

Policy Loan Repayment

Did you know...

- ... that your policy loan reduces the maximum value of your life insurance coverage?
- ... that a policy loan is money borrowed from the amount set aside for the future?
- ... that your policy loan costs you money, even though the interest rate is favorable?

If you do not already have a repayment plan or if you wish to modify your existing one, take advantage of the options offered to clear up your policy loan. It's as simple as returning this form, duly completed and signed.

Yes, I would like to repay my loan.

- I am enclosing my full or partial payment of \$_____.
- Please increase the amount specified on my premium notice by \$_____, to be applied against my loan.
- I am already using the preauthorized payment plan. Please increase the amount debited from my account by \$_____, to be applied against my loan (\$15 minimum).
- I wish to take advantage of the preauthorized payment plan. Please debit \$ _____ from my bank account (\$15 minimum), to be applied against my loan. *I have completed the following section on preauthorized chequing (PAC) and am returning the duly completed and signed form.*

Payment frequency and amount: Monthly \$ _____ Quarterly \$ _____ Semi-annual \$ _____ Annual \$ _____
Withdrawal date: Same as premium withdrawal date Other (1st to 28th day of the month): _____

Insured's Name: _____ Policy number: _____
 Payer's Name: _____ Telephone number: residence () _____ business () _____
 Address: _____

Signature: _____ Date: _____

Preauthorize Chequing (PAC)

If the method of payment chosen is PAC:

The Payer (account holder) authorizes Assumption Life to withdraw the specified amount from the account indicated on the sample cheque or the account indicated below.

The withdrawal amount indicated above may subsequently be increased or decreased.

Assumption Life or the Payer (account holder) may cancel the preauthorized cheque plan, subject to advance written notice of at least 10 days.

Assumption Life reserves the right to charge a fee if the financial institution refuses the withdrawal.

Please enclose with this form a personalized cheque marked "VOID".

Bank Information

Complete only if a "VOID" sample cheque is not available or if the cheque is not preprinted.

Name of Financial Institution _____

Address _____

Branch Number _____ Bank Number _____ Account Number _____

If two signatures are required on the account, both Account Owners must sign this authorization.

Name and signature of Account Owners

First Name: _____ Last Name: _____ Signature: _____ Date: _____

First Name: _____ Last Name: _____ Signature: _____ Date: _____