

# Business Pre-Authorized Debit (PAD) Payor's Authorization

**Mail to:** Manulife Financial  
CPO Client Services, KC-6  
PO BOX 396 STN WATERLOO  
WATERLOO ON N2J 4A9

**or Courier to:** Manulife Financial  
CPO Client Services, KC-6  
25 WATER ST S  
KITCHENER ON N2G 4Y5

## 1 Plan sponsor/Employer information

Plan sponsor/Employer (the "Payor")			
Payor's address (number, street)	City or town	Province	Postal Code
Group policy number	Plan number	Plan group/Division	
Email address	Phone number (        )		

## 2 Payor's banking information

Attach **"VOID"** cheque and mail to Manulife Financial along with the **original** of this form.

<input type="radio"/> New PAD agreement <input type="radio"/> Change existing PAD agreement		Effective date (dd/mmm/yyyy)
Name of Financial Institution (Processing Institution)		
Address		
Transit number	Bank number	Account number

## 3 Acknowledgment

The Payor acknowledges that this Authorization is provided to The Manufacturers Life Insurance Company ("Manulife"), and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against the Payor's account set out above (the "Account") in accordance with the rules of the Canadian Payments Association.

- The Payor acknowledges that provision and delivery of this Authorization to Manulife constitutes delivery by the Payor to the Processing Institution.
- The Payor agrees to inform Manulife in writing of any change in the Account Information 5 days prior to the contribution being submitted.
- The Payor warrants and guarantees that all persons whose signatures are required to sign on this Account have signed this Authorization and that all persons signing this Authorization are authorized signing officers empowered to enter into this agreement.
- The Payor hereby authorizes Manulife to issue Pre-Authorized Debits drawn on this Account with the Processing Institution, for the following purpose:
  - Payment of Group Savings Plan contributions, as submitted by the Plan Sponsor for the Group Policy number noted in Section 1.
  - The Payor authorizes the Processing Institution to deal with these withdrawals as if they were signed by the Payor.
- The Payor and Manulife agree that the amount of the PAD may vary from month to month according to the contribution information submitted by the Payor.
- The Payor acknowledges that the Processing Institution is not required to verify that a PAD has been issued in accordance with this Authorization including, but not limited to, the amount; nor is the Processing Institution required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Manulife.
- This Authorization may be revoked by the Payor upon 10 days' written notice. Revocation does not terminate the Group Policy. This Authorization applies only to the method of payment and does not otherwise have any bearing on the Group Policy.
- This PAD may be disputed by the Payor if:
  - the debit was not drawn in accordance with this Authorization; or
  - this Authorization was revoked prior to the debit.
 The Payor must provide a declaration to the Processing Institution that either i) or ii) has taken place within a delay of 10 business days from the date on which the debit in dispute was posted to the Payor's Account. The Payor acknowledges that a claim on the basis that this Authorization has been revoked, or any other reason, is a matter to be resolved solely between the Payor and Manulife when disputing any PAD after such 10-day delay.
- The Payor consents to the disclosure of any information contained in this Authorization to Manulife's bank, but only as far as any such disclosure is directly related to and necessary for the proper application and processing of the Pre-Authorized Debit.
- The Payor acknowledges receipt of a copy of this Authorization, and understanding, acceptance and participation of this Pre-Authorized Debit.

## 4 Signature

Signed at _____ this _____ day of _____, _____ Year		
Per (payor signature, cheque signing authorization)	Name	Title
Per (second payor signature, if required)	Name	Title