



PRE-AUTHORIZED DEBIT (P.A.D.)

I authorize UL MUTUAL to automatically debit my account on the designated financial institution to pay any amount I owe to the Company for insurance policies mentioned below.

Transit Number: _____ Account Number: _____

Type of Account: Cheque Savings Type of Service: Personal Enterprise

Payment frequency: Monthly Annual Payment frequency change

I wish the withdrawals be taken on _____ (between the 1st and the 28) day of each month OR at the expiry date for the payments annual.

PLEASE ATTACH A PERSONALIZED SPECIMEN FROM YOUR FINANCIAL INSTITUTION

This authorisation stays in force until UL Mutual has received from me a notice of modification or termination. This notice must arrive at least 5 business days before the date on which we debit the account, to the UL Mutual mailing address. I may obtain a cancellation form or more information on my right to cancel a P.A.D. by the payer by communicating with my financial institution or by visiting www.cdnpay.ca .

UL Mutual is not allowed to transfer this authorization, directly or indirectly, by application of the law, by a change of control or otherwise, without giving me at least 10 days notice.

I have certain rights of appeal if a debit is not in conformance to the present agreement. For example, I have the right to get reimbursed any P.A.D. which had not been previously approved or is not compatible with the present P.A.D. agreement. To obtain a reimbursement form or for more information on my rights of appeal, I can communicate with my financial institution or visit www.cdnpay.ca .

NAME OF OWNER: _____

ADDRESS: _____

Table with 4 columns: Policy #, Premium, Loan repayment, Total P.A.D. under the heading 'ACTIVATION OR MODIFICATION FOR THE ANNUAL OR MONTHLY PRE-AUTHORIZED DEBIT'

Table with 4 columns: Policy #, Premium, Loan repayment, Total P.A.D. under the heading 'REQUEST FOR A ONE TIME SPECIAL PRE-AUTHORIZED DEBIT' with a text box for date and fees.

Table with 4 columns: Policy #, Premium, Loan repayment, Total P.A.D. under the heading 'CANCELLATION OF THE PRE-AUTHORIZED DEBIT' with a text box for revocation.

X _____ / / ACCOUNT HOLDER SIGNATURE (PERSON WHOSE NAME APPEARS ON THE CHEQUES) Date

X _____ / / POLICY OWNER SIGNATURE Date

X _____ / / WITNESS SIGNATURE Date

N.B.: If this is a joint account where multiple signatures are required, all account holders must sign the authorization.