

# SCHEDULE A

## Recurring Pre-Authorized Debit (PAD) and Pre-Authorized Payment by Credit Card (PAPCC) Agreement ("Agreement")

CERTIFICATE NO.
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By signing the Certificate of Insurance, I hereby confirm that I have acknowledged, understood, and accepted the terms and conditions of this Schedule A. In case of a joint account, I further confirm that all required signatories have provided their authorization.

I authorize Industrial Alliance Insurance and Financial Services Inc. ("iA") (or any other financial institution I may authorize) to debit the PAD account or charge the PAPCC account provided for the exact amount of the Total Insurance Premium (Including Sales Taxes), as outlined on page 1 of the Certificate of Insurance.

The first payment will be processed on the Requested Effective Date of Insurance and subsequent payments will follow the agreed-upon frequency (see the Premium Payment Frequency Period on page 1 of the Certificate of Insurance).

The Total Insurance Premium (Including Sales Taxes) is subject to change based on adjustments to tax rates imposed by the governing province or territory.

**I waive the right to receive pre-notification of an increase or decrease in the amount to be debited or a change in the date and/or frequency of these payments.**

### For PADs

This authorization is provided in accordance with Payments Canada Rule H1 and will remain in effect until I provide written notice of cancellation, or until the agreement is otherwise terminated by either party in accordance with the terms of the Certificate of Insurance.

### For PAPCCs

This authorization remains in effect until I provide written notice of cancellation, or the agreement is otherwise terminated by either party in accordance with the terms of the Certificate of Insurance. I understand that credit card transactions are subject to the terms and conditions of my card issuer and applicable network rules.

### PAD/PAPCC Category

**Personal:** This Agreement is related to a personal or consumer activity.

### Conditions

In order for iA to process the Total Insurance Premium (Including Sales Taxes) payment transaction, iA must receive all required documents, duly completed, and be allowed a reasonable period of time to complete its administrative processes.

**If the Total Insurance Premium (Including Sales Taxes) payment is dishonoured for any reason such as, but not limited to, insufficient funds, iA is authorized to re-submit the payment to my financial institution. I may be liable for any fees incurred by iA as a result of a dishonoured Total Insurance Premium (Including Sales Taxes) payment, including a Non-Sufficient Funds (NSF) fee of \$10.**

I understand that I must contact iA should I notice an error in the Agreement or in the Total Insurance Premium (Including Sales Taxes).

### Cancellation

This Agreement may be cancelled provided that notice is received by iA before the next scheduled payment date.

**For PADs:** To obtain a sample cancellation form or for more information on my right to cancel the PAD Agreement, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca) regarding Rule H1-Pre-Authorized Debits (PADs).

**For PAPCCs:** I understand that cancellation of credit card payments is subject to the terms and conditions of my card issuer and applicable network rules.

### Assignment

If iA assigns this Agreement, it will provide written notice to me of the assignment prior to any amount being deducted in the assignee's name.

### Contact

If any of the details contained in this Agreement are incorrect, I will contact iA immediately by mail, phone or fax:

**In Quebec**  
 Industrial Alliance Insurance and Financial Services Inc.  
 1000 Du Lux Street, Suite 601,  
 Brossard, QC, J4Y 0E3  
 Phone: 1 877 671-9009  
 Fax: 450 671-1092

**Outside of Quebec**  
 Industrial Alliance Insurance and Financial Services Inc.  
 P.O. Box 5900,  
 Vancouver, B.C., V6B 5H6  
 Phone: 1 800 663-9498  
 Fax: 1 888 444-0697

### Credit Card Information Disclaimer

I understand that this PAPCC pertains solely to withdrawals from my designated credit card. iA does not collect, process, or store credit card information in connection with PAPCC transactions. All payment data is handled in accordance with applicable privacy and data protection regulations.

### Recourse Rights

I have certain recourse rights if any payment does not comply with this Agreement. For example,

**For PADs:** I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit [www.payments.ca](http://www.payments.ca) regarding Rule H1 - Pre-Authorized Debits (PADs).

**For PAPCCs:** I understand that credit card transactions are subject to the dispute resolution process established by my card issuer and the applicable card network rules. I may contact my credit card issuer for more information on my rights and remedies.

### Account Authority

I confirm that I have authority under the terms of my bank account or credit card agreement to authorize this payment and I have supplied iA with the required documentation in this regard.

**For PADs:** I confirm that I am authorized by all other persons required to jointly authorize transactions within the account to approve this debit.

**For PAPCCs:** I confirm that I am the authorized cardholder, or that I have been duly authorized by all cardholders to approve this recurring charge.

## BANKING INFORMATION

**For PADs** For any future updates regarding your account information, please refer to the section to the section "Contact" above.

ACCOUNT HOLDER NAME	FINANCIAL INSTITUTION NAME	TRANSIT NUMBER	INSTITUTION NUMBER	ACCOUNT NUMBER
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**For PAPCCs** For any future updates regarding your credit card information, visit the Link below and provide the Unique Identifier listed when prompted.

CARDHOLDER NAME	CREDIT CARD NUMBER	EXPIRY DATE MM/YYYY
LINK	UNIQUE IDENTIFIER	

## INFORMATION ABOUT INSURED(S)

DEBTOR SURNAME	FIRST NAME
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APT.	STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
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CO-DEBTOR SURNAME	FIRST NAME
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APT.	STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
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