



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

