



PRE-AUTHORIZED CONTRIBUTION AGREEMENT ("PAC AGREEMENT")

Return to Canada Life, Group Retirement Services

Complete this form to make easy one-time or recurring contributions directly from your bank account to contribute to your plan with Canada Life.

EMPLOYER/PLAN SPONSOR

Name of employer/plan sponsor

Policy/plan number

CONTRIBUTOR INFORMATION – For RSPs, if you contribute to both an RSP for yourself and one in the name of your spouse, contributions will be split between the two according to spousal split instructions currently on file. To update spousal split instructions call us at 1-800-724-3402 or visit grsaccess.com to complete and submit an *RSP Contribution Details* form.

Last name

Initial

First name

Certificate number

REQUEST DETAILS

Type of request

Start pre-authorized contributions Change pre-authorized contributions Stop pre-authorized contributions

Plan type

Contribute the pre-authorized contribution to the following plan. If requesting a pre-authorized contribution for multiple plans, complete one form per plan.

Registered Retirement Savings Plan (RRSP)

Tax-free Savings Account (TFSA)

Non-Registered Savings Plan (NRSP)

Registered Education Savings Plan (RESP)

Voluntary Retirement Savings Plan (VRSP)

Select one of the options below

Periodic payments to my Policy/plan as outlined below.

I authorize The Canada Life Assurance Company (Canada Life) and my financial institution, as indicated below, to withdraw from my bank account as scheduled below, as though I had personally signed a cheque, and to allocate such amount to the Policy/plan indicated above.

First payment date: _____ (yyyy) _____ (mm) _____ (dd)*

* This may be between the 1st and 28th of the month and no more than 6 months in the future.

Payment frequency: Bi-weekly Monthly

Payment amount: \$ _____ (minimum \$10)

Withdrawals, as outlined above, will begin on the withdrawal date indicated provided the request is received in a timely manner.

One-time lump sum payment to my Policy/plan as outlined below.

I authorize The Canada Life Assurance Company (Canada Life) and my financial institution, as indicated below, to withdraw \$ _____ (minimum \$10) from my bank account on receipt of this form, as though I had personally signed a cheque, and to allocate such amount to the Policy/plan indicated above.

I HEREBY WAIVE MY RIGHT TO RECEIVE PRE-NOTIFICATION OF THE AMOUNT TO BE WITHDRAWN FROM MY ACCOUNT PURSUANT TO THIS PAC (FUND TRANSFER) AGREEMENT, INCLUDING AFTER I REQUEST A CHANGE TO THE AMOUNT TO BE WITHDRAWN.

Contact information 1-800-724-3402 or grsaccess.com
Canada Life and design are trademarks of The Canada Life Assurance Company

Pre-Authorized Contribution Agreement (continued)

PROVIDE BANKING DETAILS

Name of Bank Accountholder(s) _____

Name of Bank _____

Branch Address _____

Transit Number _____ Bank Code _____ Account Number _____

Note: If you've set up automatic deposits from your income plan, they'll be deposited into the bank account noted on this agreement. It may take a few days for the change to take effect.

ADDITIONAL TERMS AND CONDITIONS

NOTE: all references in this form to "this PAC Agreement" include later amendments to it.

1. I agree that any reproduction of this PAC Agreement will be as valid as the original.
2. I certify that I have the authority, granted to me by all stakeholders of the bank account indicated above, to authorize a withdrawal from that bank account. And if required I have been directed to sign on their behalf as agent.
3. I will update my bank account information on grsaccess.com or notify Canada Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required at least five (5) days prior to the next scheduled withdrawal in order to be effective for that withdrawal.
4. I understand that if the ownership of the Policy/plan is transferred, this PAC Agreement will no longer apply unless I notify Canada Life otherwise.
5. I understand that Canada Life may be required to transfer the instructions to a new policy/plan for record keeping purposes, as requested by my employer, if the policy of this employer/plan is terminated or if I cease to be eligible to participate under the policy/plan. Canada Life may be required to update the PAC agreement if my bank notifies Canada Life of updated transit/account information. I may contact Canada Life if I'd like to update my PAC Agreement.
6. I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes I will update my bank account information on grsaccess.com or notify Canada Life in writing at the address set out below within ninety (90) days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made.
7. If there is not enough money in my account to cover the specified amount listed above (not sufficient funds also referred to as "NSF"), I understand Canada Life will not make another attempt to make the withdrawal. Unless this PAC agreement is suspended or terminated, Canada Life will proceed with the next scheduled withdrawal as directed above. I understand that this PAC Agreement may be suspended and possibly cancelled by Canada Life. I understand that I am responsible for any NSF charge(s). I agree that if this PAC Agreement is suspended by Canada Life, Canada Life may, in its sole discretion require a new written PAC Agreement.
8. I HEREBY WAIVE ANY REQUIREMENT OF WRITTEN NOTICE TO ME OF THE ASSIGNMENT OF THIS PAC AGREEMENT.
9. (a) I may suspend or cancel this PAC Agreement by making the selection to suspend on grsaccess.com. I may also call 1-800-724-3402 to request the suspension or cancellation of this PAC Agreement. For such suspension/cancellation to be effective the update must be made at least five (5) business days prior to the next scheduled withdrawal.
 (b) This PAC Agreement may also be cancelled if any withdrawal is not permitted or is reversed by the financial institution or upon thirty (30) days written notice to me.
 (c) I may obtain more information on my right to cancel this PAC Agreement by contacting my financial institution or by visiting payments.ca.
10. (a) I have certain recourse rights if any debit does not comply with this PAC Agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit payments.ca.
 (b) The following term only applies to this paper PAC agreement: for RSPs, if you contribute to both an RSP for yourself and one in the name of your spouse, contributions will be split between the two according to spousal split instructions currently on file. To update your spousal split instructions call us 1-800-724-3402 or visit grsaccess.com to complete an RSP Contribution Details and submit through our 'Upload Document' under the 'Tools and Resources' page.

AUTHORIZATION

I agree with the terms and conditions shown above.

Date _____ Member's signature _____

Contact information 1-800-724-3402 or grsaccess.com
Canada Life and design are trademarks of The Canada Life Assurance Company