

Request and Authorization for the Automatic Cheque Plan

I/We acknowledge that this authorization is provided for the benefit of Advance Benefit Canada Insurance Solutions Inc. and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.

Group Policy # _____ Firm Name _____ Date _____

I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below. I (We) hereby authorize Advance Benefit Canada Insurance Solutions Inc. to draw on my account for the following purpose(s): Business (insurance) and/or Fund Transfer (registered retirement savings plans).

Signature of Depositor(s) _____

PRE-AUTHORIZED DEBIT AGREEMENT

1. While the Automatic Cheque Plan is in effect, the mode of payment will be monthly and if the required monthly payments change, a revised statement will be forwarded at least 10 calendar days before the due date to your address of record.
2. This authorization / agreement may be cancelled at any time upon notice being provided by the payor, either in writing, or orally with proper authorization to verify the identity of the payor, within 10 business days before the next PAD was to be issued. I (We) acknowledge that, in order to revoke this authorization, I (we) must provide notice of revocation to Advance Benefit Canada Insurance Solutions Inc.
3. I (We) acknowledge that by providing and delivering this authorization to Advance Benefit Canada Insurance Solutions Inc. constitutes delivery by me (us) to my financial institution. Any delivery of this authorization to you constitutes delivery by me (us).
4. I (We) acknowledge that the processing member is not required to verify that a PAD has been issued in accordance with particulars of this PAD Agreement including, but not limited to, the amount. I (We) acknowledge that the processing member is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the payee as a condition to honouring a PAD issued or caused to be issued by the payee on the account drawn.
5. Revocation of this authorization does not terminate any contract for goods or services that exists between the payor and the payee. The Payor's PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
6. A PAD may be disputed by a payor under the following conditions:
 - (i) the PAD was not drawn in accordance with the Payor's PAD Agreement; or
 - (ii) the Payor's PAD Agreement was revoked; or
 - (iii) pre-notification was not received and such notification was required under the terms of the PAD Agreement.

The payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (i), (ii), or (iii) took place, must be completed and presented to the branch of the processing member holding the payor's account up to and including 90 calendar days in the case of a personal PAD or up to and including 10 business days in the case of a business PAD, after the date on which the PAD in dispute was posted to the payor's account.

The payor acknowledges that a claim on the basis that the Payor's PAD Agreement was revoked, or any other reason, is a matter to be resolved solely between the payee and the payor when disputing any PAD after the above time set out.

Where a disputed PAD is in regards to a Funds Transfer, no recourse is provided through the clearing system. The payor should seek reimbursement or recourse from the member payee in the event a PAD is erroneously charged to its account.

The account that Advance Benefit Canada Insurance Solutions Inc. is authorized to draw upon is indicated below. A specimen cheque (or facsimile) if available for this account has been marked "VOID" and attached to this authorization. I (We) undertake to inform Advance Benefit Canada Insurance Solutions Inc., in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

Attach copy of Void Cheque here.