

NAME: _____ POLICY NUMBER: _____

FORWARD THIS FORM TO: (name of the person you are sending this form to) _____



Broker Name _____ # _____

Insured's Name _____

Policy Number _____

CHOICES: Personal Insurance Payment Plans

Our goal at Royal & Sun Alliance Insurance Company of Canada is to make it as easy as possible for you to pay your insurance premium. Let us tell you about the choices . . .

1 Select a Plan		2 Choose a Payment Method			Fees	How it Works
	Pre-Authorized	We Bill You				
<input type="checkbox"/> Monthly	Automatic Bank Withdrawals	N/A		3% of your insurance premium	Automatic monthly withdrawals from bank account. Complete form below. (See *Example)	
<input type="checkbox"/> One Pay	<input type="checkbox"/> Automatic Credit Card	<input type="checkbox"/> PC/Telephone Banking <input type="checkbox"/> Cheque		0%	100% due on invoice due date	
<input type="checkbox"/> Two Pay	<input type="checkbox"/> Automatic Credit Card	<input type="checkbox"/> PC/Telephone Banking <input type="checkbox"/> Cheque		0%	50% due on invoice due date 50% due 45 days after 1 st payment	
<input type="checkbox"/> Three Pay	<input type="checkbox"/> Automatic Credit Card	<input type="checkbox"/> PC/Telephone Banking <input type="checkbox"/> Cheque		0%	40% due on invoice due date 30% due 45 days after 1 st payment 30% due 90 days after 1 st payment	

If paying by PC/Telephone banking use the account number on your invoice (Please allow 2 days to process payment)

If paying by Credit Card, please complete: Visa MasterCard

Credit Card Number: _____ Expiry Date: _____ / _____
 Cardholder's Name: _____ Cardholder's Signature: _____ mm / yy

Future payments will be automatically applied to credit card until instructed otherwise.

For automatic bank withdrawal, complete below and attach a sample cheque, marked VOID

Changes: Please allow a minimum of 15 days to process a banking change.

(For new business, 2 months downpayment is required and will be incorporated in the first withdrawal.)

Please write the policy number on front of your check.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit and financial information. I authorize my broker and 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 necessary to assess the credit worthiness of my premium payment plan application and, if such application is approved, to deduct insurance payments from my account at the financial institution named below.

Payer(s) (Surname first): _____

NOTE: ONLY ACCOUNTS WITH CHEQUING PRIVILEGES ARE ELIGIBLE.

ADDRESS _____

CITY/TOWN _____ PROV. _____ POSTAL CODE _____ OPTIONAL W/D DATE _____

FINANCIAL INSTITUTION _____

ADDRESS _____

CITY/TOWN _____ PROVINCE _____ POSTAL CODE _____

TRANSIT NO. _____ BANK NO. _____ ACCOUNT NO. _____

• I/We hereby authorize the named financial institution to debit my/our account each month for all payments payable to Royal & SunAlliance in payment of my/our insurance premiums which will be collected monthly in advance. The financial institution's treatment of each payment will be the same as if I/We had personally issued a cheque authorizing the financial institution to pay as indicated and to debit the amount specified to my/our account.

- Monthly payment amounts may vary.
- Any delivery of this authorization to Royal & SunAlliance constitutes delivery by me/us.
- In the event of an unsuccessful withdrawal, a charge may apply.
- This authorization may be cancelled at any time by providing written notice to Royal & SunAlliance.
- This authorization applies only to the method of payment and revocation of the authorization does not terminate any contract between you and Royal & SunAlliance.

DATE _____ PAYER SIGNATURE(S) _____

(For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.)

For all new business applications submitted by mail, please attach this form. For all electronic submissions, downpayment for Automatic Monthly Withdrawal plan is incorporated in the first withdrawal and the broker shall retain in their files a void cheque and this form, completed and signed. 74551(R,9/04)

Automatic Withdrawal Plan	
*Example of payments and charges assuming a \$1,000 premium and 8% sales tax (\$80):	
Total Premium:	\$ 1,000.00
Initial Payment (see note 1):	\$ 185.00
Amount to be financed: <i>(\$1,000.00 less \$166.67 premium, part of initial payment)</i>	\$ 833.34
10 Monthly Payments of: <i>(see note 2)</i>	\$ 92.50
Total Finance Charge: <i>(Total Cost of Borrowing)</i>	\$ 30.00
Annual effective Interest Rate:	8.3%
Total Amount Payable: <i>(see note 3)</i>	\$ 1,110.00

Note 1: Breakdown of Initial Payment

Premium (2 times monthly premium of \$83.33)	\$ 166.66
Finance Charge (2 times monthly finance charge of \$2.50)	\$ 5.00
Sales Tax (2 times tax of \$6.67 on monthly premium)	\$ 13.34
Initial Payment	\$ 185.00

Note 2: Premium	\$ 83.33
Finance Charge	\$ 2.50
Sales Tax	\$ 6.67
Monthly installment payment	\$ 92.50

Note 3: Total amount payable includes premium of \$1000.00, finance charge (total cost of borrowing) of \$30.00 and sales tax of \$80.00.