

Payment Authorization Plan

Please send the completed form to:

For Regular Mail:
 Manulife
 P.O. Box 670
 Stn Waterloo
 Waterloo, ON N2J 4B8
Fax: 1 800 521-2396

For Courier:
 Manulife
 Affinity Markets New Business
 500 King Street
 Delivery Station 500-GB
 Waterloo, ON N2J 4C6

Add to existing payment method

PA policy number S

Select one method of payment only.

Monthly:

Visa
 MasterCard
 American Express
 Pre-Authorized Debit (PAD)

Debits/Billing shall be drawn on the (day of month)
 1st
 15th
 Other (1st to 28th)

If you do not select a debit/billing date, the following will apply:
 Applications dated between 1st and 14th of the month = debits/billing shall be processed on the 1st of the month.
 Applications dated between 15th and later = debits/billing shall be processed on the 15th of the month.

Annual:

Visa
 MasterCard
 American Express
 Pre-Authorized Debit (PAD)

Credit card option payment information and payment authorization

I/We hereby authorize Manulife to make a withdrawal from my/our account on the day selected above in which insurance premiums are due. This authorization may be terminated by either Manulife or by me/us through written notice. Manulife may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur.

Card number	Expiry date	Name of cardholder
Signature of cardholder X		Second signature if joint credit card account X
		Date DD / MM / YYYY

Pre-Authorized Debit (PAD) payment information and payment authorization

MEMO

Transit number
Institution number
Account number

Please use the following banking information:

from the attached void cheque (Attach the cheque to this page, immediately below. You can cover both the image and the following table.)

OR as follows:

Transit number	Institution number	Bank account number	Financial institution
Address (street and number)			City or town

I/We authorize Manulife to withdraw the initial premium upon receipt of the application and any future premiums monthly on the date noted above or the next business day thereafter, or on the date of withdrawal required for annual payment basis, if selected, or the next business day thereafter. Withdrawals from my/our account may be for variable amounts and may change in accordance with the insurance contract or as required to administer the policy. **I/We waive the right to receive 10 days' notice of the amount and date of each automatic withdrawal from my/our account.** If my/our bank or financial institution does not honour an automatic monthly or annual withdrawal the first time it is presented for payment, Manulife may attempt to withdraw that payment again within 30 days. Manulife reserves the right to ask me/us for an alternate method of payment if my/our payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. Premium amounts may change in accordance with my/our insurance contract. I/We and/or Manulife can end this agreement at any time by giving 10 days' written notice. I/We understand that cancelling this PAD agreement may result in a loss of insurance coverage unless Manulife receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner.

I/We may obtain a sample cancellation form by contacting my/our financial institution or through www.cdnpay.ca. For any questions about withdrawals from the bank account, I/we can contact 1-888-477-5450, am_service@manulife.com or write to Manulife, P.O. Box 670, Stn Waterloo, Waterloo, Ontario N2J 4B8.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on recourse rights, I/we can contact the financial institution or visit www.cdnpay.ca.

Name of account holder			
Signature of account holder X		Second signature if joint account X	
		Date DD / MM / YYYY	
Account holder address (street and number)		City or town	Province
		Postal code	