

Pre-Authorized Cheque (PAC) Plan Authorization and Agreement

Payor Details:

Payor Name(s) _____ Policy/Certificate Number(s) _____

Address _____

City/Town _____ Province _____ Postal Code _____

Phone Number (Bus) _____ (Res) _____

Please indicate each insurer this authorization is for: Foresters Life
 Foresters™

Monthly Withdrawals under this PAC Agreement are:	<input type="checkbox"/> Personal related	<input type="checkbox"/> Business related		
Withdrawal date requested (Check one):	<input type="checkbox"/> 1st	<input type="checkbox"/> 8th	<input type="checkbox"/> 15th	<input type="checkbox"/> 22nd
PAC bank account information to be taken from:	<input type="checkbox"/> Attached VOID cheque			
or	<input type="checkbox"/> Use banking information below (complete <u>only</u> if cheque NOT available):			
Transit # (5 digits) _____	Bank # (3 digits) _____	Account # _____		
Type of account:	<input type="checkbox"/> Chequing	<input type="checkbox"/> Savings		
Name of financial institution _____				
Street address _____				
City _____	Province _____	Postal Code _____		

PAC Plan Agreement

The payor, by signing below, verifies that the payor is an account holder of the account identified on the attached VOID cheque or in the banking information section above and agrees that:

- 1) Foresters Life Insurance Company ("Foresters Life")/Foresters™ is authorized to debit deductions monthly under this PAC Plan Agreement from that account or another account later identified or substituted by the payor for premium and insurance charges for each policy/certificate identified above;
- 2) The financial institution from which payments are to be drawn is authorized to treat each debit by Foresters Life/Foresters™ as though the payor made it personally;

- 3) Foresters Life/Foresters reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for each policy/certificate issued by it;
- 4) This PAC Plan Agreement is effective immediately and will continue until terminated, which either the payor or Foresters Life/Foresters may do at any time, providing notice of at least 30 days to the other. Payor may obtain a sample cancellation form or further information on the right to cancel a PAC Plan Agreement at his/her financial institution or by visiting www.cdnpay.ca;
- 5) Should funds not be available due to insufficient funds, Foresters Life/Foresters may at its option draw from my account on the next scheduled withdrawal date for the insufficient amount applicable to each policy/certificate while that policy/certificate is in effect;
- 6) I understand I have certain recourse rights if any debit does not comply with this PAC Plan Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAC Plan Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
- 7) The payor may contact Foresters Life and Foresters at their respective addresses and phone numbers shown below.
- 8) The payor's personal, including account, information provided in or pursuant to this PAC Plan Agreement will be, subject to applicable law, collected, used, available and/or disclosed to, Foresters Life/Foresters, their respective reinsurers, agents, brokers and financial institutions, and the employees, contractors, consultants and service providers of each and to any other entity or person you authorize, in writing, for purposes of processing the debits, servicing the PAC Plan Agreement and/or applying premium to the insurance contract(s) to which this PAC Plan Agreement pertains and that each, as well as the owner(s) of each insurance contract, may be informed of debit transactions processed or returned as insufficient funds and/or of inquiries by the payor in relation to, or termination of, this PAC Plan Agreement as well as for audit, regulatory or legal purposes and otherwise as required or permitted by applicable law. You can review such personal information about you, upon written request, except information prepared for, or as a result of, an anticipated or actual claim or civil, criminal or regulatory investigation or proceeding. Send your written request to our Chief Privacy Officer at Foresters, 789 Don Mills Road, Toronto, ON M3C 1T9.

The Payor waives the right to receive pre-notification of the amount and date of the first debit and of a change in a debit amount required as premium, or charges for the insurance contract(s) in effect, or a change in amount requested by the Payor by whatever means.

The bank account holder must sign this PAC Plan Agreement as his/her name appears on bank records for the account provided.

X

Signature of Account Holder

Date (mm/dd/yy)

X

Signature of Account Holder (if required for debits)

Date (mm/dd/yy)

Contact Information:
 Foresters Life Insurance Company
 1660 Tech Avenue, Suite 3
 Mississauga, ON L4W 5S8
 Tel: 1-800-267-8777
 Email: clientservice@foresters.com

Contact Information:
 Foresters
 789 Don Mills RD
 Toronto, ON M3C 1T9
 Tel: 1-800-828-1540
 Email: service@foresters.com