

**PRE-AUTHORIZED CONTRIBUTION AGREEMENT**  
**(“PAC AGREEMENT”)**  
**TAX- FREE SAVINGS PLAN (TFSA)**  
(automatic monthly withdrawals from your bank account)

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The policy is issued by London Life Insurance Company, a subsidiary of Great-West.

**(please print)**

**EMPLOYER/PLAN SPONSOR INFORMATION**

Name of employer/plan sponsor <b>Alberta Teachers' Association</b>	Policy/plan number
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**MEMBER INFORMATION**

Last name	Initial	First name	Certificate/Social insurance number
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Telephone #      Home (      )      -      Business (      )      -

**PART A - Complete this part to START or CHANGE pre-authorized contributions**

Name of Bank Accountholder(s) \_\_\_\_\_

Name of Bank \_\_\_\_\_

Branch Address \_\_\_\_\_

Transit Number \_\_\_\_\_ Bank Code \_\_\_\_\_ Account Number \_\_\_\_\_

**IMPORTANT: Attach a pre-printed personalized cheque marked “VOID” to this form for new or changed banking information.**

I agree that the withdrawal date for my contributions will be the fifteenth (15<sup>th</sup>) day of each month or the next business day. Withdrawals will begin on the first withdrawal date following receipt of this PAC Agreement, as outlined below.

I authorize London Life Insurance Company (“London Life”) and my financial institution set out in Part A above to withdraw monthly \$\_\_\_\_\_ (minimum \$25.00) from my bank account, as though I had personally signed a cheque, and to allocate such amount to the Policy/plan indicated above.

**I HEREBY WAIVE MY RIGHT TO RECEIVE PRE-NOTIFICATION OF THE AMOUNT TO BE WITHDRAWN FROM MY ACCOUNT PURSUANT TO THIS PAC AGREEMENT, INCLUDING AFTER I REQUEST A CHANGE TO THE AMOUNT TO BE WITHDRAWN.**

**PART B – Complete this part to STOP pre-authorized contributions**

I would like to cancel this PAC Agreement. Please stop withdrawals. I understand that I will need to submit a new PAC Agreement to resume pre-authorized contributions.

**Pre-Authorized Contribution Agreement – Tax-free savings plan (continued)**

**PART C – Additional Terms and Conditions**

NOTE: all references in this form to “this PAC Agreement” include later amendments to it.

1. I agree that a photocopy or an electronic copy of this PAC Agreement will be as valid as the original.
2. I certify that all persons whose signatures are required to authorize a withdrawal from the bank account have signed in Part D, including any required joint bank accountholder.
3. I will notify London Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required at least five (5) days prior to the fifteenth (15<sup>th</sup>) of the month in order to be effective for the same month. London Life may, but is not obligated to, rely on verbal instructions from me for any such changes.
4. I understand that if the ownership of the Policy/plan is transferred, this PAC Agreement will no longer apply unless I notify London Life otherwise.
5. I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes I will notify London Life in writing at the address set out below within ninety (90) days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made.
6. If there is not enough money in my account to cover the monthly specified amount listed above(not sufficient funds also referred to as “NSF”), I authorize London Life to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). If the second attempt is denied due to NSF (or if London Life decides, in its sole discretion, not to make a second attempt), I understand that this PAC Agreement may be suspended and possibly cancelled by London Life. I understand that I am responsible for any NSF charge(s). I agree that if this PAC Agreement is suspended by London Life, London Life may, in its sole discretion require a new written PAC Agreement.
7. **I HEREBY WAIVE ANY REQUIREMENT OF WRITTEN NOTICE TO ME OF THE ASSIGNMENT OF THIS PAC AGREEMENT.**
8. (a) I may cancel this PAC Agreement by checking the box in Part B and mailing this completed form to the address below, or by calling the telephone number provided below. In order for such cancellation to be effective for the same month my instructions must be received at the address or telephone number set out below at least five (5) business days prior to the fifteenth (15<sup>th</sup>) of the month.  
(b) This PAC Agreement may also be cancelled if any withdrawal is not permitted or is reversed by the financial institution or upon thirty (30) days written notice to me.  
(c) I may obtain a sample cancellation form or more information on my right to cancel this PAC Agreement by contacting my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).
9. I have certain recourse rights if any debit does not comply with this PAC Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**PART D- Authorization- always complete this part**

This authorization replaces all previous instructions. The completed PAC Agreement including this authorization must be mailed to the address set out below and received at least five (5) business days prior to the fifteenth (15<sup>th</sup>) of the month in order to be effective for the same month.

All bank accountholders must sign below. I certify that all persons whose signatures are required to authorize the withdrawals have signed below, including any required joint bank accountholder. If the withdrawals are to be made from a bank account owned by a non-member, the member of the Policy/plan must also sign below.

Signature of Authorized Bank Accountholder \_\_\_\_\_

Signature of Joint Bank Accountholder (if required) \_\_\_\_\_

Member Signature (if not a Bank Accountholder) \_\_\_\_\_

Date \_\_\_\_\_

To speak to a bilingual client service representative please call *Access Line* at 1-800-724-3402.

**RETURN TO:**           **GREAT-WEST LIFE**  
                              **Group Retirement Services**  
                              **255 Dufferin Avenue, T540**  
                              **London, ON N6A 4K1**