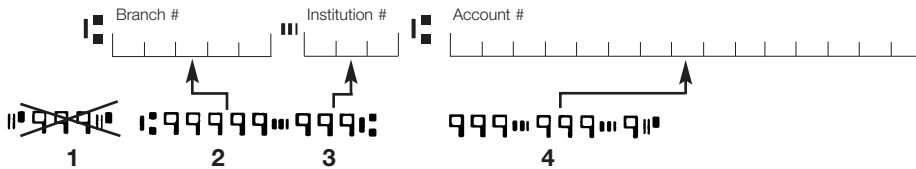
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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**G**  Banking Information – Attach specimen cheque; if a specimen cheque is attached, do not complete the banking information.

→ Please have the **Pre-Authorized Cheque Payments (PAC) Agreement** signed on the reverse side of this form.

Name of Financial Institution:

Name of Account holder(s):



- 1 This is the cheque number (do not write this number).
- 2 This is the branch number (5 digits).
- 3 This is the financial institution number (3 digits).
- 4 This is the account number. The format may vary from one financial institution to another. Indicate all numbers and only the numbers.

**PAC category:**  Personal  Business (If both boxes are left unchecked, the PAC will be considered "Personal".)

Effective date: 

D	M	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>

Desired withdrawal date:  (between 1 and 28)

Restart the PAC

**SEE THE REVERSE SIDE OF THIS FORM FOR THE SIGNATURE OF THE PRE-AUTHORIZED CHEQUE PAYMENTS (PAC) AGREEMENT.**

**PRE-AUTHORIZED CHEQUE PAYMENTS (PAC) AGREEMENT**

Each account holder is referred to as “I” in this PAC Agreement section and makes the following statements in respect of himself or herself.

- I authorize Industrial Alliance Insurance and Financial Services Inc./Industrial Alliance Pacific Insurance and Financial Services Inc. (the “Company”) and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for regular recurring payments and/or one-time payments from time to time, for payment of all premiums, deposits, instalments and charges arising from the contract hereunder mentioned. Regular payments will be debited from my specified account based on the date and/or frequency I have chosen, whereas one-time payments from time to time can be debited from my account on any other date.
- I agree that, for the purpose of this PAC Agreement, all PACs from my account will be treated either as Personal or Business\* depending on the choice I make in section G.
- **I waive the right to receive pre-notification of an increase or a decrease in the amount to be debited or a change in the date and/or frequency of these payments.**
- I agree that the Company is not required to provide me with written notice of a change in a PAC amount that is made as a result of my request.
- If a PAC is dishonoured for any reason such as, but not limited to, insufficient funds (“NSF”), stop payment or account closed, the Company is authorized to re-submit the payment. **Any charges incurred by the Company as a result of the dishonoured PAC will be added to the subsequent PAC.**
- I may cancel or modify this PAC Agreement at any time, subject to providing the Company thirty (30) days notice in writing. To obtain a sample cancellation form or for more information on my right to cancel the PAC Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca) concerning Rule H1 – Pre-authorized debits (PADs).
- Any cancellation of this PAC Agreement will not affect my insurance contract(s) and/or contract(s) for financial services, so long as payment is provided by an alternate method.
- **The Company will not assign this PAC Agreement without providing, any time prior to the next PAC, written notice to me of the assignment.**
- I have certain recourse rights if any PAC does not comply with this PAC Agreement. For example, I have the right to receive reimbursement for any PAC that is not authorized or is not consistent with this PAC Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\*Business PAC means a PAC for the payment of goods or services related to a business or commercial activity of the payor.

**Signature** (For a joint account, all required signatories must sign this PAC Agreement. For a company, the PAC Agreement must be signed by the authorized signatory(ies) and accompanied by a copy of the company’s resolution stipulating the authorized signatory(ies).)

Date:  Y |  Y |  Y |  Y |  M |  M |  D |  D

**X**

Account holder’s signature

Date:  Y |  Y |  Y |  Y |  M |  M |  D |  D

**X**

Account holder’s signature, if applicable

**Contact Information:**

**Quebec:** Industrial Alliance Insurance and Financial Services Inc., Customer Service, 1080 Grande Allée West, PO Box 1907, Station Terminus, Quebec, Quebec G1K 7M3  
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