

# LIFE INSURANCE APPLICATION

## Part 1

### 1. Policy Information

a) Name of Insurance Company:  b) Reference #:

c)  Single Life     Joint Life     Multiple Lives, indicate Number of Lives \_\_\_\_\_

Each proposed life insured requires an additional application form except for children's term riders and waiver of premium on the owner.

d) If joint or multiple lives, state names of the other proposed life insureds:

e) Policy Language:     English     French

### 2. Proposed Life Insured

a) Title:    First Name:    Middle Name:    Last Name:

b) Date of Birth:    c) Birth Place:    d) Sex:    e) S.I.N.:    f)  Smoker     Non-Smoker

DD / MMM / YYYY         M     F   

g) Address:    h) Telephone Numbers:

SUITE NO.    NO.    STREET    Res.    (    )

CITY    PROV.    POSTAL CODE    Bus.    (    )

i) Total Earned Annual Income :    j) Total Net Worth :    k) Employer:

\$     \$     l) Occupation:

### 3. Owner (Complete the following if the Owner is not the Proposed Life Insured) If the policy is to be registered, the owner will also be the annuitant.

a) Title:    First Name:    Middle Name:    Last Name:    **OR**

b) Company Name:

c) Relationship to proposed life insured:     d)  Smoker     Non-Smoker

e) Date of Birth:    f) Birth Place:    g) Sex:    h) S.I.N.:

DD / MMM / YYYY        M    F   

i) Address:    j) Telephone Numbers:

SUITE NO.    NO.    STREET    Res.    (    )

CITY    PROV.    POSTAL CODE    Bus.    (    )

### 4. Beneficiary Information

a) Name of Beneficiary:	b) P or C*	c) Relationship to Proposed Life Insured:	d) % Share:	e) Revocable or Irrevocable**
<input style="width: 95%; height: 20px;" type="text"/>				
<input style="width: 95%; height: 20px;" type="text"/>				
<input style="width: 95%; height: 20px;" type="text"/>				

\* Enter **P** for Primary beneficiary and **C** for Contingent beneficiary  
 \*\* The beneficiary will be revocable unless otherwise specified. In Quebec, the Spouse will be irrevocable unless otherwise specified.

### 5. Head Office amendment (for H.O. use only):

**6. Coverage Details**

a) Plan Name:

b) Sum Insured:

\$

c) Participating  No

Yes – specify Dividend Option:

d) If joint:

Benefits payable on  First Death  Last Death

Premiums payable to  First Death  Last Death

e) Indexed:  No

Yes \_\_\_\_\_ % OR  CPI

f) Payment Period: Life OR \_\_\_\_\_ Yrs OR to age \_\_\_\_\_

g) Rider / Benefit Name:

Sum Insured:

<input type="text"/>	\$	<input type="checkbox"/> LIFE OR _____ YRS or to age _____
<input type="text"/>	\$	<input type="checkbox"/> LIFE OR _____ YRS or to age _____
<input type="text"/>	\$	<input type="checkbox"/> LIFE OR _____ YRS or to age _____

h) Are you applying for an income replacement rider or similar Disability Riders?  Yes  No

If yes, complete appropriate section of the DI Application form

**7. Additional Details**

(Attach a copy of the illustration)

a) Cost of Insurance: \_\_\_\_\_

YRT

Level

Other:

b) I request that the company submit this plan for registration as a Retirement Savings Plan under the provisions of the Income Tax Act of Canada and any applicable provincial income tax legislation.

No  Yes, IF SPOUSAL INDICATE SPOUSE'S NAME \_\_\_\_\_ AND SIN# \_\_\_\_\_

c) Death Benefit Option:

d) Illustrated Interest Rate:  %

e) Planned Annual Deposit: (Includes Excess Funds) \$

g) Excess Funds - Specify Investment Description:

f) Investment Description

Planned Deposit

Investment Description	Seg.	Non-Seg.	Non-RRSP		RRSP	
			\$	%	\$	%
<input type="text"/>			\$	or %	\$	or %
<input type="text"/>			\$	or %	\$	or %
<input type="text"/>			\$	or %	\$	or %
<input type="text"/>			\$	or %	\$	or %
<input type="text"/>			\$	or %	\$	or %
<input type="text"/>			\$	or %	\$	or %

h) Initial Additional Deposit Amount: \$

i) Additional Deposit

Investment Description	Seg.	Non-Seg.	Non-RRSP		RRSP	
			\$	%	\$	%
<input type="text"/>			\$	or %	\$	or %
<input type="text"/>			\$	or %	\$	or %
<input type="text"/>			\$	or %	\$	or %

**8. Premium Payment**

a) Amount Paid with Application: \$

b) Payment Frequency:

Annual

Semi-Annual

Quarterly

Monthly

c) Method:

Pre-authorized

Cheque

Other:

Payment,

specify withdrawal date \_\_\_\_\_ and attach a void cheque







## Declaration, Agreements, Authorization and Signatures

The "Company" refers to the life insurance company named on Page 1 of this application form. All correspondence with the Company may be sent to its Head Office.

### Personal Information

To ensure the confidentiality of your personal information, the Company will establish a Life insurance file at its office or possibly at the agency office servicing your business. It will contain all information obtained at the time of the application for insurance and of any insurance claim. The object of the file will be to enable the company, its reinsurers and their respective agents to : assess this application, administer any policy that may be issued, and appraise any risk or claim.

Only those employees authorized to have access to underwriting, administration and claims/legal review or any other person whom you authorize, will have access to this file. You are entitled to access the personal information in this file and, if applicable, to rectify any inconsistencies. To do so, a written request must be sent to the attention of the access officer of the Company or to the agency office.

### Declaration and Agreements

1. I am applying to the Company for the insurance described here and I declare and agree that:
  - a) No person has authority to modify or waive any part of this Agreement.
  - b) Acceptance of the policy constitutes approval of its provisions and ratification of any additions or endorsements or amendments.
  - c) Coverage will begin when the policy is delivered to me while I am still in the same state of health as when coverage was applied for and the first premium has been paid to the Company. If a temporary insurance agreement was issued, coverage will begin according to its terms.
2. Any material misrepresentation will result in cancellation of the contract by the Company.
3. If requested by the owner the Company will register and administer this contract as a Registered Retirement Savings Plan in accordance with the provisions of the Income Tax Act (Canada) and applicable provincial legislation. For registered plans, there can only be one Policyowner who will also be the Annuitant.

### Pre-Authorized Payment

If the pre-authorized method of Payment is chosen, I authorize the Company to make withdrawals from the Owner/ Payor's account designated to pay premiums or deposits (including those overdue).

If premiums change for the insurance policy issued from this Application, the Company is authorized to amend the amount of the pre-authorized withdrawals. The pre-authorized payment plan will terminate if a cheque is not honoured by the financial institution. When terminated, the premiums for the policy will become payable annually unless an alternative payment method is elected in writing.

The pre-authorized method of payment may be cancelled or changed by providing 10 days written notice to the Company.

### AUTHORIZATION

I authorize any person or institution, including the Medical Information Bureau (MIB), holding information of me personally, medically or financially, to provide this information to the Company and its reinsurers for the risk assessment of my application or the investigation of any claim. I further consent to the release of this information to the Company's agent or duly appointed mandataries, its reinsurers, other reinsurers, other insurers, my personal attending physicians and the MIB. In the event of death and upon request by the Company, the policyholder, beneficiary or estate administrator is expressly authorized to provide information to permit analysis and justification of the claim. A photocopy of this consent is as valid as the original. If required, I agree to provide additional signed copies of this consent. I consent to to a consumer report containing personal or credit information, or both, or information from my Provincial Motor Vehicle Driver record that may be required in connection with this application.

I acknowledge receipt of the Disclosure Notice regarding MIB and Consumer reports.

I have read the entire contents of this application form and acknowledge that all statements and answers made in this application form, including Part 1, Part 2 and any supplementary applications or forms, are my true and complete statements and answers to the questions.

I understand the language in which this application is written:  Yes  No

If no, have the details of this application been fully explained to you in your preferred language and are they completely understood?  Yes  No

ID verification of individual paying premiums \*:

Agent's Initials

Document	Document #	Agent's Initials
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\* Birth certificate, Driver's license, Passport, or Citizenship. Record the # as listed on the particular document chosen.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Life Insured

\_\_\_\_\_  
Signature of Parent or Guardian if other than Owner

\_\_\_\_\_  
Signature of Witness (Agent)

\_\_\_\_\_  
Payor(s) (if other than the Proposed Life Insured)

\_\_\_\_\_  
Signature of Policyowner(s)/Annuitant

Please complete this section if applying for a variable life insurance policy. (An information folder must be provided if segregated funds are available on the policy requested whether or not they are chosen as an investment.)

I have reviewed the information in the Information folder provided and I understand that this folder is not a contract. I understand that certain benefits and values under the variable insurance contract cannot be guaranteed. I acknowledge receipt of the current Information Folder for the : \_\_\_\_\_  
variable life insurance policy. Policy Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prospective Policyowner(s):

**TEMPORARY INSURANCE AGREEMENT**

**Questions**

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 1) Have you ever been treated for or had any indication of cancer, stroke, heart disease, disorder of the immune system, positive HIV test, chronic kidney, liver or lung diseases? ..... | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 2) Have you been unable to perform regular activities for more than 7 consecutive days within the last 6 months because of sickness or injury? .....                                      | <input type="checkbox"/>        | <input type="checkbox"/>       |
| 3) Has an application for insurance on your life ever been rated, declined or modified in any way? .....  | <input type="checkbox"/>        | <input type="checkbox"/>       |

**Conditions**

The Company agrees to provide temporary insurance on your life, effective on the day the application form is signed, if the following conditions are met:

- 1) You are under the age of 65 years on the date the application is signed;
- 2) The above three questions have all been answered "No";
- 3) An amount equal to at least one monthly premium for the policy(ies) applied for has been paid with the application; and
- 4) This Agreement has been signed on the same date as the application form.

**Limitations**

- 1) The maximum amount of insurance under this and any other temporary insurance agreement with the Company is limited to the lesser of (a) the amount of insurance applied for in the application; or (b) \$500,000.
- 2) There is no coverage under this Agreement: (a) if your death results from suicide; or (b) if there is fraud or material misrepresentation in the answers to the above three questions, the application form or any other questionnaire completed in connection with the application for life insurance; or (c) for any Accidental Death or Waiver of Premium Benefit; or (d) for any critical illness plan.

**Termination of Temporary Insurance**

Temporary insurance will terminate on the earliest of the following dates:

- 1) The date the insurance begins on the policy applied for;
- 2) The date a policy other than that applied for is offered by the Company to the Owner;
- 3) On the 90th day after the application is signed; or
- 4) The date the Company mails a notice to the Owner declining to issue the policy applied for and refunding any payment under this Agreement.

No person has the authority to modify or waive any part of this Agreement.

I agree to the terms of the Temporary Insurance Agreement set out above.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner (if other than the Proposed Life Insured)

\_\_\_\_\_  
Signature of the Proposed Life Insured



**(Detach and leave with Proposed Insured)  
Receipt for amount paid**

It is acknowledged that \$ \_\_\_\_\_ an amount equal to at least one monthly premium has been paid to the company. The payment will pay for temporary insurance described in the temporary insurance agreement, subject to the conditions and limitations specified.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date of Agreement

**Special Limitations**

- This Agreement does not provide benefits for any type of disability or Accidental Death Benefit.
- Fraud or material misrepresentation in the application or in the answers to the Questions of this Agreement void this Agreement and the Company's only liability is to refund any advance payment made.
- No agent is authorized to accept money on Proposed Insureds under 30 days of age or over 65 on the date of this agreement, nor will any coverage take effect.
- If the Proposed Insured dies by suicide, the Company's liability under this Agreement is limited to a refund of the payment made.
- There is no coverage under this Agreement if the cheque or draft submitted as payment is not honoured upon first presentation for payment.
- No agent is authorized to waive or modify any of the provisions of this Agreement.

Notice:  
If you do not hear from the Company regarding the insurance applied for within 60 days of this Agreement please contact your Agent or the Company.

**Disclosure Statement  
For the Province of B.C.**

Pursuant to S. 90 of the financial institutions act of British Columbia, the financial product you are being offered is supplied by the company, a company licensed to carry on business in British Columbia.

In relation to any application you make for the acquisition of life insurance, annuities or other financial products,

- (a) I am acting as a licensed insurance broker on behalf of the company.
- (b) I will be entitled to receive commission from the company on successful completion of this transaction. This commission may take the form of an acquisition commission and/ or an on-going service commission; and
- (c) There is no condition associated with this transaction requiring that you must transact additional or other business with either myself or the company.

\_\_\_\_\_  
Name of Agent

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Address

**Medical Information Bureau**

Information given in your application will be treated as confidential. However, the company or its reinsurers may make a brief report to the medical information bureau, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the medical information bureau will supply that company, upon request, with the information it may have in its file.

The bureau will also arrange to release at your request, any information that it may have about you. If you wish to question the accuracy of information in the bureau's files, you may contact the bureau and seek a correction.

The address of the bureau's information office is:

MIB Information Office  
330 University Avenue  
Toronto, Ontario M5G 1R7  
Telephone: (416) 597-0590

The company, or its reinsurers, may also release information in its files to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits has been submitted.

**Consumer Notice**

In the processing of the application for insurance, the insurance company may obtain a personal investigation or consumer report containing personal information about the proposed insured.