

ENROLL IN PLANDIRECT GUARANTEED ISSUE LIFE INSURANCE PLAN

APPLICANT INFORMATION (please print)

Last Name	First Name	Initial	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male	<input type="checkbox"/> Smoker
				<input type="checkbox"/> Female	<input type="checkbox"/> Non-Smoker
Street			Apt. #	City	Province
					Postal Code
Telephone Number (Home)		Telephone Number (Work)		Email	

PLEASE SELECT YOUR BENEFIT AMOUNT (refer to rates in brochure to determine your premium)

I hereby apply for the Benefit Amount noted below and enclose my sample void cheque for subsequent premium payments and separate payment cheque to cover the first two months premium.

PlanDirect Guaranteed Issue Life Insurance is available in units of \$2,500 up to a maximum of 10 units or \$25,000 in coverage.

Number of Units (Maximum of 10 units): \$ _____

Benefit Amount (Number of units x \$2,500): \$ _____

Monthly Premium (Number of units x monthly rate/unit): \$ _____

Plus Provincial Sales Tax (8% for Ontario or 9% in Quebec): \$ _____

Total: \$ _____

Amount of attached Cheque for two months premium: (Payable to PDAdmin Group) \$ _____

BENEFICIARY DESIGNATION

I hereby designate the following beneficiary (ies) for my loss of life benefit:

Beneficiary's Full Legal Name	% of Proceeds	Relationship to Applicant

Signature of Applicant: _____ Beneficiary Designation: Revocable Irrevocable

The beneficiary designation stated on this application will apply in the event of your death, to benefits payable under this group policy unless specific instructions to the contrary have been received by PlanDirect Insurance Services Inc. You may change your beneficiary at any time without the beneficiary's consent, unless you specifically designate your beneficiary as irrevocable. (Quebec residents, please see * below)

***Quebec Residents: If you designate your spouse as a beneficiary, this designation is irrevocable unless you specifically designate them as revocable.**

If you are naming a beneficiary who is under the age of 18, you should name a trustee to receive the monies in trust for the beneficiary.

Name of Trustee for any minor beneficiary:	Relationship to Applicant

DECLARATION AND AUTHORIZATION

I confirm that:

- i. I understand that my coverage under this plan is conditional upon acceptance of my application by the Policyholder and will become effective on the 1st of the month following the date my application is approved and PlanDirect Insurance Services Inc. has received my first two month's premium.
- ii. I have read the Notice on Privacy and Confidentiality (below) and consent to the collection, use and disclosure of my personal information required for enrolment and ongoing administration of the plan including the investigation and processing of claims.
- iii. If I have applied for Non-Smoker Rates, I confirm that I have not smoked cigarettes, cigars, cigarillos, pipe, marijuana, or used snuff, chewing tobacco or nicotine products (patch, gum etc) within the last 24 months.
- iv. I authorize PlanDirect Insurance Services Inc. (PDAdmin Group) to withdraw from my account, as shown on the attached void cheque, on around the 15th day of each month, the monthly premiums due the first of the following month. I understand this amount may change at a future date as specified in the Master Group Policy. PlanDirect will, to the best of its ability, advise me in writing of the revised amount in advance of its effective date. The pre-authorized payment plan may be discontinued by me or PlanDirect upon 30 days written notice to the address noted below. If I have chosen the pre-authorized debit (PAD) method of payment, I declare that I have received, read, understand and agree with the applicable terms and conditions as set out in the Pre-Authorized Debit (PAD) Agreement attached to this application.

**Signature of
Applicant/Account
Holder(s):**

Date: _____

NOTICE OF PRIVACY AND CONFIDENTIALITY

At PlanDirect Insurance Services Inc. (PDAdmin group), we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that is kept in the office of PlanDirect or the offices of an organization authorized by PlanDirect Insurance Services Inc. We limit access to personal information in your file to PlanDirect staff or persons authorized by PlanDirect who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We collect, use and disclose the personal information to process this application and, if this application is approved, to provide and service the financial product(s) applied for, investigate and process claims, and create and maintain records concerning our relationship.

You may review and correct the information in your file. A request to review or correct your file should be made in writing and may be sent to PlanDirect Insurance Services Inc.

ADVISOR INFORMATION

Policy No.	Name of Policyholder	Advisor Information
100008153	PlanDirect Insurance Services Inc	
Advisor Name	Company Name	Advisor ID
Mailing Address		ICS
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Fax Number	Email Address

RETURN COMPLETED FORM TO

**PDAdmin Group
211 Consumers Road, Suite 200, Willowdale, ON M2J 4G8**

Underwritten By: Industrial alliance Pacific Insurance and Financial Services Inc., Special Markets Group, 2165 Broadway W, P.O. Box 5900,
Vancouver, BC V6B 5H6

Important notes: To make this PAD Agreement effective for the current month, the completed application must be received by PAdmin Group at least 14 days prior to the withdrawal day. If the account holder is other than the owner, a copy of the Terms and Conditions of the PAD Agreement should be provided to the account holder.

Authorization

Note: References to “this PAD agreement” include later amendments to it.

I, the account holder, authorize PlanDirect Insurance Services Inc. (operating as PAdmin Group) and the financial institution named on the attached void cheque (or any other financial institution I may authorize at any time) to withdraw monthly from my account any payments that I have agreed to make under this agreement as though I had personally signed a cheque.

I understand that changes to the policy, including as applicable, to premium amounts or to the method or required amount of payment or termination and recommencement of automatic premium payments under this PAD Agreement may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.

I consent to PAdmin Group’s collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD Agreement. If I am not also the owner of a policy covered by this PAD Agreement, I authorize PAdmin Group to share with the owner(s) of such policy any information relating to this PAD Agreement, including the payments and their source.

I agree that a photocopy or electronic copy of this PAD Agreement will be as valid as the original.

Signatures

I certify that all persons whose signatures are required to authorize this PAD Agreement have signed the Declaration and Authorization section, including any required joint account holder.

Account changes

I will notify PAdmin Group if my financial institution, branch or account number changes. To continue withdrawals without interruption, written notice of any change is required 14 days before the next withdrawal date. PAdmin Group may, but is not obligated to, rely on verbal instructions from me to amend this authorization.

Confirming withdrawals

I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify PAdmin Group in writing within 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.

Non sufficient funds (NSF) information

If there is not enough money in my account to cover the total amount due, I authorize PAdmin Group to immediately make a second attempt to withdraw the amount due. If the second attempt is also returned NSF (or if PAdmin Group decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by PAdmin Group. I understand that I am responsible for any NSF charge(s).

Assignment

I understand that if the PAdmin group assigns this PAD Agreement, the PAdmin Group will provide written notice to me of the assignment, prior to any amount being deducted in the assignee’s name.

Cancellation

I understand that this PAD Agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to PAdmin Group or by PAdmin Group to me. To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement, contact your financial institution or visit www.cdnpay.ca.

To obtain more information on your PAD Agreement, contact PAdmin Group at the address indicated on page 2 of this form.

I, agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by PAdmin Group, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. PAdmin Group, in its sole discretion, may require a new written PAD Agreement if this PAD Agreement is cancelled for any reason.

Recourse

I understand that I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I can contact my financial institution or visit www.cdnpay.ca.



The PAdmin Group • 211 Consumers Rd, Suite 200 • Willowdale, Ontario • M2J 4G8