

CHECK-O-MATIC PLAN

Crown Life Insurance Company's Check-O-Matic plan is designed with you in mind. Here are some of the many advantages available to you at no extra charge:

- **No more premium reminders.** Your premiums are deducted automatically from your bank account by a pre-authorized cheque.
- **No more cheques to write and no more postage costs** to mail those cheques to us.
- **Use the plan to repay policy loans** on a monthly basis. (Subject to certain minimums - Contact your Crown Life Representative or Service Office for details.)
- **Simply complete the authorization below and return this form to us along with a voided cheque** showing the bank account on which withdrawals will be made.
- Withdrawals are made daily. Please contact your Crown Life Representative or Service Office for information regarding which withdrawal date is available for your policy payments.

CHECK-O-MATIC PLAN AUTHORIZATION

Please make withdrawals from my bank account shown on the attached voided cheque, for the purpose of collecting premiums due on the policy(ies) listed below. I also request my bank to process these withdrawals as if I had signed them. This authorization may also be used to collect other premiums and policy payments which I request and to which Crown Life Insurance Company agrees.

2. The Bank's rights in respect of each withdrawal shall be the same as if I had drawn a cheque on my bank account and personally signed it. Further I agree that the Bank is not liable if a withdrawal against my bank account is not honored.
3. If I change my bank account, this authorization shall also apply to my new bank account.
4. If Crown Life Insurance Company does not issue an insurance policy I may apply for in the future, this authorization shall be automatically void in respect of such application for insurance. If any premium(s) is collected in respect of such application(s) for insurance, the premium(s) will be refunded to me promptly.

I agree that:

1. I or Crown Life Insurance Company may terminate the Check-O-Matic Payment Plan on 10 days written notice. On termination, I understand that subsequent premiums shall be payable as provided in the policy.

| POLICY NUMBER | POLICYOWNER NAME (if not a Bank Depositor) | PREMIUM (Yes / No) | LOAN REPAYMENT (Yes / No) | AMOUNT OF PAYMENT |
|---------------|---|-----------------------|---------------------------------|-------------------|
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_____ Date

_____ Signature of Bank Depositor

_____ Signature of Policyowner (if other than Bank Depositor)

_____ Signature of Bank Depositor

Print the Depositor's name to be shown on the Check-O-Matic cheques, if other than the Policyowner:

For a joint account if more than one signature is required on cheques, all depositors must sign this authorization.