

Electronic Fund Transfer (EFT) One Time Payment Withdrawal Authorization

The Canada Life Assurance Company

Advisor Name:		Advisor Code:	
Payer's Account Information			
Payer Name(s) As Shown on Cheque:			
Transit:	Bank Code:	Bank Account Number:	
Withdrawal Amount: \$			
Type of Account: Chequing Savings			
Address of Payer's Financial Institution:			

Authorization

I authorize The Canada Life Assurance Company, to make a single, one-time withdrawal from my account in the amount specified above and within 14 days of the date indicated below, as though I had personally signed a cheques.

I consent to the selected company's disclosure of personal information concerning me to such financial institutions as may be required for the purposes of making this withdrawal.

I will review the updated records of my account from my financial instituation, to verify that the one time withdrawal has been made as here authorized. If I question or disagree with the amount withdrawn from my account as shown by the records of my financial institution, I will notify the company selected above in writing within 90 days of the withdrawal; otherwise, I agree that the withdrawal will be considered to have been properly made.

Information Regarding NSF

Where any withdrawal request is not honored due to insufficient funds (NSF), I understand that I will be responsible for all NSF charges.

Signature of Payer (Account holder)	Date Signed (MMMDDYYYY)
Signature of Joint Account Holder(s)	Date Signed (MMMDDYYYY)

Protecting your personal information. At Canada Life, we're committed to protecting your personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows you to be identified. This includes your name and address, as well as more sensitive information such as your banking and compensation records. When applicable, this includes information about other people such as your emergency contact.

How we use your personal information. Your personal information is used to manage the relationship we have with you. This includes verifying your identity, managing your records, processing compensation and commissions, evaluating business metrics, providing training and professional development opportunities, collecting feedback on our programs, event management, monitoring usage of company systems, providing access to and support for Canada Life digital platforms, providing you with communications, measuring our diversity, equality, and inclusion goals, protecting you and us from risks such as cyber threats and fraud, and complying with legal obligations.

Who we share personal information with. We share your personal information with other people and organizations to help us manage the relationship we have with you. This includes your support team and human resources, and other organizations that provide us services such as technology suppliers, creative and promotional agencies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by contacting us through our <u>privacy centre</u> at canadalife.com/privacy. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to maintain your relationship with us, we may not be able to continue to manage and support our relationship with you.

Want to learn more? Please visit canadalife.com/privacy.

I understand that my personal information will be collected, used and shared as set out above.

Original – Distribution Compensation Copy – Representative

04/24