



PRE-AUTHORIZED DEBIT PLAN ("PAD") - SAVINGS & RETIREMENT

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, subject to the conditions below, for the purpose of collecting investment contributions as follows:

1. GENERAL INFORMATION

Contract number(s)	
Name of contract owner	Name of joint contract owner (if applicable)
Owner's email address	Name of payor(s)*

*If the payor is different from the contract owner(s) also complete [Third Party Information Form \(form #31\)](#) or for TFSA, complete form [#1582](#).
 Not applicable to FHSA.

2. BANKING INFORMATION

- Change / Establish new PAD using:
- The account shown on the attached VOID cheque or bank letter of direction (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 Tax-Free Savings Accounts and First Home Savings Accounts, at least one of the payors must be the owner of the policy.

3. WITHDRAWAL INFORMATION

Amount (\$): _____ Preferred withdrawal date: _____
(This amount is considered 'fixed') (1st - 28th)

- Payment frequency:
- One-time withdrawal
 - Monthly (1st - 28th)
For Pivotal Select contracts only
 - Semi-monthly (1st & 15th)
 - Bi-weekly Select day: Monday Tuesday Wednesday Thursday Friday

Note:
 There is a \$50 minimum deposit per fund for PAD. There may be a time delay between the date you have selected and the money being transferred out of your bank account.

In the event of non-payment due to insufficient funds (NSF), an attempt to re-draw your payment may automatically occur within 2 – 10 business days from the 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 investments 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.

Investment Name (include fund code if applicable)	Allocation %	Investment Name (include fund code if applicable)	Allocation %

5. PRE-AUTHORIZED DEBIT DETAILS

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

Type of Service

For the purpose of this agreement, all pre-authorized debit 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 pre-authorized debit authorization at any time. The pre-authorized debit authorization shall remain in effect until the owner/payor notifies Equitable of the cancellation.

Note:

To ensure cancellation before the next withdrawal, notice by way of telephone, letter, email, or fax must be received at Equitable's Head Office 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 www.payments.ca and may be completed and forwarded to their financial institution.

Contact Information

Equitable
One Westmount Road North P.O. Box 1603 Stn. Waterloo
Waterloo, ON N2J 4C7

Email: savingsretirement@equitable.ca
T: 1 800 668 4095
F: 519 883 7404

Recourse & 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 pre-authorized debit agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit payments.ca.



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6. DATE AND SIGNATURE

Note:
If withdrawals are to be made from a joint account both account owners must sign if your financial institution requires both signatures. All signatures for withdrawals from my/our account are present in this PAD, and all terms and conditions printed above are understood and agreed upon.

Date (dd/mm/yyyy)	Signature(s) of payor(s)	Signature of contract owner(s) (only required if different than payor(s))
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Note: If the payor is a corporation, provide corporation's legal name, signature, name and title of signing officer(s), and corporate seal (if available).

Legal name of corporation

Signature(s)	Print Name(s)	Title(s)
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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.