

Policyowner(s) _____	Policy Number _____
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■ A - Partial Withdrawal

Pay the sum of \$ _____ being part of the net value of the policy, in accordance with the provisions thereof.

Make cheque payable to: _____

Apply funds to company policy number(s): _____

Note: 1. A **\$25.00** withdrawal fee will be deducted from accumulated value of fund – **not** from amount requested.
 2. On **"Plan A"** policies, the amount of insurance will be reduced by the partial withdrawal amount plus the **\$25.00** withdrawal fee.
 3. The total minimum withdrawal is **\$200.00**.

■ B - Cash surrender of policy – This terminates the policy. Please also attach the policy contract.

Pay the net value or cash surrender value less any indebtedness of the policy in accordance with its provisions. Desjardins Insurance is hereby discharged from all liability under the said policy other than the payment hereby requested. A **\$25.00** termination charge will be deducted from total surrender value.

1. Has any new insurance been issued within the last 6 months? Yes No

2. Is new insurance anticipated to replace this protection? Yes No

If **"Yes"** to either **1** or **2**, please state company name and type of plan purchased.

■ C - Change of address

Address (No., street, apt.) _____		City _____
Province _____	Postal code _____	Effective date of change (yyyy/mm/dd) _____

■ D - Head office amendments

Dated at: _____ Date (yyyy/mm/dd) _____

X _____
Signature of policyowner

X _____
Signature of assignee (collateral only)

X _____
Signature of witness

X _____
Signature of irrevocable beneficiary (if applicable)

X _____
Signature of witness

For head office use only

Recorded at head office by _____				Date (yyyy/mm/dd) _____	
Name of field office _____	Field office code _____	Name of representative _____	Representative code _____	Date sent to H.O. (yyyy/mm/dd) _____	

E - Apply additional deposit

The payment of

\$ _____

 Effective on (yyyy/mm/dd) - **The date payment is received in the field office**

F - Modify planned premium

 Increase planned premium to: \$ _____ Payable: Annually Semi-Annually Monthly PAC

 Decrease planned premium to: \$ _____ Payable: Annually Semi-Annually Monthly PAC

 Cease planned premium of: \$ _____ (Insurance costs to be paid from fund accumulation.)

 Commence planned premium of: \$ _____ Payable: Annually Semi-Annually Monthly PAC

Above changes will be effective at the next billing date.

G - Pre-authorized Debit Agreement (PAD)

I authorize Desjardins Insurance and the financial institution where I have my account, or any other financial institution I may appoint, to debit the following amount(s) according to my instructions, at the frequency indicated:

 Monthly Semi-annual Annual **Draw date** (select between 1st and 28th): _____ **Total:** \$ _____

Name and address of account holder

10-digit phone number

Name and address of financial institution

Transit number

Account number

Type of PAD Agreement Personal Business

Waiver
I agree to waive any written notice before the first debit is made or when any change is made to the above debit.
Change or cancellation

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

I can cancel this Agreement at any time by sending a notice to Desjardins Insurance at least 10 business days prior to the next withdrawal.

 I may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement by consulting my financial institution or by visiting www.cdnpay.ca.

The cancellation of this PAD Agreement does not terminate the policyowner's obligations towards his contract(s).

Desjardins Insurance can cancel the PAD Agreement by sending a 30-day notice to the policyowner. The PAD Agreement can also be cancelled if the financial institution refuses the pre-authorized debits for any reason.

Authorization to collect and communicate personal information

I consent to the disclosure of the personal information in this PAD Agreement to Desjardins Insurance's financial institution and to the holder of the contract(s) paid through this PAD Agreement.

Signature(s)

I guarantee that all persons whose signatures are required for this account have signed this PAD Agreement.

Reimbursement

 I have certain rights of recourse if a PAD does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit www.cdnpay.ca.

Signature of account holder(s)

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

 X _____
 Signature of the second account holder Date (yyyy/mm/dd)
 (only if two signatures are required)

 **IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription.**