

522 University Ave, Suite 400
Toronto, ON M5G 1Y7
Telephone: 1 800 567-5670
Fax: 1 866 395-5553
Email: pensiontoronto@ia.ca

Quebec City, QC G1K 7M3
Telephone: 1-800-567-5670
Fax: 1-800-786-6065
Email: pension@ia.ca

PO Box. 1907, Station Terminus

Contract number: _____ Plan sponsor: _____

The plan sponsor mentioned above is referred to as "I" in this PAP Agreement and makes the following statements in respect to himself.

I authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for recurring payments and/or one-time payments from time to time, for payment of all premiums, contributions and any amount due arising from the contract herein mentioned. Payments will be debited from the specified account based on the date and/or frequency hereunder mentioned.

Since the amount, date and frequency of payments may vary, I waive the right to receive pre-notification of the date and the amount to be debited as well as the right to receive pre-notification of an increase or a decrease in this amount or a change in the date and/or frequency of the payments, and I authorize each of these changes.

I may cancel or modify this PAP Agreement at any time, subject to providing the Company thirty (30) days notice in writing. To obtain a cancellation form or for more information on my right to cancel the PAP Agreement, I may contact my financial institution or visit www.cdnpay.ca regarding Rule H1—Pre-authorized debits (PADs).

Any cancellation of this PAP Agreement will not affect the contract mentioned above.

The Company will not assign this PAP Agreement without providing, any time prior to the next PAP, written notice to me of the assignment.

I have certain recourse rights if any PAP does not comply with this PAP Agreement. For example, I have the right to receive reimbursement for any PAP that is not authorized or is not consistent with this PAP Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit www.cdnpay.ca regarding Rule H1—Pre-authorized debits (PADs).

GENERAL INFORMATION

1. Banking Information – Attach void cheque.

Name of financial institution: _____

Name of account owner(s): _____

Account number:

Transit number (5 digits):

Financial institution number (3 digits):

2. Withdrawal Arrangement: Variable

Starting on: The PAP will begin to be debited on the date the Company receives from the sponsor the information concerning the contributions to be made under the contract following the date of signature of this agreement.

Amount: The amount of PAP will be equal to the total amount of contributions specified by the sponsor to the Company.

Frequency: The frequency will be the same as the frequency at which the sponsor provides to the Company the information concerning the contributions to be made under the contract.

Signature - This PAP Agreement must be signed by the person(s) authorized under the bank account mentioned above. The sponsor confirms that the person(s) who signed this agreement are the duly authorized signatory(ies) empowered to enter into this agreement.

Date : _____
Authorized signatory's signature

Date : _____
Authorized signatory's signature, if required