

APPLICATION FORM

* HQHUDO , QIRUPDWLRQ DQG 3ULRU & RYHUDJH & RQ“UPDWLRQ

Applicant's Last Name _____ FirstName _____ Initial _____

Address _____

City _____ Province _____ Postal Code _____

Phone (_____) _____ Email Address _____

Language of preference English French

Plan Choice

I apply for Retiree coverage of: RPlan A with (select one) RDrug Option R No Drugs
RPlan B with (select one) RDrug Option R No Drugs
RPlan C with (select one) RDrug Option R No Drugs

3D\PHQW

I hereby tender an initial premium of \$ _____ SD\DEOH WR -RKQVWRQ *URXS ,QF ZKLFK UHSUHVH coverage based on the current rate table.

, DXWKRULJH -RKQVWRQ *URXS ,QF WKURXJK WKH 7RURQWR 'RPLQLRQ %DQN WR PRQWK , ZLOO UHFHLYH QRWLFH RI WKH GHELW DSSUR[LPDWHO\ WKUHH EXVLQH month's debits until such time as the amount changes.

I understand that this agreement may be revoked at any time by providing 30 days written notice. I understand that I have certain recours DQ\ GHELW GRHV QRW FRPSO\ ZLWK WKLW DJUHHPHQW)RU H[DPSON , KDYH WK FRQVLVWHQW ZLWK WKLW DJUHHPHQW , XQGHUVWDQG WKDW , PD\ REWDLQ IXUV institution, or by visiting www.payments.ca.

Financial Institution Name