



Individual Life:
 The Canada Life Assurance Co.
 PO Box 174392
 Denver, CO 80217-4392

REQUEST FOR ELECTRONIC FUNDS TRANSFER

I request the privilege of paying premiums or premiums and the policy loan to the Canada Life Assurance Company (referred hereto after as "the Company) under it's Pre-Authorized Payment Plan and I authorize the Company to draw a draft each month on my account for this purpose on the policies shown on the reverse side of this form.

Subject to the following conditions:

1. Such draft shall be drawn each month to cover premiums falling due in such month and increased on request to apply on policy loan on the noted policies.
2. While the Pre-Authorized Payment Plan is in effect, the Company will not mail notices of premiums falling due on such policies and the cancelled drafts will constitute receipts of payment for such amounts.
3. The Pre-Authorized Payment Plan will terminate:
 - a. If any such draft is not honored by the bank when presented for payment (there will be a notification on bank statement), or if the Company has refunded the amount of such draft to the bank upon request of the bank for a refund. The termination shall take effect upon the last day of grace unless the Pre-Authorized Payment Plan is reinstated by written notice given by the Company to the undersigned.
 - b. Upon 30 days written notice by the undersigned to the Company or by the Company to the undersigned.
4. The Pre-Authroized Payment Plan shall not modify or affect any of the provisions of the policies except that if under any policy the dividend option is to apply dividends in reduction of premium, it is hereby requested that future dividends be paid in accordance with the option checked:

CASH ACCUMULATE AT INTEREST PAID-UP ADDITIONS

 Depositor's Signature

 Date

 Depositor's Signature

 Date

Policy No. or Application Date	Name of Insured	Policy No. or Application Date	Name of Insured

AUTHORIZATION TO HONOR ELECTRONIC DRAFTS BY CANADA LIFE ASSURANCE COMPANY

 Name of Depositor

 To

 Address of Bank Branch

You are hereby authorized, as a convenience to me, to pay and charge to my account drafts drawn on my account by and payable to the order of Canada Life Assurance Company for the payment of premiums or policy loan, provided there are sufficient collected funds in such account to pay the same upon presentation. I agree that your rights in respect to each such draft shall be the same as if it were a draft drawn on you and you signed personally to me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such draft.

I further agree that if any such draft is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Account No: _____

Bank Signature of Bank Depositor _____

Date _____

Bank Signature of Bank Depositor _____

INDEMNIFICATION AGREEMENT

TO: BANK NAMED ON REVERSE SIDE HEREOF

In consideration of your compliance with the request and authorization of the depositor named on the reverse side hereof, Canada Life Assurance Company agrees that:

1. It will hold harmless and indemnify you from and against any loss which you may suffer as a consequence of your actions in connection with or resulting from the issuance and execution of any check, draft or order, whether or not genuine, purporting to be executed by Canada Life Assurance Company and received by you in the regular course of business for the purpose of payment.
2. It will, in the event that any such draft is dishonored by you, whether or without cause, and whether intentionally or inadvertently, hold harmless and indemnify you from and against any loss mentioned in paragraph 1, hereof, whether or not such dishonor result in any forfeiture of the policy contract.
3. It will, at your request, defend at its own cost any action or actions which might be brought by any depositor or by any other person or persons against you or anyone else, and which arise in any manner out of the participation by you in the Pre-Authorized Payment Plan of the Canada Life Assurance Company.
4. It will refund to you any amount erroneously paid by you to Canada Life Assurance Company on any draft mentioned in paragraph 1. hereof.

CANADA LIFE ASSURANCE COMPANY

PLEASE ATTACH VOIDED CHECK

NAME OF DEPOSITOR

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ACCOUNT NUMBER

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