

# Transfer service arrangement – Standing order

Date Branch: Account No.: Account Holder Name: Transaction Details Status: New Amend Cancel Sequence No.: Transaction Type: Amount: TTD..... Frequency: Weekly Fortnightly Quarterly Semi-Annually Annually Other (Specify) Start Date of Standing Order: Expiry Date of Standing Order (where applicable): Payment Details: Note: The Account Holder's Reference, Subscriber, or Account Number with a Beneficiary company must be included. **Beneficiary Details** Guardian Life of the Caribbean Beneficiary Name: #1 Guardian Drive, Westmoorings Beneficiary Address: 100004013360602 Beneficiary Account No .: **RBC Royal Bank Trinidad & Tobago Limited** Beneficiary Bank:

#### Declaration

Until cancellation, expiry or termination of these instructions or this service, the Bank is authorised to debit from the named account the stated amount in the manner specified for application as instructed and the Bank's usual charges from time to time. It is a condition that debits and payments under these instructions will be made by the Bank only if sufficient funds are available for use in the named account, as at the debit due dates and such debit activity can be facilitated in the account based on the account status. If, as at the debit due dates, the named account contains insufficient funds to satisfy these instructions, then the Bank may in its sole discretion re-attempt these instructions for three (3) consecutive days thereafter.

The Bank will not be liable for failure of payment due to insufficient funds in the named account and/or if debit activity is restricted in this account. The named account may be charged an additional fee for each failed instruction (including any re-attempt) in such circumstances and where applicable. The Bank in its sole discretion reserves the right to not process instructions if sufficient funds are not available for use, to also cover the applicable standing order fees/service charges.

The undersigned may terminate the standing order by written notice to the Bank, in such form as the Bank may prescribe. If the law where the Bank is located provides that notice given electronically may meet the requirement for written notice if certain conditions are met, the undersigned may provide notice to terminate electronically, provided that the conditions set out in law are met and the Bank agrees to accept notice given electronically.

The undersigned understands and agrees that the Bank may terminate the standing order:

- 1. Without notice where the standing order cannot successfully be completed for three (3) consecutive cycles for any reason including, but not limited to, where the standing order cannot be completed due to insufficient funds in the named account; or
- 2. At any time by providing thirty (30) days prior notice to the undersigned of such termination.

The undersigned understands and agrees that in addition to the rights of cancellation and termination of the standing order set out above, the Bank may discontinue the provision of standing order services by giving thirty (30) days prior notice of the termination of such services. The Bank may give notice via any one of the following channels: in-branch notice, statement message, statement insert, on the Bank's public websites, through any or all of RBC Electronic Banking Services or via mailed notice. Any such notice will be deemed to have been received by the undersigned seven (7) days after the notice was posted /sent using the applicable channel.

The undersigned will not receive notice of any debit or payment made pursuant to these instructions.

### **Account Holder Signature**

| Date:                                                                                        |                              |
|----------------------------------------------------------------------------------------------|------------------------------|
| In witness whereof:                                                                          |                              |
|                                                                                              |                              |
| Witness:                                                                                     |                              |
| (Address)                                                                                    |                              |
| Occupation: Bank Officer                                                                     | Signature of Witness         |
| Cancellation Details                                                                         |                              |
| Please cancel the above instructions effective:                                              |                              |
| Note: Instructions must be provided at least two (2) business days before the next scheduled | t standing order debit date. |
| Account Holder Signature                                                                     |                              |
|                                                                                              |                              |
|                                                                                              |                              |
|                                                                                              |                              |
| Date:                                                                                        |                              |
| In witness whereof:                                                                          |                              |
|                                                                                              |                              |
| Witness:                                                                                     |                              |
| (Address)                                                                                    |                              |
| Occupation: Bank Officer                                                                     | Signature of Witness         |

**Note:** Standing Orders are not offered in instances where the beneficiary is a natural person/individual(s) with an account at RBC or other local commercial banks.

### Exceptions for acceptance where the beneficiary is a natural person/individual(s)

Please tick  $[\checkmark]$  box if exception is applied:

- Legal/court orders (e.g. for alimony and child maintenance payments).
- Requestor has a **joint "and" only account** and therefore would not have transactional access via digital banking
- Persons with disabilities who based on their disability (e.g. visually impaired) are not able to use digital banking
- **Vulnerable citizens -** e.g. persons with low literacy who are unable to enroll for/use digital banking
- Senior citizens/elderly who are not enrolled for digital banking and are not able/willing to do so.



# **APPENDIX FOR BANKER'S ORDER**

## PAYMENT DETAILS FOR GUARDIAN LIFE:

| Please Tick□ one                                                | Day | starting<br>Month | Year | Please indicate specific dates for Quarterly,<br>Semi-annual and Annual Modes. For Example:<br>- Quarterly [ 5 <sup>th</sup> Mar / 5 <sup>th</sup> Jun / 5 <sup>th</sup> Sept / 5 <sup>th</sup> Dec ] -<br>Semi-Annual [ 28 <sup>th</sup> Jun / 28 <sup>th</sup> Dec ]<br>- Annual [ 1 <sup>st</sup> Mar ] |       |                 |     |  |  |
|-----------------------------------------------------------------|-----|-------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------|-----|--|--|
|                                                                 |     |                   |      | Monthly Draw Date:                                                                                                                                                                                                                                                                                         |       |                 |     |  |  |
| QUARTERLY                                                       |     |                   |      |                                                                                                                                                                                                                                                                                                            |       |                 |     |  |  |
| SEMI-ANNUAL                                                     |     |                   |      |                                                                                                                                                                                                                                                                                                            |       |                 |     |  |  |
|                                                                 |     |                   |      |                                                                                                                                                                                                                                                                                                            |       |                 |     |  |  |
| Signature                                                       |     |                   | Date | d                                                                                                                                                                                                                                                                                                          | (Day/ | Day/Month/Year) |     |  |  |
| COMPANY TO QUOTE UNDERMENTIONED INFORMATION WHEN MAKING PAYMENT |     |                   |      |                                                                                                                                                                                                                                                                                                            |       |                 |     |  |  |
| PAYER'S CLIENT NO.                                              |     | NAME              |      |                                                                                                                                                                                                                                                                                                            |       | TOTAL AMO       | UNT |  |  |
|                                                                 |     |                   |      |                                                                                                                                                                                                                                                                                                            | \$_   |                 |     |  |  |

Kindly note that Scheduled Lumpsums, as with other Unscheduled Payments, are not reflected in your policy contract. As such, your copy of this Form serves as Guardian Life's acknowledgement of your instructions to allocate your payments when received accordingly.

| LIST OF POLICIES | OWNER'S NAME |    | Λ | LOAN/<br>SUNDRY<br>AMOUNT |   | SCHEDULED<br>LUMPSUM<br>AMOUNT |   | TOTAL<br>AMOUNT |   |
|------------------|--------------|----|---|---------------------------|---|--------------------------------|---|-----------------|---|
| ·                |              | \$ | С | \$                        | С | \$                             | С | \$              | С |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 | - |
|                  |              |    |   |                           |   |                                |   |                 | - |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 | _ |
|                  |              |    |   |                           |   |                                |   |                 | _ |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 | - |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 | - |
|                  |              |    |   |                           |   |                                |   |                 | _ |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 |   |
|                  |              |    |   |                           |   |                                |   |                 |   |
| T                | OTAL         | \$ | с | \$                        | С | \$                             | С | \$              | с |

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