



THE EMPIRE LIFE INSURANCE COMPANY

PRE-AUTHORIZED PAYMENT PLAN

How does the plan work ?

You continue to receive your monthly statement as usual, detailing all the changes.

The total amount due is deducted automatically from your bank account each month.

The automatic withdrawal is processed on the 10th day of each month (or the next business day) for the premium due for the billing period for that month.

When does the plan start?

You will be notified on the billing statement when your account has been switched to the Pre-Authorized Payment Plan. Please continue to pay your monthly statement in the usual manner until you receive this notification. If you should make any changes in your banking arrangements or need to notify us of any changes in your banking procedures, please call 1-800-267-0215.

Terms & Conditions

This Pre-Authorized Payment Plan is for the convenience of our client. There are no charges to enroll in the plan.

The client certifies that the information provided in the authorization is correct and that the client will notify Empire Life in the event of any changes.

The client certifies that his/her bank account is in good standing with sufficient funds to cover pre-authorized payments as they come due.

All pre-authorized payments will be drawn on Canadian financial institutions only and will be withdrawn in Canadian Funds.

Cancellation

This agreement can be terminated, upon written notification, at any time, by either the client or Empire Life. Upon termination, any amount due shall be paid directly to Empire Life.

Cancellation of pre-authorization payment does not constitute cancellation of service by Empire Life and the client shall be liable for any past, present or future amounts owing.

See Reverse for Agreement

Employee Benefits Division
The Empire Life Insurance Company
259 King Street East, Kingston, ON K7L 3A8
Tel: (613) 548-1890 Fax: 1-888-841-9145



THE EMPIRE LIFE INSURANCE COMPANY

AUTHORIZATION AGREEMENT

I/we hereby authorize Empire Life to withdraw the amount due on my/our billing statement from my/our financial institution on the 10th day of each month (or the next business day).

Group Name _____ Policy # _____

Telephone Number _____ Fax Number _____

Bank Account Number _____ Transit Number _____

Name of Bank _____

Bank Address _____

City/Town _____ Postal Code _____

Signature _____ Date _____

Signature _____ Date _____

Signature(s) of authorized signing official(s)

Please attach a void cheque.

See Reverse for Information, Terms and Conditions

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