



Beneplan Inc

Banking Pre-authorization Form

Client :

PREMIUM PAYMENT PRE-AUTHORIZATION

The Client hereby agrees to pay monthly premiums in twelve (12) monthly payments as billed , plus Provincial Insurance Tax (8%), when applicable, on the first of each month commencing the first day of the month following the signature of this form, and hereby authorizes his/ her bank _____ to pay such premium to Canadian Imperial Bank of Commerce for credit to Beneplan's trust account accordingly.

| | |
|-------------------------------------|-------------------------|
| <i>Financial Institution:</i> _____ | |
| <i>Address:</i> _____ | |
| <i>Transit #:</i> _____ | <i>Account #:</i> _____ |

Please attach "VOID" Cheque.

ACCEPTANCE

Your execution and submission to BENEPLAN of this form is sufficient authorization for Beneplan to withdraw your monthly benefit plan costs from your bank account herein

Date: _____

Client Signature: _____