



# Pre-authorized debit plan (PAD) - Individual Wealth

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 lette □ The account shown on the first cheque provided with the applic □ Use existing PAD from Equitable policy/contract number:		
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:	
Payment frequency:  Monthly (1st - 28th)	(1st to 28th)	
For Pivotal Select and Equitable Guaranteed Investment Funds, you car Semi-monthly (1st & 15th)  Bi-weekly Select day: Monday Tuesday Wednesday		
Note: For ongoing PAD deposits, there is a \$50 minimum deposit per fund (a minimum deposit per fund). There may be a time delay between the dabank account.	except for Equitable Guaranteed Investment Funds which has a \$25 ate you have selected above and the money being transferred out of your	
In the event of non-payment due to non-sufficient funds (NSF), an attem business days from the original withdrawal date. The payor is responsi		



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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.

### 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 <u>payments.ca</u> and may be completed and forwarded to their financial institution.



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Email: individualwealth@equitable.ca

## 5. Pre-authorized debit agreement (continued)

### Contact information

Equitable

One Westmount Road North P.O. Box 1603 Stn. Waterloo T: 1-800-668-4095 Waterloo, ON N2J 4C7 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.

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.