


Instructions for the payor

- Complete and sign only one form **per contract**.
- Keep a copy of this form.
- Attach a cheque marked "VOID" to avoid errors in transcription.
-  The **policyowner needs to sign** for certain situations identified in **section G – Policyowner's statements and signature**.

A – Contract information

In-force contract		New contract (if there is no contract number)	
Contract number		Name of coverages under the contract	
Policyowner – Individual		Second policyowner – Individual (if applicable)	
First name	Last name	First name	Last name
Policyowner – Corporation, trust or other entity		Person authorized to sign on behalf of the policyowner	
Name		First name	Last name

B – Account

Account information			
Transit number (5-digit branch or caisse identification number)		Financial institution number (3-digit number)	
		Account number – everyday banking account (Enter all numbers, including zeros)	
Financial institution name		Address (No., street, apt.)	
City	Province or territory	Postal code	10-digit phone number

C – Payor

Payor – Individual			
Account holder		Second account holder (Complete only when 2 signatures are required for an account)	
First name	Last name	First name	Last name
Address (No., street, apt.)		Address (No., street, apt.)	
City	Province or territory	City	Province or territory
Postal code	10-digit phone number	Postal code	10-digit phone number
Payor – Corporation, trust or other entity			
Name of account holder		Address (No., street, apt.)	
City	Province or territory	Postal code	10-digit phone number
Person authorized to sign on behalf of the account holder			
First name		Last name	

D – Recurring payments

Withdrawal amount and payment frequency

<input type="checkbox"/> Monthly: \$ _____	<input type="checkbox"/> Annual: \$ _____	<input type="checkbox"/> Semi-annual: \$ _____ (not available for new contracts)
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Selection of withdrawal day – You cannot select a withdrawal day for a universal life insurance contract.

<input type="checkbox"/> No	⚠ Some conditions may apply regarding when we withdraw the amount, regardless of whether or not you have selected a withdrawal day. For more information, refer to When the amount will be withdrawn below.
<input type="checkbox"/> Yes – Indicate any day of the month: _____ (except the 29th, 30th or 31st)	

When the amount will be withdrawn

For new contracts

If no withdrawal day is selected:

- The first withdrawal will be made no earlier than 7 days after we have finished processing the insurance application.
- Subsequent withdrawals will be made on the due date indicated in the contract's Policy Schedule.

⚠ When a new contract is the result of a change to an existing contract with recurring payments, the withdrawal day stays the same. Otherwise, all withdrawals will be made on the due date indicated in the contract's Policy Schedule.

If a withdrawal day is selected:

- The first withdrawal will be made on the day you have chosen.*
- Subsequent withdrawals will be made on the day you have chosen.

* In certain situations, it may not be possible to make the first withdrawal on the day you have chosen. It will then be made no earlier than 7 days after we have finished processing the insurance application. In addition, since a payment must be made for each month of the year, the first and second withdrawals may be made on the same date or on 2 dates that are very close together.

For in-force contracts

If no withdrawal day is selected:

- Withdrawals will be made on the due date indicated in the contract's Policy Schedule.*

* In certain situations, it may not be possible to make the first withdrawal on the due date indicated in the Policy Schedule. It will then be made no earlier than 7 days after we have finished processing the change request.

If a withdrawal day is selected:

- Withdrawals will be made on the day you have chosen.

E – One-time payment

Withdrawal amount

Amount: \$ _____	The amount will be withdrawn on either of the following dates, as applicable: <ul style="list-style-type: none"> • the date the request is processed; or • the next due date indicated in the contract's Policy Schedule.
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F – Pre-authorized debit (PAD) agreement – Payor's authorization

PAD category information

<input type="checkbox"/> Personal PAD	A Personal PAD is a PAD drawn on the account of a payor for the payment of goods or services unrelated to a business, such as property taxes, mortgage installments, utility bills, etc.
<input type="checkbox"/> Business PAD	A Business PAD is a PAD drawn on the account of a payor for the payment of goods or services related to a business or commercial activity of the payor, such as payments between franchisees and franchisors, distributors and suppliers, dealers and manufacturers, etc.

For any PAD agreement supporting recurring pre-authorized debits

This PAD agreement applies to **section D – Recurring payments**.

Payor's authorization

For a contract with the Additional Deposit Option (ADO)

I authorize Desjardins Insurance and my financial institution to withdraw the amount indicated in **section D** from my account at the requested frequency. I further understand that the amount will be withdrawn on the day indicated in this section or based on what is set out in the **When the amount will be withdrawn** paragraph. Sometimes the withdrawal amount will be fixed and other times it will be variable. It's fixed when it corresponds to the premium and deposit amount. It could be lower in the following 2 situations:

- if Desjardins Insurance must refuse a deposit or limit its amount to maintain the contract's tax-exempt status; or
- if Desjardins Insurance must reduce the amount of the permitted annual deposit following non-compliance with the administrative rules related to that deposit.

However, if a deposit must be refused or its amount limited due to tax rules related to the contract's tax exemption, Desjardins Insurance can subsequently start withdrawing a higher amount again (when those tax rules allow it) up to a maximum of the premium and deposit amount.

For any other insurance contract

I authorize Desjardins Insurance and my financial institution to withdraw the fixed amount indicated in **section D** from my account at the requested frequency. I further understand that the amount will be withdrawn on the day indicated in this section or based on what is set out in the **When the amount will be withdrawn** paragraph.

F – Pre-authorized debit (PAD) agreement – Payor's authorization (cont.)

For any PAD agreement supporting a one-time pre-authorized debit

This PAD agreement applies to **section E – One-time payment**. It will no longer be valid once the amount has been withdrawn. Any subsequent one-time pre-authorized debits will require a new PAD agreement.

Payor's authorization

For any type of insurance contract

I authorize Desjardins Insurance and my financial institution to withdraw the fixed amount indicated in **section E** from my account. I understand that this amount will be withdrawn on the date indicated in this section.

For all types of PAD agreements

Confirmation of the PAD agreement

I understand that this PAD agreement constitutes the confirmation required under section 16 of Payments Canada Rule H1. I also authorize Desjardins Insurance to reduce the 10-calendar day period that applies to providing this confirmation. This PAD agreement may therefore have been provided to me within fewer than 10 calendar days of when the first pre-authorized debit is due.

Waiver

I waive my right to receive:

- written notice before any changes are made to the amount or date of any PAD for the fixed amount indicated in section D;
- written notice of the amount and date of the next variable amount PAD before the due date of each of those PADs.

Change

I will advise Desjardins Insurance of any changes to this PAD agreement at least 10 business days prior to the next scheduled PAD.

Cancellation

• Cancellation of the PAD agreement by the payor

I may cancel this PAD agreement at any time by writing to Desjardins Insurance at least 20 calendar days prior to the next scheduled PAD.

I may obtain a cancellation form or more information on my right to cancel a PAD agreement by contacting my financial institution or visiting www.payments.ca.

• Cancellation of the PAD agreement by Desjardins Insurance

Desjardins Insurance may cancel this PAD agreement by sending a 30-calendar day notice to the payor.

However, Desjardins Insurance will not provide notice before cancelling this PAD agreement:

- if the financial institution refuses the PADs for any reason whatsoever;
- if the contract or contracts related to this agreement are cancelled or terminated.

The cancellation of this PAD agreement does not terminate the policyowner's obligations under their contract or contracts. It only impacts the payment method.

Reimbursement

I have certain recourse rights if any debit does not comply with this agreement. For example, 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 my financial institution or visit www.payments.ca.

Payor's statement regarding their personal information

I consent to the disclosure of the personal information in this PAD agreement to Desjardins Insurance's financial institution and to any policyowner of the contract or contracts when their payment is subject to this agreement.

Desjardins Insurance contact information

For any questions about this PAD agreement or to make changes to or cancel it, I may contact Desjardins Insurance at:

1, Complexe Desjardins
Montréal QC H5B 1E2
Phone : 1-800-278-0669

Signature of payor – Individual

X _____
Signature of account holder Date (yyyy/mm/dd)

X _____
Signature of second account holder Date (yyyy/mm/dd)
(when 2 signatures are required for an account)

Signature of payor – Corporation, trust or other entity

⚠ Please attach the document(s) providing validation for the authorized signatory indicated below to act (e.g., Power of Attorney or Company Resolution).

X _____
Signature of the person authorized to sign on behalf of the account holder Date (yyyy/mm/dd)

G – Policyowner's statements and signature

 **The policyowner must complete and sign this section, except:**

- if they have already signed another document that goes with this form; or
- if this form is only completed for an account change.

G1 - Policyowner's statements

For recurring payments

Please check the reason(s) for completing section D – Recurring payments.
If you check more than one box, enter the amount for each modification or repayment.

- | | |
|---|-------------------------|
| <input type="checkbox"/> Modification of payment amount following a change in payment frequency | Amount: \$ _____ |
| <input type="checkbox"/> Modification of the deposit amount (universal life insurance contract) | Amount: \$ _____ |
| <input type="checkbox"/> Repayment of a contract loan (setting up or modifying recurring PADs) | Amount: \$ _____ |

Statement


By signing this form:

- 1- I am requesting that the above-indicated modification and/or repayment be made; and
- 2- I am agreeing that the amount indicated in **section D – Recurring payments** be withdrawn accordingly.

For a one-time payment

Please check the reason(s) for completing section E – One-time payment.
If you check more than one box, enter the amount for each deposit or repayment.

- | | |
|---|-------------------------|
| <input type="checkbox"/> Additional deposit made to the accumulation account (for universal life insurance contracts) | Amount: \$ _____ |
| <input type="checkbox"/> Repayment of a contract loan | Amount: \$ _____ |
| <input type="checkbox"/> Deposit into a Premium Deposit Account for premium payment purposes | Amount: \$ _____ |

 Some conditions may apply to using the account.

→ Provide instructions for withdrawing the recurring amount from the **Premium Deposit Account**:

Statement

By signing this form:

- 1- I am requesting that the above-indicated deposit and/or repayment be made; and
- 2- I am agreeing that the amount indicated in **section E – One-time payment** be withdrawn accordingly.

For a payor change

By signing this form:

- 1- I am approving the payor change made to my insurance contract; and
- 2- I am agreeing that the amount indicated in **section D – Recurring payments** be withdrawn accordingly.

G2 - Policyowner's signature


Policyowner – Individual

 **If there is more than one policyowner, all policyowners must sign.**

X _____
Signature of policyowner Signed at (city, province or territory) Date (yyyy/mm/dd)

X _____
Signature of policyowner Signed at (city, province or territory) Date (yyyy/mm/dd)

Signature of policyowner – Corporation, trust or other entity

 **Please attach the document(s) providing validation for the authorized signatory indicated below to act (e.g., Power of Attorney or Company Resolution).**

X _____
Signature of the person authorized to sign on behalf of the policyowner Signed at (city, province or territory) Date (yyyy/mm/dd)