



easipayplan

A VARIETY OF PAYMENT OPTIONS
— ONE IS JUST RIGHT FOR YOUR
INSURANCE NEEDS

CHOOSE...

the payment option that's right for you:

- One annual payment, due at the beginning of the policy term.
- Three equal installments – the first installment plus a \$15 service charge is due on the effective date of the policy, the second is due in three months and the third is due in six months. (There is no service charge on the second and third installments; you will receive a notice when they are due.) Only 12 month policies are eligible.
- Monthly payment plan, with 3% service charge on gross premium, and payable in equal installments over the term of the policy. Only 12 month policies are eligible.

HOW THE MONTHLY payment plan works

With your authorization, equal monthly payments are automatically withdrawn from your bank account. Your first payment is 2/12ths of the total annual premium and is deducted immediately on processing your policy. The rest of the payments are automatically withdrawn in equal monthly installment. You will receive an account summary outlining the amounts and when they will be withdrawn from your bank account. The last withdrawal from your bank account is 60 days before renewal of your policy. The monthly payment plan then runs automatically with the first withdrawal 30 days before the renewal date (except commercial lines).

POLICY changes

When you make a change to your insurance policy, report it to your insurance broker. When the change is processed, you will receive a revised account summary outlining your payment schedule and new payment amounts.

CHANGE OF BANK OR financial institution

The Easipay monthly payment plan works with any Canadian bank, trust company or credit union chequing account. If you change your bank account, branch or switch to a different financial institution, we need 14 days notice. Simply contact your broker to make the necessary changes.

HOW to apply

An authorization form is attached:

- Fill in the details requested.
- Attach a sample cheque marked "VOID".
- If this is your first insurance policy with ING Insurance, return the authorization form and void cheque to your broker.
- If you are renewing your policy with ING Insurance, use the enclosed self-addressed envelope and mail the authorization form and your void cheque directly to ING Insurance Company of Canada.

PLEASE NOTE: a \$25 transaction fee is added to any "NSF" returns on any of the payment plans.

TERMS AND **conditions**

In this authorization, “I,” “me” and “my” refers to each Account holder who signs below.

I acknowledge that this authorization form is provided for the benefit of the payee – ING Insurance Company of Canada and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.

I warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

I hereby authorize ING Insurance Company of Canada to draw on my account with my financial institution, for the purpose of paying the premium of the insurance policy(ies) issued by ING Insurance Company of Canada or of any replacement policy, any applicable charges and any applicable sales tax.

I may cancel this authorization at any time. I acknowledge that, in order to revoke this authorization, I must provide notice of revocation to ING Insurance Company of Canada.

I acknowledge that provision and delivery of this authorization to ING Insurance Company of Canada constitutes delivery by me to my financial institution. Any delivery of this authorization to you constitutes delivery by me.

I acknowledge that this authorization concerns only pre-authorized debits in the following categories in accordance with Rule H4 of the Canadian Payments Association:

- Personal /household pre-authorized debits
- Business pre-authorized debits

For either personal/household pre-authorized debits or business pre-authorized debits, I shall receive, with respect to the debiting of fixed-amount payments, written notice from ING Insurance Company of Canada of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to the date of the first payment, and such notice shall be received each time there is a change in the amount or payment date(s); or, with respect to the debiting of variable-amount payments, written notice from ING Insurance Company of Canada of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to each payment due date.

The account that ING Insurance Company of Canada is authorized to draw upon is indicated below. A specimen cheque has been marked "void" and attached to this authorization. I undertake to inform ING Insurance Company of Canada, in writing, of any change in the account information provided in this authorization prior to the next payment due date.

I acknowledge that my financial institution is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I acknowledge that my financial institution is not required to verify that any purpose of payment for which the payment was issued has been fulfilled by ING Insurance Company of Canada as a condition to honouring the pre-authorized debit issued or caused to be issued by ING Insurance Company of Canada on my account.

Revocation of this authorization does not terminate the insurance contract that exists between me and ING Insurance Company of Canada. The Payor's Authorization applies only to the payment method and does not otherwise have any bearing on the insurance contract.

I may dispute a pre-authorized debit under the following conditions:

- (i) the payment was not drawn in accordance with the Payor's Authorization; or
- (ii) the authorization was revoked; or
- (iii) pre-notification was not received.

I acknowledge that, in order to be reimbursed, a declaration to the effect that (i), (ii), or (iii) took place, must be completed and presented to the branch of my financial institution either up to and including 90 calendar days in the case of a personal/household pre-authorized debit, or up to and including 10 business days in the case of a business pre-authorized debit, after the date on which the payment in dispute was posted to my account.

I acknowledge that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between ING Insurance Company of Canada and me when disputing any pre-authorized debit after 90 calendar days in the case of a personal/ household pre-authorized debit or after 10 business days in the case of a business pre-authorized debit.

I understand and accept the terms and conditions of this pre-authorized debit plan and wish to enroll in it. Furthermore, I agree that any personal information that might be contained in this Payor's Authorization may be disclosed to ING Insurance Company of Canada's financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of rule H4 of the Canadian Payments Association.

Please retain this copy of the Terms & Conditions for your records.

ING Insurance Company of Canada

YOUR INDEPENDENT INSURANCE BROKER:

EASIPAY APPLICATION AND Authorization Form

[please print]

LAST NAME

FIRST NAME

COMPANY NAME [IF THE INSURED IS A BUSINESS]

ADDRESS

POSTAL CODE

HOME TELEPHONE

BUSINESS TELEPHONE

NAME OF FINANCIAL INSTITUTION

BRANCH ADDRESS

BRANCH TRANSIT NUMBER

ACCOUNT NUMBER

INSURANCE BROKER

ING INSURANCE COMPANY OF CANADA POLICY NUMBER

EASIPAY AUTHORIZATION FORMS

I have provided personal information in this document and otherwise and I may in the future provide further personal information. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information for the purposes of facilitating the payment of premiums related to my insurance policy. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.
(SIGN BELOW)

ELECTRONIC FUNDS TRANSFER

I confirm that all persons for whom personal information is contained in this document have consented to the collection, use and disclosure of their personal information.
(SIGN BELOW)

I understand and accept the terms and conditions of this pre-authorized debit plan and want to enroll in it.

NAME OF ACCOUNT HOLDER

DATE

SIGNATURE

NAME OF ACCOUNT HOLDER

DATE

SIGNATURE

PLEASE REMEMBER TO ATTACH A SAMPLE OF YOUR CHEQUE MARKED "VOID".

