

Pre-Authorized Debit (PAD) for Insurance Products

Policy Information						
OWNER(S) ivari Policy Number(s):						
Last name	Last name		irst name			
Last name		F	irst name			
Payor Information						
New Payor (complete question 2a) Existing Payor (proceed to section 3)						
a) If a New Payor, is the pa Please complete the ap	yor an Individual c	or Corporation?	Individu	al Corpora	ition	
INDIVIDUAL PAYOR						
Last name		First nam	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 a	accepted as residential add	dress)			Apt./suite #
City	Province/t	Province/territory/state		Country		Postal/zip code
Home phone	·	Mobile phone		Business phone		·
*For a list, click Valid industries ar	d occupations form (II	P-LP1971) to access.				
CORPORATION/ENTITY P	AYOR					
Legal company/Entity name						
Relationship to Owner		Business/	Business/Industry			
Incorporation #			Place of registration if third party is a corporate entity			
Head office address (P.O. Boxes and Ge	eneral Delivery not accepte	ed)				Apt./suite #
City	Province/t	Province/territory/state		Country		Postal/zip code
Business phone						

PS375 9/23

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? Corporation Individual capriate castian halo _1 __

THIRD PARTY INDIVIDUAL			First nan	10			
Last name			riistilan	IC			
Date of birth (DD/MM/YYYY)			Relations	ship to Owner			
Occupation			In what i	In what industry are you employed?*			
Current residential address (P.O. B	oxes and General Delivery	not accepted as residential a	address)			Apt./suite #	
			,				
City	Provi	Province/territory/state		Country		Postal/zip code	
Home phone		Mobile phone		Business phone			
*For a list, click Valid industrie	es and occupations for	m (IP-LP1971) to access.					
THIRD PARTY CORPOR	RATION/ENTITY F	PAYOR					
Legal company/Entity name							
Relationship to Owner			Rusiness	/Industry			
Relationship to Owner			Dusiness	Business/ industry			
Incorporation #			Place of	Place of registration if third party is a corporate entity			
Head office address (P.O. Boxes ar	nd General Delivery not ac	cepted)				Apt./suite #	
City	Provi	Province/territory/state		Country		Postal/zip code	
Business phone							
PAD Withdrawal Inf	formation P	LEASE ATTACH PERSONALI	ZED PRE-PRIN	ED VOID CHEQUE			
Select one option:							
Establish a new PAD a	account						
Use existing PAD acco		policy no.:					
Frequency: Monthly	/ Quarterly	Semi-annually [†]	Annually	†may not k	oe available on all plans		
The date of withdrawal If you wish a different w				withdrawal (da _ʻ	ys 1–28 only)		
For universal life policied date to match the police		withdrawal date tha	at is after y	our policy date	, we will automatical	lly set the withdra	
For universal life policies	-	amount to be withd	rawn\$_				
If the PAD date falls on a				will be drawn o	n the next business d	lay.	

2

PS375 9/23

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 antiterrorist 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'					
	Privacy Policy.					
Sig	ature of Payor					

3

PS375 9/23

6 Acknowledgement/Authorization

I authorize ivari to make automatic withdrawals from my bank account for insurance premiums due on or after the date I signed this authorization. Withdrawals from my account may be for variable amounts, as they may change in accordance with my insurance contract and as required to administer my policy. I waive the right to receive further notice of the amount and date of each automatic withdrawal from my 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 bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I or ivari may end this agreement at any time by giving 5 days written notice. I 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 **payments.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 **payments.ca.**

	Date:	
Signature of Owner		(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. By using this tool, forms are sent instantly and securely.