

Business Pre-Authorized Debit (PAD) Agreement Terms and Conditions - For Policyholder

Please return this completed, signed form with a blank cheque marked 'VOID' to your GroupBenefitz Advisor. If there is an additional or different bank account, a separate form is required. References in this form to "this PAD agreement" include later amendments to it. References in this PAD agreement to "we" and "our" refers to the Policyholder and Payor.

1: POLICYHOLDER INFORMATION

<u>Policyholder Name</u> (Full Legal Name):
<u>Monthly withdrawal day:</u> the first (1st) day of each Month The effective date of the first withdrawal will occur on the month withdrawal day following the policy effective date or the date in which the new group plan was processed.

2: TERMS AND CONDITIONS OF PAD AGREEMENT

Authorization	<p>We authorize The GroupBenefitz Platform Inc. (GroupBenefitz) and the financial institution named within (or any other financial institution we may authorize at any time) to withdraw from our account any payments that we have agreed to make under the listed above group policy(ies) and/or as otherwise specified to be made in this PAD agreement as though we had personally signed a cheque, in accordance with the rules of Payments Canada. We understand that changes to the Group Policy(ies) including as applicable, to premium amounts or to the method or required amount of payment (including changes requested to the PAD agreement) or termination and recommencement of automatic payments under this PAD agreement may increase or decrease the amount withdrawn or to be withdrawn from our account. Accordingly, we authorize such increases or decreases, waiving any pre-notification requirement with respect to them. The premium due will be the amount stated plus applicable taxes in the monthly premium statement issued to you by us.</p> <p>We consent to the disclosure of any personal information contained within this PAD agreement to GroupBenefitz's bank, but only as far as any such disclosure is directly related to and necessary for the proper application and processing of the PAD.</p> <p>We agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.</p>
Signatures	We certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.
Account changes	We will notify GroupBenefitz if our financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the change effective date. GroupBenefitz may, but is not obligated to, rely on verbal instructions from us to amend this authorization.
Confirming withdrawals	<p>We agree to regularly review our account information and if we question or disagree with the amount withdrawn or any account changes, we will notify GroupBenefitz in writing within 10 days of the withdrawal or account changes; otherwise, we agree that the withdrawal or account changes will be considered to have been properly made.</p> <p>For questions related to these withdrawals we may contact GroupBenefitz.</p>
Non-sufficient funds (NSF) information	If there is not enough money in our account to cover the total amount due ("due" as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement), we authorize GroupBenefitz to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). If the second attempt is also returned NSF (of if GroupBenefitz decides, in its sole discretion, not to make the second attempt), we understand that pre-authorized payments will be suspended, and possibly cancelled by GroupBenefitz. We understand that we are responsible for any NSF charge(s).
Assignment	We hereby waive any requirement of prior written notice to us by GroupBenefitz of the assignment by GroupBenefitz of this PAD agreement.

TERMS AND CONDITIONS OF PAD AGREEMENT (Cont'd)

Cancellation	<p>We understand that if any withdrawal is not honoured within the grace period allowed for premium payments, this PAD agreement and the insurance coverage detailed in the premium statement will end without further notice.</p> <p>This PAD agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or if written notice is provided 30 days before the next scheduled PAD.</p> <p>To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement, contact your financial institution or visit www.payments.ca. To obtain more information on your PAD agreement, contact your GroupBenefitz group advisor representative.</p> <p>We agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by GroupBenefitz, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. GroupBenefitz, in its sole discretion, may require a new written PAD agreement if this PAD agreement is cancelled for any reason.</p>
Recourse / Reimbursement	<p>You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.</p>
Contact Information	<p>For more information about this PAD Agreement, contact The GroupBenefitz Platform Inc. at finance@groupbenefitz.ca or call: 343-655-2640.</p>

3: PRE-AUTHORIZED DEBIT (PAD)

Please attach a blank cheque marked "VOID" if pre-authorized debit is selected.

4: PAYOR INFORMATION

<u>Full Legal Name</u> (Policyholder):		
<u>Address</u> (street number and name):		<u>Apartment or suite</u> :
<u>City</u> :	<u>Province</u> :	<u>Postal Code</u> :
<u>Phone number</u> :	<u>Email Address</u> :	

5: BANK ACCOUNT INFORMATION

<u>Financial Institution</u> :		
<u>Address</u> :		
<u>City</u> :	<u>Province</u> :	<u>Postal Code</u> :
<u>Transit #</u> :	<u>Bank code or institution #</u> :	<u>Account #</u> :

I/We confirm that all persons whose signatures are required to authorize bank withdrawals have signed below.

<u>Name on cheque:</u>	
<u>Authorized Signatory 1:</u>	<u>Title:</u>
<u>Signature(s):</u> X	<u>Date</u> (dd-mm-yyyy)
<u>Authorized Signatory 2 (if applicable):</u>	<u>Title:</u>
<u>Signature(s) (if applicable):</u> X	<u>Date</u> (dd-mm-yyyy)