

Personal Pre-Authorized Debit ("PAD") Agreement/Direct Deposit Authorization Bank Account Change Form

To change the bank account used for your pre-authorized debit/direct deposit arrangements complete this form and return it to The Great-West Life Assurance Company National Accounts Enrolment-D102 PO Box 6000 Winnipeg MB R3C 3A5. Please detach the *Plan Members Copy* and keep it for your records.

Plan Member: _____ Plan Sponsor: **PEBA RETIREES EXTENDED HEALTHCARE PLAN**
 Plan Member ID: _____ Plan: PS/GE SGEU (168851) CUPE 600 (168852)
 Out-of-Scope Management (168854)

Account Information

Name and address of Financial Institution: _____

 Transit Number: _____ Bank Code: _____ Account Number: _____

Important Note: Please provide this PAD agreement/direct deposit authorization and an unsigned blank cheque marked "VOID" to Great-West's Group Major Accounts Administration. The completed PAD agreement/direct deposit authorization must be received by Group Major Accounts Administration at least 14 days prior to the first withdrawal day.

Terms and Conditions of this Personal PAD agreement/direct deposit authorization

<ul style="list-style-type: none"> • Authorization 	<p>Note: References in this form to "this PAD agreement/direct deposit authorization" include later amendments to it.</p> <p>I, the account holder, authorize The Great-West Life Assurance Company (Great-West) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the plan(s) listed above (the "Plan(s)"), and/or as otherwise specified to be made in this PAD agreement/direct deposit authorization as though I had personally signed a cheque. I also authorize Great-West Life to deposit into my account any amounts payable to me under the Plan(s). I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement/direct deposit authorization) or termination and recommencement of automatic payments under this PAD agreement/direct deposit authorization may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.</p> <p>I consent to Great-West's collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement/direct deposit authorization. I agree that a photocopy or electronic copy of this PAD agreement/direct deposit authorization will be as valid as the original.</p>
<ul style="list-style-type: none"> • Signatures 	<p>I certify that all persons whose signatures are required to authorize this PAD agreement/direct deposit authorization have signed below, including any required joint account holder.</p>
<ul style="list-style-type: none"> • Account changes 	<p>I will notify Great-West if my financial institution, branch or account number changes. To continue withdrawals and deposits without interruption, notice of any change is required 14 days before the next withdrawal date. Great-West may, but is not obligated to, rely on verbal instructions from me to amend this authorization.</p>
<ul style="list-style-type: none"> • Confirming withdrawals 	<p>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 Great-West in writing within 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.</p> <p>Great-West's contact information for questions related to these withdrawals is: The Great-West Life Assurance Company, National Accounts Enrolment-D102 PO Box 6000 Winnipeg MB R3C 3A5, Telephone collect: 204.946.8094 or contact our Group Customer Contact Centre at the following toll free number: 1.800.957.9777.</p>
<ul style="list-style-type: none"> • Non-sufficient funds (NSF) information 	<p>If there is not enough money in my account to cover the total monthly amount due ("due" as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement/direct deposit authorization), I authorize Great-West 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 also returned NSF (or if Great-West decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by Great-West. I understand that I am responsible for any NSF charge(s).</p>
<ul style="list-style-type: none"> • Assignment 	<p>We agree that Great-West shall not assign this PAD agreement/direct deposit authorization without providing at least 10 days prior notice to us.</p>
<ul style="list-style-type: none"> • Cancellation 	<p>This PAD agreement/direct deposit authorization may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Great-West or by Great-West to me.</p> <p>To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement/direct deposit authorization, contact your financial institution or visit www.cdnpay.ca. To obtain more information on your PAD agreement/direct deposit authorization, contact Great-West at National Accounts Enrolment, Telephone collect: 204.946.8094 or contact our Group Customer Contact Centre at the following toll free number: 1.800.957.9777.</p> <p>I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Great-West, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Great-West, in its sole discretion, may require a new written PAD agreement/direct deposit authorization if this PAD agreement/direct deposit authorization is cancelled for any reason.</p>
<ul style="list-style-type: none"> • Recourse 	<p>You have certain recourse rights if any debit does not comply with this PAD agreement/direct deposit authorization. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement/direct deposit authorization. To obtain information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.</p>

Signed at: _____ on _____
 City Province Month Day Year

Name of **account holder**
X _____

Signature of account holder
X _____

Name of **other joint account holder(s)**
X _____

Signature of other joint account holder(s), if required for account
X _____

Plan Members Copy
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Bank Account Change Form**

Terms and Conditions of this Personal PAD agreement/direct deposit authorization

<ul style="list-style-type: none">• Authorization• Signatures• Account changes• Confirming withdrawals• Non-sufficient funds (NSF) information• Assignment• Cancellation• Recourse	<p>Note: References in this form to “this PAD agreement/direct deposit authorization” include later amendments to it.</p> <p>I, the account holder, authorize The Great-West Life Assurance Company (Great-West) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the plan(s) listed above (the “Plan(s)”), and/or as otherwise specified to be made in this PAD agreement/direct deposit authorization as though I had personally signed a cheque. I also authorize Great-West Life to deposit into my account any amounts payable to me under the Plan(s). I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement/direct deposit authorization) or termination and recommencement of automatic payments under this PAD agreement/direct deposit authorization may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.</p> <p>I consent to Great-West’s collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement/direct deposit authorization. I agree that a photocopy or electronic copy of this PAD agreement/direct deposit authorization will be as valid as the original.</p> <p>I certify that all persons whose signatures are required to authorize this PAD agreement/direct deposit authorization have signed below, including any required joint account holder.</p> <p>I will notify Great-West if my financial institution, branch or account number changes. To continue withdrawals and deposits without interruption, notice of any change is required 14 days before the next withdrawal date. Great-West may, but is not obligated to, rely on verbal instructions from me to amend this authorization.</p> <p>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 Great-West in writing within 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.</p> <p>Great-West’s contact information for questions related to these withdrawals is: The Great-West Life Assurance Company, National Accounts Enrolment-D102 PO Box 6000 Winnipeg MB R3C 3A5, Telephone collect: 204.946.8094 or contact our Group Customer Contact Centre at the following toll free number: 1.800.957.9777.</p> <p>If there is not enough money in my account to cover the total monthly amount due (“due” as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement/direct deposit authorization), I authorize Great-West 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 also returned NSF (or if Great-West decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by Great-West. I understand that I am responsible for any NSF charge(s).</p> <p>We agree that Great-West shall not assign this PAD agreement/direct deposit authorization without providing at least 10 days prior notice to us.</p> <p>This PAD agreement/direct deposit authorization may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Great-West or by Great-West to me.</p> <p>To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement/direct deposit authorization, contact your financial institution or visit www.cdnpay.ca. To obtain more information on your PAD agreement/direct deposit authorization, contact Great-West at National Accounts Enrolment, Telephone collect: 204.946.8094 or contact our Group Customer Contact Centre at the following toll free number: 1.800.957.9777.</p> <p>I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Great-West, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Great-West, in its sole discretion, may require a new written PAD agreement/direct deposit authorization if this PAD agreement/direct deposit authorization is cancelled for any reason.</p> <p>You have certain recourse rights if any debit does not comply with this PAD agreement/direct deposit authorization. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement/direct deposit authorization. To obtain information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.</p>
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PO Box 6000
Winnipeg MB R3C 3A5