

Pre-Authorized Cheque (PAC) Plan Authorization and Agreement

Payor details:

Payor name(s) _____		Policy number(s) _____
Address : PO Box _____	Street number & name _____	Suite/Apt # _____
City/Town _____	Province _____	Postal code _____
Phone number (Bus) _____	(Res) _____	Relationship to Life Insured _____

Monthly Withdrawals under this PAC Agreement are: Personal related Business related
 Withdrawal date requested (choose a date between the 1st and the 28th of the month): _____

PAC bank account information to be taken from: Attached VOID cheque
 Banking information completed below (Use only if no cheque is not available)

Type of account: Chequing Savings

Name of financial institution: _____

Address: _____

Transit # (5 digits) _____ Bank # (3 digits) _____ Account # _____

PAC Plan Agreement

The payor, by signing below, verifies that the payor is an account holder of the account identified on the attached VOID cheque or in the banking information section above and agrees that:

- 1) Foresters Life Insurance Company is authorized to debit deductions monthly under this PAC plan agreement from that account or another account later identified or substituted by the payor for premium and insurance charges for each policy identified above;
- 2) The financial institution from which payments are to be drawn is authorized to treat each debit by Foresters Life Insurance Company as though the payor made it personally;
- 3) Foresters Life Insurance Company reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for each policy issued by it;
- 4) This PAC plan agreement is effective immediately and will continue until terminated, which either the payor or Foresters Life Insurance Company may do at any time, providing written notice of at least 30 days to the other. Payor may obtain a sample cancellation form or further information on the right to cancel a PAC plan agreement at his/her financial institution or by visiting www.cdnpay.ca;

- 5) I understand I have certain recourse rights if any debit does not comply with this PAC plan agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAC plan agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
- 6) The payor's personal, including account, information provided in or pursuant to this PAC plan agreement will be, subject to applicable law, collected, used, available and/or disclosed to, Foresters Life Insurance Company, their respective reinsurers, agents, brokers and financial institutions, and the employee, contractors, consultants and service providers of each and to any other entity or person you authorize, in writing, for purposes of processing the debits, servicing the PAC plan agreement and/or applying premium to the insurance contract(s) to which this PAC plan agreement pertains and that each, as well as the owner(s) of each insurance contract, may be informed of debit transactions processed or returned as insufficient funds and/or of inquiries by the payor in relation to, or termination of, this PAC plan agreement as well as for audit, regulatory or legal purposes and otherwise as required or permitted by applicable law. You can review such personal information about you, upon written request, except information prepared for, or as a result of, an anticipated or actual claim or civil, criminal or regulatory investigation or proceeding. Send your written request to our Chief Privacy Officer at Foresters Life Insurance Company, Suite 1100, 250 Ferrand Drive, Toronto ON M3C 3G8.

The payor waives the right to receive pre-notification of the amount and date of the first debit and of a change in a debit amount required as premium, or charges for insurance contract(s) in effect, or a change in amount requested by the Payor by whatever means.

The bank account holder must sign this PAC plan agreement as his/her name appears on bank records for the account provided.

Name of account holder	Signature of account holder	Date (mmm/dd/yyyy)

The payor may contact Foresters Life Insurance Company at the address and phone number shown below:

Contact information:
Foresters Life Insurance Company
789 Don Mills Road
Toronto, ON M3C 1T9
Tel: 1-877-629-9090
Email: customerservice@cpp.ca