

POLICYHOLDER INFORMATION

Policyholder's name (employer/organization): _____

Group policy no.: _____ Division no.: All divisions
 The following division(s): _____

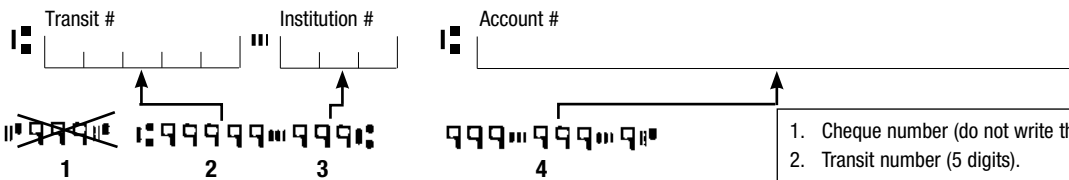
- Regular account(s) (monthly premiums) Health spending account(s) (HSA) Wellness account(s) Physical activity account(s)
 Dialogue Administrative services only (ASO) plan(s) Cost Plus agreement(s)

BANKING INFORMATION

Name of bank account holder: _____

Name of second bank account holder: _____

(if applicable)

Banking information: 

1. Cheque number (do not write this number).
2. Transit number (5 digits).
3. Financial institution number (3 digits).
4. Account number. The format may vary from one financial institution to another. **Indicate all numbers and only the numbers.**

Note: You can include with this form a cheque marked VOID or a complete written confirmation from your financial institution to avoid transcription errors.

IMPORTANT: You must notify Industrial Alliance Insurance and Financial Services Inc. of any change in your banking information for pre-authorized debits.

TIMING OF PRE-AUTHORIZED DEBITS

Please select one of the following dates* for the premiums to be withdrawn from your bank account:

- 1st day of each month 5th day of each month 10th day of each month 15th day of each month

Note: If you do not select a date, the default date will be the 10th day of each month.

*For health spending accounts (HSAs), wellness accounts, physical activity accounts, Dialogue and Cost Plus agreement(s): charges will be withdrawn on the 15th day of each month.

For administrative services only (ASO) plans: premiums will be withdrawn according to the frequency indicated in the financial agreement.

PRE-AUTHORIZED DEBIT AGREEMENT

In this pre-authorized debit (PAD) agreement, "I" refers to each bank account holder or authorized signer who, as it regards them, declares as follows:

Authorization

I authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution designated above (or any other financial institution I may authorize at any time) to perform PADs from the bank account designated above (or any other account I may designate at any time), for payment of premiums, taxes, deposits, instalments and charges for the policy and division(s) to which this agreement is attached. Regular periodic PADs will be processed on the date and at the frequency specified above, whereas occasional one-time PADs can be processed on any other date.

If a PAD is refused for any reason (e.g., non-sufficient funds ["NSF"], stop payment, closed account, etc.), the Company is authorized to attempt the PAD again. Costs incurred by the Company resulting from the denied PAD will be added to the next PAD.

