

IMPORTANT CONDITIONS

I/We authorize The Wawanesa Mutual Insurance Company to withdraw money from my/our account at the financial institution named on the void cheque (or any other account I/we give notice that I/we switch to) to pay my/our insurance premium and installment fee.

I/We understand the following:

- Notification of any changes to the banking information must be provided to Wawanesa 10 days prior to the next scheduled installment.
- I/We must ensure that funds are available each month to cover the amount of withdrawal as specified by The Wawanesa Mutual Insurance Company. NSF fees will be charged for insufficient funds.
- Withdrawals are spread equally over policy term months and include premium plus applicable installment fees.
- If there is a change in premiums due to a change in coverage or upon renewal, the amount of the monthly withdrawal will automatically be changed.

CONSENT & DISCLOSURES

If non-negotiable payment situations occur in any policy term, I/we risk cancellation of all my/our policies that are on Pre-Authorized Debit (PAD). NSF fees will be charged for insufficient funds and will be withdrawn from my/our account.

I/We agree to waive my/our right to receive pre-notification of the amount of the PAD and agree that I/we do not require advance notice of the amount of the PADs before the debit is processed.

I/We acknowledge and agree that amounts owing after cancellation of my/our policy may be withdrawn from my/our account.

I/We may revoke my/our authorization at any time, subject to providing notice within 10 days. To obtain a sample cancellation form, or for more information on my/our right to cancel this agreement, I/we may contact my/our financial institution or visit www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca. The undersigned agrees that an electronic reproduction of this document shall be binding upon the undersigned as if it were the original.

You can obtain further information about Wawanesa Insurance's Personal Information Protection Policy from Wawanesa Executive Office, Box 1530 Wpg, MB R3C 2Z4 or at www.wawanesa.com/privacy.asp.

Please contact your local Broker if you have any questions or changes.