

## 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

Mr.   Mrs.   Ms.   Miss   Other \_\_\_\_\_

Last Name	First Name	Initial(s)
Date of birth (DD/MM/YYYY)	Relationship to Owner	
Occupation	In what industry are you employed?*	
Current residential address (number and street name) (P.O. Boxes and General Delivery not accepted as residential address)		Apt./Suite
City	Province	Postal 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 (number and street name) (P.O. Boxes and General Delivery not accepted)	
Apt./Suite	
City	Province
Postal 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

Mr.   Mrs.   Ms.   Miss   Other \_\_\_\_\_

Last Name		First Name		Initial(s)
Date of birth (DD/MM/YYYY)		Relationship to Owner		
Occupation		In what industry are you employed?*		
Current residential address (number and street name) (P.O. Boxes and General Delivery not accepted as residential address)				Apt./Suite
City		Province	Postal 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 (number and street name) (P.O. Boxes and General Delivery not accepted)				Apt./Suite
City		Province	Postal 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<sup>†</sup>    Annually    <sup>†</sup>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 Acknowledgement/Authorization

I/We authorize ivari to make automatic withdrawals from my/our bank account for insurance premiums due on or after the date I/We signed this authorization. Withdrawals from my/our account may be for variable amounts, as they may change in accordance with my/our insurance contract and as required to administer my/our policy. **I/We waive the right to receive further notice of the amount and date of each automatic withdrawal from my/our account.** If the bank or financial institution does not honor an automatic premiums withdrawal the first time it is presented for payment, ivari may attempt to withdraw that payment again within 5 business days. ivari reserves the right to ask for an alternative method of payment if 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. I/We or ivari may end this agreement at any time by giving 5 days written notice. I/We understand that canceling this PAD agreement may result in loss of insurance coverage unless ivari receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner. Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

You may obtain a sample cancellation form by contacting your financial institution or through [www.cdnpay.ca](http://www.cdnpay.ca).

If you have any questions about withdrawals from your bank account, contact us by phone at 1-800-846-5970, or write to us at ivari, P.O. Box 4241, Station A, Toronto, ON M5W 5R3.

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 [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Signature of Owner Date: \_\_\_\_\_  
(DD/MM/YYYY)

\_\_\_\_\_  
Signature of Owner Date: \_\_\_\_\_  
(DD/MM/YYYY)

\_\_\_\_\_  
Signature of Payor Date: \_\_\_\_\_  
(DD/MM/YYYY)



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-800-846-5970



**The fastest and easiest way to send us your completed and signed forms is through our online tool, *Send documents* on [ivari.ca](http://ivari.ca). By using this tool, forms are sent instantly and securely.**

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