



SPOUSAL DISABILITY PLAN (SDP) – GROUP POLICY #901107
CHANGE OF PAYMENT METHOD REQUEST

1. Member's Information

Service Number _____ Rank _____ Surname _____ First Name _____ Initial(s) _____

Mailing Address _____ Street _____ Apt _____ City _____

Province _____ Postal Code _____ Home Telephone _____ Office Telephone _____

Date of Release: Day _____ Month _____ Year _____

2. Identification of Insured

The insured person is the member spouse

3. Payment Options

Please check the desired payment option, provide the required information, sign and date where indicated.

Option 1: Monthly by completing the request for Pre-Authorized Debit (PAD). Please affix a cheque marked “VOID” to confirm banking information. If you do not have a chequing account, please ask your bank for a counter cheque.

Manulife Financial, as the insurer of the SISIP FS Policy, is hereby requested and authorized under this PAD Agreement to debit the bank account described on the specimen cheque attached for the purpose of paying premiums. This authorization and request shall also apply to any other account in any financial institution subsequently named by me by the provision of a specimen cheque on such new account.

I will advise of any changes in this information and this authorization will remain in effect until written notification of its change or cancellation has been received from me. I understand there is no fee for this service. The information provided on this form is protected from unauthorized disclosure under Canada's *Privacy Act, Personal Information Protection and Electronic Documents Act* or equivalent provincial legislation and is available upon request.

It is understood that and agreed that:

- While the PAD is in effect, the Company will not give notice of the premiums falling due.
- All provisions of SISIP FS Policy #901107 relating to the payment or non-payment of premiums shall apply to the PAD.
- SISIP FS may change their rates from time to time and this authorization to deduct the associated monthly premiums shall remain in force until revoked by me, or by SISIP FS, in writing. This notification must be received at least twenty (20) business days before the next debit. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca.
- I have certain recourse rights if any debit does not comply with this 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 may contact my financial institution or visit www.cdnpay.ca.
- If there are more than two failed transactions in any twelve month period, the Company may terminate the PAD and bill the undersigned for annual payments in advance.

Please complete the following:

(1) Type of account and/or account number if not shown on specimen cheque _____ (4) Signature(s) of Depositor(s) as shown in Bank records. _____

(2) Date of Month to be processed 1st the month 15th of the month _____ (5) Signature of Group Certificate holder if other than in (4) _____

(3) Depositor's name as shown on Bank records (please print) _____ Date: Day _____ Month _____ Year _____

Option 2: Monthly by completing the enclosed CFSA Pension Deduction Authorization form (ML03E/F).

Option 3: Annually by cheque or money order for the total annual premium (monthly premium x 12 plus PST if applicable) payable to Manulife Financial.

4. Signature Block

I hereby authorize a deduction, consistent with the payment method chosen, in payment of the SISIP FS premiums payable under Policy #901107 at such rate as may from time to time be authorized.

Signature _____ Date _____

Please return to the:

President SISIP Financial Services
 National Defence Headquarters
 4210 Labelle Street
 Ottawa ON KIA 0K2

or

SISIP Services Dept
 Manulife Financial
 PO Box 1030, 2727 Joseph Howe Dr
 Halifax NS B3J 2X5