

Pre-Authorized Debit (PAD) for Insurance Products

1 Policy Information

OWNER(S)		ivari Policy Number(s): _____	
Last name		First name	
Last name		First name	

2 Payor Information

New Payor (*complete question 2a*) Existing Payor (*proceed to section 3*)

a) If a New Payor, is the payor an Individual or Corporation? Individual Corporation

Please complete the appropriate section below and *proceed to section 3*.

INDIVIDUAL PAYOR

Last name		First name	
Date of birth (DD/MM/YYYY)		Relationship to Owner	
Occupation		In what industry are you employed?*	
Current residential address (<i>P.O. Boxes and General Delivery not accepted as residential address</i>)			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Home phone	Mobile phone	Business phone	

*For a list, click [Valid industries and occupations form \(IP-LP1971\)](#) to access.

CORPORATION/ENTITY PAYOR

Legal company/Entity name			
Relationship to Owner		Business/Industry	
Incorporation #		Place of registration if third party is a corporate entity	
Head office address (<i>P.O. Boxes and General Delivery not accepted</i>)			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Business phone			

3 Third Party Determination

- A Third Party is a person or entity, other than the Insured, Beneficiary or Owner, who may Instruct the payor to take actions on the policy or pay premiums on their own behalf.
- Determine if the Payor is a Third Party or acting on behalf of a Third Party.

a) Is the Payor the third party? Yes (*proceed to section 4*) No (*complete question b*)

b) Is the Payor acting on behalf of a Third Party who is other than the Insured, Beneficiary or Owner? Yes No

If **No**, *proceed to section 4*

If **Yes**, is the Third Party an Individual or Corporation? Individual Corporation

Please complete the appropriate section below and *proceed to section 4*.

THIRD PARTY INDIVIDUAL

Last name		First name	
Date of birth (DD/MM/YYYY)		Relationship to Owner	
Occupation		In what industry are you employed?*	
Current residential address (P.O. Boxes and General Delivery not accepted as residential address)			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Home phone	Mobile phone	Business phone	

*For a list, click [Valid industries and occupations form \(IP-LP1971\)](#) to access.

THIRD PARTY CORPORATION/ENTITY PAYOR

Legal company/Entity name			
Relationship to Owner		Business/Industry	
Incorporation #		Place of registration if third party is a corporate entity	
Head office address (P.O. Boxes and General Delivery not accepted)			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Business phone			

4 PAD Withdrawal Information

PLEASE ATTACH PERSONALIZED PRE-PRINTED VOID CHEQUE

Select one option:

Establish a new PAD account

Use existing PAD account from ivari life policy no.: _____

Frequency: Monthly Quarterly Semi-annually[†] Annually [†]may not be available on all plans

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). _____

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.

For universal life policies indicate the PAD amount to be withdrawn \$ _____

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

5 Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

ivari's Privacy Policy, available at **ivari.ca**, tells you how ivari will handle your personal information as Payor. It also tells you about your rights and choices.

In summary:

ivari uses your personal information for the following purposes:

- Verifying your identity;
- Evaluating your application and any applications or forms you submit in the future about the insurance policies you have in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

When required, ivari may share your personal information with trusted third parties, including service providers retained by ivari to assist in administering ivari policies, your financial institution, your independent insurance advisor and their supporting associates, market intermediaries, your beneficiaries and assignees, and other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: privacyoffice@ivari.ca.**

You can see ivari's full Privacy Policy online at ivari.ca. Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.

CONSENT REQUIRED FOR THIS FORM AND POLICY

The following consents are required to proceed with and submit this form to ivari:

1. I give my consent to the collection, use and disclosure of my personal information as described in the **Privacy Notice** and in ivari's Privacy Policy on **ivari.ca**.
2. I authorize ivari to collect my personal information from third parties for the purposes described in and in accordance with ivari's Privacy Policy.

Signature of **Payor**

You have certain recourse rights if any debit does not comply with this agreement. i.e. you 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 your recourse rights, you may contact your financial institution or visit **payments.ca**.

Signature of Payor _____ Date: _____
(DD/MM/YYYY)

