

Personal Health Insurance – Pre-authorized chequing (PAC) authorization for Web applications



HO USE
Policy 37000 ID #

Please complete this form if you submitted a Personal Health Insurance web application on www.sunlife.ca and chose pre-authorized chequing as your payment method. This form authorizes Sun Life Assurance Company of Canada to use the banking information you provided on the web application. Please note that your policy will not be issued until we receive this form.

1 Policyowner information

First name of policy owner		Last name	
Address			
City	Province	Postal code	Phone number
Web reference number (the seven digit number you received when you submitted your web application)			Date web application was submitted (yyyy-mm-dd)

2 Payor information (If payor is not the owner of the policy)

Name		Date of birth (yyyy-mm-dd)	
Relationship to owner	Contact name (if name above is a business)	Phone number	
Address Street	City	Province	Postal code

3 Authorization

All pre-authorized chequing (PAC) payors must agree to the following terms:

- Sun Life Assurance Company of Canada (company) may make deductions, at any time, for regular recurring payments and/or one-time payments from time to time, from their bank account as indicated in the web application
- all PAC withdrawals be processed as personal under the Canadian Payments Association rules (this means they have 90 calendar days from the date the payment is processed, to claim reimbursement for any unauthorized payment)
- the withdrawal amount is considered variable under Canadian Payments Association rules
- any notices, to be sent to them under this agreement, may be sent to the owner's most recent address that the company has on record at the time a notice is sent
- all persons, whose signatures are required to sign this authorization, have signed this form
- the company may charge a fee or terminate this policy for any withdrawal that is not honoured
- the company may not assign this authorization to another company or person, in order to permit them to debit the payors' account for these payments (eg. where there has been a change in control of the company) without providing at least ten days prior written notice
- they may cancel this authorization at any time, subject to providing the company ten days written notice. They should contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at www.cdnpay.ca
- they have certain recourse rights if any debit does not comply with this agreement. For example, they have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. To obtain more information on their recourse rights, they should contact their financial institution or visit www.cdnpay.ca, and
- to waive the requirement that the company notify them of:
 - this authorization before the first payment is processed,
 - any subsequent payments, and
 - any changes to the amount or date of the payment initiated by them or the company.

3	Authorization (continued)
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Signature of bank accountholder X	Signature of bank accountholder X
Signature of policy owner X	Date (yyyy-mm-dd) — —

4	Advisor (if an advisor assisted you with the web application)
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Advisor no.	Advisor telephone number — —	Advisor fax number — —
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Please send completed form to the address below.

You may contact us at:

Sun Life Assurance Company of Canada
Personal Health Insurance
227 King Street South
P.O. Box 1601 Stn Waterloo
Waterloo ON N2J 4C5
Phone: 1 877 SUN-LIFE (1 877 786-5433)
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www.sunlife.ca