

Pre-authorized chequing (PAC) authorization



This form applies to life insurance, long-term care, critical illness and accumulation annuities.

Payor information (the person or entity that contributes or pays the premiums)

Indicate all policy numbers applicable to the request (xxxx,xxx-x)		
Payor first name/Entity name	Payor middle initial	Payor last name

Complete this section if the payor is different than the policy owner on all products (excluding term, critical illness and long-term care insurance) and savings products.

Date of birth (dd-mm-yyyy)	Detailed occupation/pre-retired occupation/principal business			
Relationship to owner	If corporation: Registration number	If corporation: Country/province of incorporation		
Address (street number and name) Note: PO Box and general delivery addresses are not acceptable				Apartment or suite
City	Province/State	Country	Postal/Zip code	Phone number

Request type

Select option(s)	Use when:
<input type="checkbox"/> New PAC setup	To establish a monthly payment.
<input type="checkbox"/> Payor change	To change the person or entity that contributes or pays the premium. Note: If you only require a Payor change, the Request details and Outstanding amounts sections below do not need to be completed.
<input type="checkbox"/> One time withdrawal	One time withdrawal for a loan repayment or annual payment and/or contribution.

Request details

Note: withdrawals scheduled for a holiday or weekend will be made on the next business day or at the discretion of the bank.

One time withdrawal amount \$	Withdrawal date (dd-mm-yyyy)
Total monthly withdrawal amount \$	Withdrawal start date of (dd-mm-yyyy)

Indicate how the withdrawal amount is to be applied to the policies (the amounts below must equal the total withdrawal amount)

Policy number (xxxx.xxx-x)	Premiums/cost of insurance \$	Policy loan \$	Daily interest account (applies to savings annuity products only) \$	Other (please describe)
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ACPE



Outstanding amount (for insurance only)

If there are any outstanding premiums or fees on any policy, we'll automatically withdraw the outstanding amount 10 business days after this request is processed. Unless you indicate another withdrawal date or payment method, we'll bring the account up to date.

<input type="checkbox"/> Withdrawal to pay outstanding amounts	Date (dd-mm-yyyy)	A withdrawal from the new PAC information will be completed on the date specified.
<input type="checkbox"/> Other	Specify (Attached cheque, Automatic premium loan, etc.)	Outstanding amounts will be paid by the method indicated.

Banking information

Attach a void cheque or banking form. If you don't have a cheque, most financial institutions offer a form to provide this information.

Attach Void cheque here

Authorization

To use PAC you must agree to all the terms of the authorization. All pre-authorized chequing (PAC) payors agree:

- Sun Life Assurance Company of Canada may make deductions, at any time, for regular recurring payments and/or one-time payments from time to time, from the bank account indicated or any account I/we may designate in the future.
- All PAC withdrawals be processed as personal under the Payments Canada rules. This means I/we 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 the Payments Canada rules.
- Any notices, to be sent to me/us 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 if I/we have not provided the company with my/our address.
- The company may terminate this agreement if any withdrawal is not honoured.
- All persons, whose signatures are required to sign on this account, have signed this agreement.
- The company may not assign this authorization, either directly or indirectly, by operation of law, change of control or otherwise, without providing me/us at least 10 days prior written notice.
 - **this authorization before the first payment is processed, any subsequent payments, and any changes to the amount or date of the payment initiated by me/us or the company.**
- **To waive the requirement that the company notify me/us of:**

The payor may cancel this authorization at any time, subject to providing the company 10 days notice. Contact your financial institution about your rights regarding cancellation. A sample cancellation form is available at www.payments.ca. You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.payments.ca.

Please note that we will charge a \$25 fee if there is not enough money in your account to pay the insurance PAC withdrawal.

Banking information (continued)

Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at www.sunlife.ca/privacy or call us for a copy.

Signature of Payor/Entity X	Date (dd-mm-yyyy)
If company, include name and title of signing officer	

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