

Which of these 2 payment plans would you prefer?

1 Direct Bill

or

2 Automatic Withdrawals

ADVANTAGES

A choice of several payment options:

- | | |
|--------------------------------|---|
| 1 Direct Bill | <ul style="list-style-type: none"> - 1, 2, 3 payments payable by cheque or credit card - No minimum premium requirements - No administration fees - No down payment cheque |
| 2 Automatic Withdrawals | <ul style="list-style-type: none"> - 1, 2, 3 withdrawals option at no additional cost - Withdrawals spread throughout the year at a nominal cost - Payable by: automatic bank withdrawals or credit card withdrawals - Your choice of withdrawal date - No down payment cheque |

HOW DOES IT WORK?

1 Direct Bill

Please return the **Direct Bill** authorization form completed. Federation will send a notice indicating the due date of the first installment. A notice will also be sent fifteen days prior to due date for all subsequent installments.

2 Automatic Withdrawals

Please return the **Automatic Withdrawals** authorization form completed and signed together with a sample of your cheque marked "void" if bank withdrawals option is chosen.

1, 2, 3 withdrawal option:

If this option is chosen, please be advised that the total premium will be divided into equal and consecutive withdrawals.

No matter what option you have chosen, a payment schedule will be sent to you indicating the dates and amounts of the withdrawals. All withdrawals, with the exception of the first one, will be withdrawn on your chosen date.

Withdrawals spread throughout the year option:

If this option is chosen, please be advised that the first withdrawal on a new application shall equal to a minimum of 1/12 of the total premium.

NOTE: You may cancel this authorization at any time in writing, provided full payment of the balance is received. This will in no way affect the terms and conditions of your insurance policy.

RENEWALS

An offer to renew will automatically be issued according to the payment option chosen in the previous term, unless advised otherwise.

CHANGES TO YOUR POLICY?

Call your broker immediately. A new notice will be sent to you reflecting the changes in your installments.

RETURNED ITEMS

A returned fee applies to each item returned by the bank or credit card rejection. A notice advising of the rescheduled withdrawal date or due date will be mailed to you. A 2nd returned item could result in cancellation of the policy. Should the initial withdrawal or payment be returned NSF, the policy shall be cancelled immediately.

CAUTION!

Should your bank account, banking arrangements or credit card expiry date change, Federation must be advised at least 10 days prior to the next installment.

For more information, please contact your broker.

1 Direct Bill

Authorization Form (Please print and return fully completed)

Type of insurance: Personal Commercial

POLICY NUMBER

BROKER NUMBER

FAMILY NAME

FIRST NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

KINDLY CHECK YOUR PAYMENT OPTION

PAYABLE BY Visa* Master Card* Cheque

* If you choose this option, please fill in the credit card information spaces on the return stub of your invoice to come. This information will have to be completed on each invoice.

OPTION A

- 1 payment
100% of the total premium
due on the effective date of the policy.

OPTION B

- 2 payments
- 1st 50% of the total premium
due on the effective date of the policy.
- 2nd Balance of the total premium
due 45 days after the effective date of the policy.

OPTION C

- 3 payments (12 month policy term only)
- 1st 40% of the total premium
due on the effective date of the policy.
- 2nd 30% of the total premium
due 45 days after the effective date of the policy.
- 3rd Balance of the total premium
due 90 days after the effective date of the policy.

For Automatic Withdrawals see reverse

2 Automatic Withdrawals

Authorization Form (Please print and return fully completed)

Type of insurance: Personal Commercial

POLICY NUMBER _____ BROKER NUMBER _____

FAMILY NAME _____

FIRST NAME _____

ADDRESS _____

CITY _____

PROVINCE _____

POSTAL CODE _____

KINDLY CHECK YOUR OPTION

- 1 withdrawal
- 2 consecutive withdrawals
- 3 consecutive withdrawals
- Withdrawals spread throughout the year

Convenient
withdrawal date:

PAYABLE BY Visa Master Card

CREDIT CARD NUMBER _____ EXPIRY DATE
MONTH YEAR

NAME OF CARD HOLDER (PLEASE PRINT)

AUTHORIZED
SIGNATURE

OR BY Bank Withdrawals

BRANCH NUMBER _____

I/We hereby authorize:

to debit/credit my/our account, bearing number _____

each month for all payments in favour of Federation Insurance Company of Canada for remittance of my/our insurance premiums including renewals. Each payment is to be treated as though I/We had personally issued a cheque drawn to the order of Federation Insurance Company of Canada and the amounts shall be debited/credited from my/our bank account. I/We pledge to have the necessary funds available monthly to cover the amount of the withdrawal, as authorized, payable to Federation Insurance Company of Canada.

Signature(s): *Please enclose a sample of your cheque marked "VOID".*

Date: _____

I/We hereby confirm that the signature(s) which appear above are those authorized under the stated account number.

Established in 1947, Federation Insurance Company of Canada is a Canadian corporation with national representation through a network of independent insurance brokers.

Our Priority

Provide prompt,
high quality service.

Our Commitment

Offer independent insurance brokers a range of competitive products adapted to the ever-changing needs of their customers.

BROKER



ACT 114 (04/2009)

PAYMENT PLANS

WE WANT TO MAKE IT EASY FOR YOU

Here are
2 worry-free
payment plans
for you to
choose from.

