

D. Payment direction

The payment of \$ _____ effective on the date of receipt or _____, whichever is later, is to be applied as follows.
(YYYY/MM/DD)

Please indicate your investment options in the table below.

| Investment option | | <input type="checkbox"/> \$ or <input type="checkbox"/> % | Investment option | | <input type="checkbox"/> \$ or <input type="checkbox"/> % |
|-------------------|--|---|-------------------|--|---|
| From | | | to | | |
| From | | | to | | |
| From | | | to | | |

E. Modify future premiums

Split future premiums as follows:

| Investment option | | <input type="checkbox"/> \$ or <input type="checkbox"/> % | Investment option | | <input type="checkbox"/> \$ or <input type="checkbox"/> % |
|-------------------|--|---|-------------------|--|---|
| From | | | to | | |
| From | | | to | | |
| From | | | to | | |

Increase or Decrease Billed Planned Premium to: \$ _____ Payable Annually Semi-Annually Monthly PAC

F. 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 \$ _____

* For a universal life contract, the draw date will be the issue date of the contract.

| | | |
|---|----------------|------------------|
| Name and address of account holder | | Telephone 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 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 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 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 Agreement to Desjardins Insurance's financial institution and to the holder of the contract(s) paid through this Agreement.

Signature(s)
I guarantee that all persons whose signatures are required for this account have signed this 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)

| | |
|--|---------------|
| _____ Signature of account holder | _____ Date |
| _____ Signature of the second account holder (Only if two signatures are required) | _____ Date |

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