



## Signing of payor agreement

This job aid will help you guide your clients through the signing process as the payor. Once you have released the contract to your clients, they will receive an email from *ivari* ([ePolicies@ivari.ca](mailto:ePolicies@ivari.ca)). (Note: Please do not share this job aid with your clients.)

**If the owner and payor are the same, skip this job aid and continue on to “Client review and signing of policy contract – Owner”.**

Upon receipt of the email from *ivari*, the client must click the link to proceed to the security confirmation process.

From: ivari ePolicies <[ePolicies@ivari.ca](mailto:ePolicies@ivari.ca)>  
Date: Sat, Jun 20, 2020 at 10:29 PM  
Subject: You're the payor for an insurance policy./Vous êtes le payeur d'une police d'assurance.



Hello Policy Payor,

**MISSIE DEFERRAL is applying for an insurance policy with *ivari* and indicated that you will be the payor for this policy.**

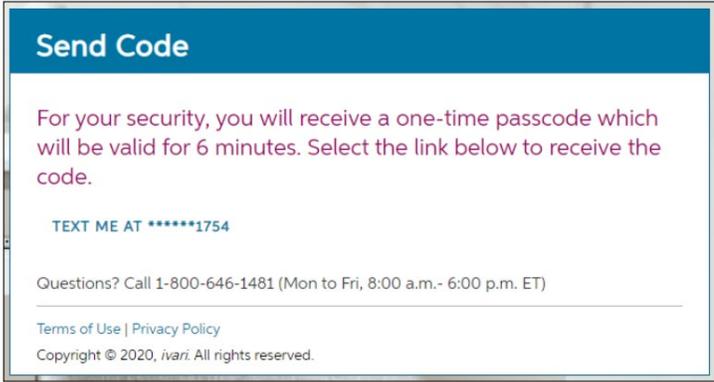
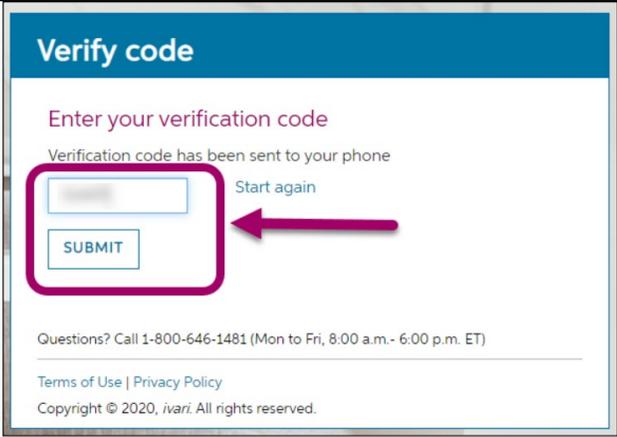
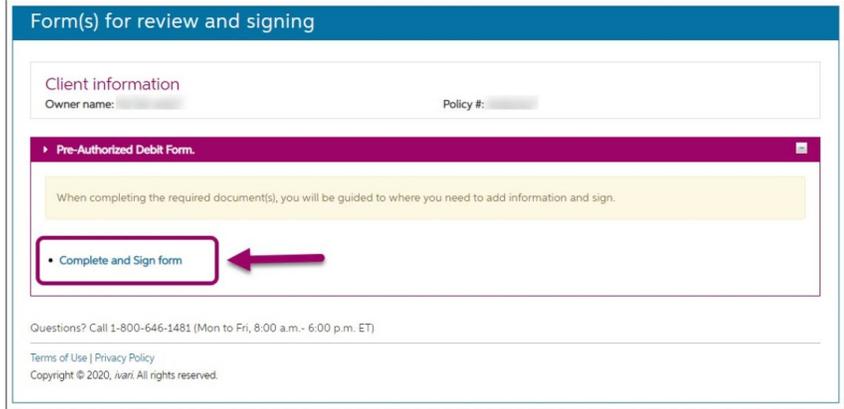
- To complete the authorization form, please click this [link](#). You will be guided through the required sections.
- If you have any questions, please contact MISSIE DEFERRAL.

Thank you,  
The *ivari* team

This email was sent to [redacted] from *ivari* as an activity notification. This is an automated message and direct replies to this address are not monitored.

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<p>A new webpage will open. The payor must click the "TEXT ME AT..." link to receive a security code.</p> <p>The payor should be near the device receiving the security code as the code will only be available for 6 minutes.</p>	 <p><b>Send Code</b></p> <p>For your security, you will receive a one-time passcode which will be valid for 6 minutes. Select the link below to receive the code.</p> <p><a href="#">TEXT ME AT *****1754</a></p> <p>Questions? Call 1-800-646-1481 (Mon to Fri, 8:00 a.m.- 6:00 p.m. ET)</p> <p><a href="#">Terms of Use</a>   <a href="#">Privacy Policy</a></p> <p>Copyright © 2020, ivari. All rights reserved.</p>
<p>A new screen will appear. The payor must enter the code from the text and click <b>SUBMIT</b>.</p> <p>If they make a mistake, they can click <b>Start again</b> to receive a new code.</p> <p>Note: The payor has a maximum of 5 tries to enter the passcode correctly. After that, they must wait 5 minutes before they can request a new code.</p>	 <p><b>Verify code</b></p> <p>Enter your verification code</p> <p>Verification code has been sent to your phone</p> <p><input type="text"/> Start again</p> <p><input type="button" value="SUBMIT"/></p> <p>Questions? Call 1-800-646-1481 (Mon to Fri, 8:00 a.m.- 6:00 p.m. ET)</p> <p><a href="#">Terms of Use</a>   <a href="#">Privacy Policy</a></p> <p>Copyright © 2020, ivari. All rights reserved.</p>
<p>The payor will then be taken to the <b>Form(s) for reviewing and signing</b> page.</p> <p>They should click on the <i>Complete and Sign form</i> link under the <b>Pre-Authorized Debit Form</b> section.</p>	 <p><b>Form(s) for review and signing</b></p> <p>Client information Owner name: [redacted] Policy #: [redacted]</p> <p><b>Pre-Authorized Debit Form.</b></p> <p>When completing the required document(s), you will be guided to where you need to add information and sign.</p> <p><a href="#">Complete and Sign form</a></p> <p>Questions? Call 1-800-646-1481 (Mon to Fri, 8:00 a.m.- 6:00 p.m. ET)</p> <p><a href="#">Terms of Use</a>   <a href="#">Privacy Policy</a></p> <p>Copyright © 2020, ivari. All rights reserved.</p>
<p>At the top of the page, a message bar will appear.</p> <p>The payor should check the box beside "I agree to use electronic records and signatures" and then click <b>CONTINUE</b>.</p>	 <p><b>Please Review &amp; Act on These Documents</b></p> <p>wel Web Support ivari</p> <p>Please read the <a href="#">Electronic Record and Signature Disclosure</a></p> <p><input checked="" type="checkbox"/> I agree to use electronic records and signatures</p> <p><input type="button" value="CONTINUE"/> OTHER ACTIONS</p> <p>ivari Powered by DocuSign</p>

When the payor is ready to start the signing process, they must click the **START** button.

That will take them to the first spot in the document that needs to be signed.

Note: The form will automatically include the policy number and the owner name.

DocuSign Envelope ID: BA27AB63-CF09-46DF-8FDE-A23C05DD4A59

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ivari.ca

**ivari™**

**Pre-Authorized Debit (PAD)  
for Insurance Products**

**1 Policy Information**

OWNER(S) ivari Policy Number(s): **AMEX017**

Last Name: **WEST** First Name: **PETER**

Last Name: First Name:

**2 Payor Information** **IF OTHER THAN OWNER** Is payor same as owner? Yes  No

Mr.  Mrs.  Ms.  Miss  Other

Last Name: First Name: Initials:

The payor needs to complete all of the sections highlighted in red.

Once all of the required information is entered, they can click the **NEXT** button.

**2 Payor Information** **IF OTHER THAN OWNER** Is payor same as owner? Yes  No

Mr.  Mrs.  Ms.  Miss  Other

Last Name: **payor** First Name: **policy** Initials:

Street Address: Apt./Suite:

City: Province: **-- select --** Postal Code:

Date of Birth (DD/MM/YYYY): Relationship to Owner(s):

Payor's Occupation: In what industry are you employed?\*

**-- select --** **-- select --**

If a Corporation, incorporation #: Place of registration:

\*For a list of valid industries refer to <https://ivari.ca/tools-and-resources/administration/> and search for form number (IP-LP1971).

**2 Payor Information** **IF OTHER THAN OWNER** Is payor same as owner? Yes  No

Mr.  Mrs.  Ms.  Miss  Other

Last Name: **Policy** First Name: **Payor** Initials:

Street Address: **123 Main street** Apt./Suite:

City: **Somehere** Province: **Ontario** Postal Code: **M2N7J8**

Date of Birth (DD/MM/YYYY): **01/01/1950** Relationship to Owner(s): **Spouse**

Payor's Occupation: **HOTEL/RESORT/SPA** In what industry are you employed?\*: **Required - Industry**

**ARTS, ENTERTAINMENT & SPORTS**

If a Corporation, incorporation #: Place of registration:

\*For a list of valid industries refer to <https://ivari.ca/tools-and-resources/administration/> and search for form number (IP-LP1971).

They must then complete the **PAD Withdrawal Information** section.

If it is a new PAD (Pre-Authorized Debit) account, they must attach a copy of their pre-printed void cheque by clicking the paperclip icon and following the steps.

Once complete, they can click the **NEXT** button.

**3 PAD Withdrawal Information** **PLEASE ATTACH PERSONALIZED PRE-PRINTED VOID CHEQUE**

Select one option:

Establish a new PAD account (must attach preprinted void cheque or stamped bank letter)

Use existing PAD account from ivari life policy no.: (void cheque not required)

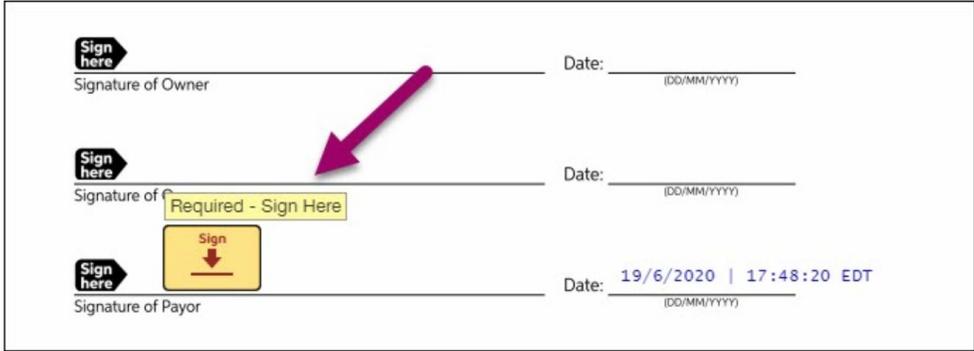
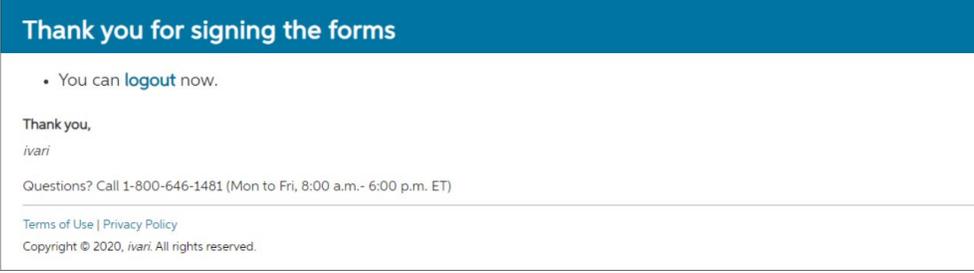
The date of withdrawal will be the same as the policy effective date. If you wish a different withdrawal date, please indicate preferred date of withdrawal (days 1-28 only).

Effective Date - Begins on (1st to 28th of month): (DD/MM/YYYY) Total Amount \$

**For universal life policies, if you select a withdrawal date that is after your policy date, we will automatically set the withdrawal date to match the policy date.**

If the PAD date falls on a non-business day or statutory holiday, the PAD will be drawn on the next business day.

Frequency:  Monthly  Quarterly  Semi-annually<sup>1</sup>  Annually <sup>1</sup>may not be available on all plans

<p>The payor must click on the <b>Sign</b> button to start the signing process as the payor.</p>	
<p>Using their mouse, stylus or finger, the payor must draw their signature in the box.</p> <p>The signature must be inside the box and must meet a minimum length requirement to be accepted by the system.</p> <p>Once satisfied, they should click <b>ADOPT AND SIGN</b>.</p>	
<p>Once the signature has been applied, a message will appear at the top of the screen indicating that the process is complete. The client should click <b>FINISH</b>.</p>	
<p>A confirmation page will appear. The client can now close this webpage.</p>	

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