



## Pre-Authorized Debit plan (PAD)

This form for use with Individual Wealth contracts only. The Equitable Life Insurance Company of Canada "Equitable" and my/our financial institution are directed and authorized to process withdrawals from my/our account identified below, for the purpose of collecting investment contributions, as per the conditions below.

### 1. General information

Contract number(s)

Name of contract Owner

Name of joint contract Owner (if applicable)

Owner's email address

Name(s) of payor(s)\*

\*If the payor is different from the contract Owner(s) please also complete [Third Party Information Form \(form #31\)](#) or TFSA Third Party Contribution ([form #1582](#)). This is not applicable to FHSA.

### 2. Banking information

Change / Establish new PAD using:

The account shown on the attached VOID cheque or bank letter/direct deposit form (payor name is required on the cheque)

The account shown on the first cheque provided with the application

Use existing PAD from Equitable policy/contract number: \_\_\_\_\_ (void cheque not required)

**Note:**

- Line of credit accounts or credit cards are not acceptable payment options.
- For FHSAs, at least one of the payors must be the contract owner.
- For TFSAs, at least one of the payors must be the contract owner (unless [form #1582](#) is submitted).

### 3. Withdrawal information

#### A. One-time PAD

Amount (\$): \_\_\_\_\_

Preferred withdrawal date:

Immediately

Specific date (yyyy/mm/dd): \_\_\_\_\_

#### B. Ongoing PAD

Amount (\$): \_\_\_\_\_

Preferred withdrawal date: \_\_\_\_\_

(1st to 28th)

Payment frequency:

Monthly (1st - 28th)

For Pivotal Select and Equitable Guaranteed Investment Funds, you can also choose:

Semi-monthly (1st & 15th)

Bi-weekly Select day:  Monday  Tuesday  Wednesday  Thursday  Friday

**Note:**

For ongoing PAD deposits, there is a \$50 minimum deposit per fund (except for Equitable Guaranteed Investment Funds which has a \$25 minimum deposit per fund). There may be a time delay between the date you have selected above and the money being transferred out of your bank account.

In the event of non-payment due to non-sufficient funds (NSF), an attempt to re-draw your payment may automatically occur within 2 to 10 business days from the original withdrawal date. The payor is responsible for any NSF charges incurred by their financial institution.



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### 4. Investment allocation

Complete this section if you wish to specify the funds your PAD deposits will be allocated to. If this section is left blank, your future deposits will be allocated according to the existing investment instructions on your file.

Where a fund code is provided but does not match the fund name, the fund code will be used.

For Guaranteed Investment Funds contracts:

If Front End Load (FEL) is selected, please indicate percentage: \_\_\_\_\_ (0% - 5%)

- The default is 0% if no percentage is specified.
- FEL above 0% is only available when the application is submitted with a FundSERV advisor code.

Fund name (include fund code if applicable)	Allocation %	Fund name (include fund code if applicable)	Allocation %

### 5. Pre-Authorized Debit agreement

#### Waiver

The payor waives the right to receive pre-notification of the first withdrawal, or a change in the date of the withdrawal as defined by Payments Canada in Rule H1 at [payments.ca](http://payments.ca).

#### Type of service

For the purpose of this agreement, all PAD withdrawals from the payor's account will be treated as personal withdrawals of investment contributions.

#### Third party contributions

In certain circumstances, the payor may be someone other than the contract owner. The owner and payor acknowledge that:

- The payor's banking information may be visible to the contract owner.
- There is a degree of risk in having third-party banking information on file.
- In the event that money is incorrectly deposited to the payor's bank account, the payor will notify Equitable immediately and return the funds.

#### Cancellation

The payor has the right to revoke this PAD authorization at any time. The PAD authorization shall remain in effect until the owner/payor notifies Equitable of the cancellation.

#### Note:

To ensure cancellation before the next withdrawal, written notice must be received at Equitable's head office at least 10 business days prior to the next withdrawal. The payor may contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at [payments.ca](http://payments.ca) and may be completed and forwarded to their financial institution.



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### 5. Pre-Authorized Debit agreement (continued)

**Contact information**

Equitable

One Westmount Road North P.O. Box 1603 Stn. Waterloo  
Waterloo, ON N2J 4C7Email: [individualwealth@equitable.ca](mailto:individualwealth@equitable.ca)

T: 1-800-668-4095

F: 519-883-7404

**Recourse and reimbursement**

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [payments.ca](http://payments.ca).

### 6. Date and signature

**Note:**

If withdrawals are to be made from a joint account and the financial institution requires both signatures, both account owners must sign. All signatures for withdrawals from my/our account are present in this PAD, and we understand and agree to all terms and conditions printed above.

Date (dd/mm/yyyy)

Signature(s) of payor(s)

Date (dd/mm/yyyy)

Signature of contract Owner(s) (only required if different than payor(s))

**Note:**

If the payor is a corporation, provide corporation's legal name, signatures of the signing officers, name and title of signing officer(s), and corporate seal (if available).

Legal name of corporation

Signature(s)

Print name(s)

Title(s)

**Please note:**

Equitable® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1-800-668-4095.