

Life insurance

Application

Term life insurance
Participating life insurance
Universal life insurance

Mail to:
Individual Life New Business T-019



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Tips and instructions for the advisor

- Use form 17-8345 for a simplified conversion and exercising a guaranteed issue option including business growth protection rider, guaranteed insurability rider or survivorship insurance benefit to a new policy.
- Use form 17-8217 for policy changes, term conversion and guaranteed issue options.
- Print clearly using blue or black ink.
- Fix errors by striking them out and having the owner or person to be insured initial the change. We won't accept advisor initials.
- If you need more space to answer a question, write the information on a separate page and attach it to this application. Include the application number, question number, owner's and insured's names and signatures, and the date.
- If a child is to be insured, complete the following insurability questions:
 - For a coverage amount of **\$250,000 or less**, complete section 6.
 - For coverage amount of **more than \$250,000**, complete sections 7, 8 and 9.

Note: A minor child may not serve as a life insured for a My Par Gift policy.
- Take the owner and insured through the separate booklet called *What you need to know about your life insurance application* (form 17-8942) and leave the booklet with them.
 - If this is an application for a My Par Gift policy, please refer to the *My Par Gift terms and conditions* in the booklet.
 - Make clear that the booklet contains the additional terms and conditions that the owner and insured (and, in certain cases the holder of the account from which the premium payments will be made according to 12.5) are agreeing to by signing this application.

Application for life insurance

Throughout this application, *we, us* and *our* refer to The Canada Life Assurance Company (Canada Life). At the start of each section we've stated to whom *you* and *your* refer.

Whether you're the owner or proposed insured, it's important that you provide truthful, accurate and complete information for us to assess your application properly. If you're not sure whether some information is relevant, provide it anyway. If you fail to provide the required information, we could decline a future claim and cancel any policy we've issued.

Questions for advisors

It is agreed that such information forms part of this application.

The product information is provided in the illustration dated (day/month/year): _____

In what provinces are you licensed? _____

1. General information

In this section, *you* and *your* refer to the owners of the policy.

1.1 What type of insurance are you applying for?

Personal Business

1.2 What language would you like your policy and future correspondence in?

English French

2. The people to be insured

In this section, *you* and *your* refer to the insureds, or the parents or guardians of the children being insured. Children being insured must be age 17 or under and at least 15 days old. A minor child may not serve as a life insured for a My Par Gift policy.

First insured person

2.1 Information about the first insured

First name: _____

Middle name: _____

Last name: _____

Date of birth (day/month/year): _____

Check one: Male Female

Social insurance number (SIN): _____ **Important:** Don't enter a SIN for My Par Gift policies.

Your mailing address (street number and name, or P.O. box): _____

City: _____ Province: _____ Postal code: _____

The physical location of your residence, if your mailing address is a P.O. box, RR# or general delivery:

Best number to call you:

Home phone: _____

Cell phone: _____

Work phone: _____

Email address (optional): _____

Best time to call you:

Day

Evening

2. The people to be insured (continued)

First insured person (continued)

2.2 Your language

Do you read, speak and understand English? Yes No – provide details below

What language do you read, speak and understand? _____

Who translated this application into the language you read, speak and understand?

Check one: Your advisor The following person:

Name: _____

Relationship to you: _____

2.3 Where were you born?

Canada – indicate province: _____

U.S. – indicate state: _____

Other – indicate country: _____

2.4 How long have you lived in Canada?

Since you were born, or _____ years _____ months

2.5 Are you a Canadian citizen or permanent resident?

Yes No – check one:

You have applied for permanent resident status

You haven't applied for permanent resident status, provide details below

2.6 Are you a resident of Canada for income tax purposes?

Yes No – provide full details: _____

2.7 Are you physically present with the advisor as they record your answers to the questions in this application?

Yes No – please state why not:

If this is an application for child insurance, are you the parent or guardian of the child being insured?

To answer questions in this application, you must have sufficient knowledge of the child.

Yes No – please state relationship to the child: _____

Form required for non-face-to-face

If the person to be insured is not physically present when completing this application, have the insured complete the *Authorization for Non-face-to-face* (form 17-8944).

Joint insured person – if none, skip to 2.15

Joint insured person means the second person to be insured with the *first insured person*.

2.8 Information about the joint insured

First name: _____

Middle name: _____

Last name: _____

Date of birth (day/month/year): _____

Check one: Male Female

Social insurance number (SIN): _____ **Important:** Don't enter a SIN for My Par Gift policies.

2. The people to be insured (continued)

Joint insured person (continued)

2.8 (continued)

Your mailing address (street number and name, or P.O. box): _____

City: _____ Province: _____ Postal code: _____

The physical location of your residence, if your mailing address is a P.O. box, RR# or general delivery:

Best number to call you:

Home phone: _____

Cell phone: _____

Work phone: _____

Best time to call you:

Day

Evening

Email address (optional): _____

2.9 Your language

Do you read, speak and understand English? Yes No – provide details below

What language do you read, speak and understand? _____

Who translated this application into the language you read, speak and understand?

Check one: Your advisor The following person:

Name: _____

Relationship to you: _____

2.10 Where were you born?

Canada – indicate province: _____

U.S. – indicate state: _____

Other – indicate country: _____

2.11 How long have you lived in Canada?

Since you were born, or _____ years _____ months

2.12 Are you a Canadian citizen or permanent resident?

Yes No – check one:

You have applied for permanent resident status

You haven't applied for permanent resident status, provide details below

2.13 Are you a resident of Canada for income tax purposes?

Yes No – provide full details: _____

2.14 Are you physically present with the advisor as they record your answers to the questions in this application?

Yes No – please state why not:

Form required for non-face-to-face

If the person to be insured is not physically present when completing this application, have the insured complete the *Authorization for Non-face-to-face* (form 17-8944).

2. The people to be insured (continued)

Children to be insured under a child's term life insurance rider If none or this is an application for a My Par Gift policy, skip to 2.16

2.15 List the children to be insured below. To be covered under a child's term life insurance rider, a child must be **age 17 or under and at least 15 days old**, when we issue the policy.

Name of children to be insured	Relationship to the first insured person	Check one	Date of birth (day/month/year)	Country where the child was born	Province or country where the child now lives
Child 1 (first, middle, last)		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Child 2 (first, middle, last)		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Child 3 (first, middle, last)		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Child 4 (first, middle, last)		<input type="checkbox"/> Male <input type="checkbox"/> Female			

The person to be insured for the waiver of premium or automatic payment benefit If none or this is an application for a My Par Gift policy, skip to section 3

Advisor instructions

This person:

- **Cannot** be insured under the base policy
- **Must** be the person paying the premiums

2.16 Who will be insured for waiver of premium or automatic payment benefit? Check one:

- The first owner – skip to section 3
 The joint owner – skip to section 3
 The person named below

First name: _____

Middle name: _____

Last name: _____

Date of birth (day/month/year): _____ Check one: Male Female

Social insurance number (SIN): _____

Relationship to the first insured person: _____

Your mailing address (street number and name, or P.O. box): _____

City: _____ Province: _____ Postal code: _____

The physical location of your residence, if your mailing address is a P.O. box, RR# or general delivery:

Best number to call you:

Home phone: _____

Cell phone: _____

Work phone: _____

Email address (optional): _____

Best time to call you:

Day

Evening

3. Policy ownership

In this section, *you* and *your* refer to the owners of the policy.

Advisor instructions

- If the owners are a person, complete 3.1 to 3.7.
- If the owner is applying as sole proprietor, complete 3.1, 3.3 to 3.7.
- If the owner is a corporation, partnership, trust or other entity, only answer 3.8 and 3.9.
- If this is an application for a My Par Gift policy, only answer 3.8 and 3.9.
- You may not name a sole proprietor as the joint owner.

If the owners are a person

First owner

3.1 Information about the first owner

- Same as the first insured person – skip to 3.2
 As named below

Name of proprietorship (if applicable): _____

First name: _____

Middle name: _____

Last name: _____

Date of birth (day/month/year): _____ Check one: Male Female

Social insurance number (SIN): _____

Relationship to the first insured person: _____

Your mailing address (street number and name, or P.O. box): _____

City: _____ Province: _____ Postal code: _____

The physical location of your residence, if your mailing address is a P.O. box, RR# or general delivery:

Best number to call you:

Home phone: _____

Cell phone: _____

Work phone: _____

Best time to call you:

Day

Evening

Email address (optional): _____

Joint owner

3.2 Information about the joint owner

Note: A sole proprietor may **not** be the joint owner.

- Same as the joint insured person – skip to 3.3
 As named below

First name: _____

Middle name: _____

Last name: _____

Date of birth (day/month/year): _____ Check one: Male Female

Social insurance number (SIN): _____

Relationship to the first insured person: _____

3. Policy ownership (continued)

Joint owner (continued)

3.2. (continued)

Your mailing address (street number and name, or P.O. box): _____

City: _____ Province: _____ Postal code: _____

The physical location of your residence, if your mailing address is a P.O. box, RR# or general delivery:

Best number to call you:

Home phone: _____

Cell phone: _____

Work phone: _____

Best time to call you:

Day

Evening

Email address (optional): _____

3.3 If there will be two owners, who would you like to own the policy if one of the owners dies and an insured person is still alive?

As indicated below or

You'd like a contingent owner to own the policy – skip to 3.4

For policies where Quebec law **does not** apply

Check one:

You would like the deceased owner's interest in the policy to pass immediately to the owner who is still alive (meaning 'joint tenancy' ownership, with 'right of survivorship' between the owners). This will be the **default** if you don't check a box.

You would like the deceased owner's interest in the policy to pass immediately to the estate of the owner who died (meaning 'tenants in common' ownership, with no 'right of survivorship' between the owners).

For policies where Quebec law **does** apply

Check one:

You would like the ownership interest in the policy to pass immediately to the estate of the owner who died. This will be the **default** if you don't check a box.

You would like the deceased owner's interest in the policy to pass immediately to the owner who is still alive (this means that each owner names the other as their 'subrogated owner').

Note: If you prefer, you may give us different set-up instructions for what is to happen to the ownership share of a deceased owner. If you want to do this, use a separate sheet and include it with this application.

Choosing a contingent owner

3.4 Do you want to name a contingent owner (in Quebec, subrogated owner)?

Yes – provide details below No

Contingent owner

First name: _____

Middle name: _____

Last name: _____

Age: _____

Relationship to the first insured person: _____

Email address (optional): _____

Note: Unless you prefer to give us different instructions, the contingent owner named above, if still living, will take ownership of the policy only when **all owners** die and the person being insured is still living.

3. Policy ownership (continued)

If the owners are a person (continued)

Tax status – answer all three questions if you’re applying for universal or participating life insurance (not applicable for My Par Gift policies, skip to 3.8)

3.5 Are you a Canadian resident for income tax purposes?

First owner Yes No

Joint owner Yes No

3.6 Are you a United States citizen or a U.S. resident for U.S. tax purposes?

First owner Yes No If yes, U.S. taxpayer identification number (TIN): _____

Joint owner Yes No If yes, U.S. taxpayer identification number (TIN): _____

3.7 Are you a resident for tax purposes in a country or region other than Canada or the United States?

First owner

Yes – provide details below No

Jurisdictions of residence for tax purposes: _____

Taxpayer identification number (TIN): _____

If you don’t have a TIN for a specific jurisdiction, check one reason:

I will apply or have applied for a TIN, but have not yet received it. I will notify Canada Life when I have received it.

My jurisdiction of tax residence does not issue TINs to its residents.

Other reason: _____

Joint owner

Yes – provide details below No

Jurisdictions of residence for tax purposes: _____

Taxpayer identification number (TIN): _____

If you don’t have a TIN for a specific jurisdiction, check one reason:

I will apply or have applied for a TIN, but have not yet received it. I will notify Canada Life when I have received it.

My jurisdiction of tax residence does not issue TINs to its residents.

Other reason: _____

If the owner is a corporation, partnership, trust or other entity

3.8 What kind of entity will own this policy?

Check one:

Corporation

Partnership

Trust

Association

Not for profit

Registered charity

Other: _____

Form required for an entity

If the owner applying for universal or participating life insurance is an entity, complete the *International tax classification for an entity* (form 17-8945).

3. Policy ownership (continued)

If the owner is a corporation, partnership, trust or other entity (continued)

3.9 Information about the corporation, partnership, trust or other entity

Full legal name: _____

Incorporation or registration number: _____

Jurisdiction of incorporation or registration: _____

Federal business number: _____

Registered charity number: _____

Quebec enterprise number (NEQ) or Employer ID number: _____

Mailing address (street number and name, or P.O. box): _____

City: _____ Province: _____ Postal code: _____

The physical location of your entity, if your mailing address is a P.O. box, RR# or general delivery:

4. Beneficiaries

In this section, *you* and *your* refer to the owners of the policy.

Choosing your beneficiaries

- In this section you may name primary beneficiaries to receive proceeds payable on the death of an insured. **For a My Par Gift policy**, the beneficiary is intended to be you or another registered charity. If you wish to designate a beneficiary that is not a registered charity, prior to doing so you'll obtain professional advice regarding whether this may affect your status as a registered charity.
- In this section you may also name contingent beneficiaries to replace primary beneficiaries who do not survive the insured. **For a My Par Gift policy**, as the primary beneficiary is intended to be you or another registered charity, we do not recommend you name a contingent beneficiary. If you wish to designate a contingent beneficiary, prior to doing so you'll obtain professional advice regarding any potential legal issues this may cause in the future.
- If you prefer, you may give us different beneficiary instructions than are provided here. To do this, use a separate sheet of paper. Include the date, application number, question number, owners' and insureds' names and signatures.
- The more information you provide about your beneficiaries, the easier it will be for us to locate them at claims time.
- You can change your beneficiaries at any time, while the insured is still living and as the law permits.
- If we don't have any beneficiaries on record for you when we pay insurance proceeds, we will pay them to you or your estate, or as the law requires.
- If you name a beneficiary to be irrevocable, you cannot make certain changes or transactions regarding your policy, including removing the irrevocable beneficiary, without that beneficiary's consent or a court order.
- With the exception of Quebec spousal designations, all beneficiaries are revocable unless you indicate irrevocable.
- Where **Quebec law applies**, if you name your married or civil union spouse as a beneficiary, the law may hold the designation to be **irrevocable**, unless you indicate in this application it is revocable.
- The booklet called *What you need to know about your life insurance application* (form 17-8942) contains important information and terms and conditions regarding beneficiaries and how we pay them. If you use section 4 of this application, you agree to the terms and conditions set out in the booklet, including how beneficiaries, if individuals, shares will be reallocated if they do not survive an insured.

4. Beneficiaries (continued)

Your primary beneficiaries

Any beneficiaries you name in 4.1 will apply to all insurance coverages in this policy, except for: a child's term life insurance rider, and payment from the total account value under a joint last-to-die universal life insurance policy. You can name beneficiaries for these two in 4.3 and 4.4 respectively.

4.1 Naming your primary beneficiaries

Check one of the following three main options:

- You name the **primary beneficiaries** below
- For a **joint last-to-die policy**: You name the estate of the joint insured who dies last, except in the case of a My Par Gift policy. For a My Par Gift policy, you name the owner of the policy as beneficiary.
- For a **joint first-to-die policy**: You name the insured who survives the other insured, except in the case of a My Par Gift policy. For a My Par Gift policy, you name the owner of the policy as beneficiary.

If your policy will be governed by Quebec law and your spouse is one of the insureds, the designation may be irrevocable unless you check this box (not applicable for My Par Gift policies): **Revocable**

Primary beneficiary 1

Name (first, middle, last) or full name of entity: _____

Date of birth (day/month/year) or age: _____ Check one: Revocable Irrevocable

Relationship to the first insured person (in Quebec, relationship to the owner): _____

Email address (optional): _____

% to be paid, **leave blank** if paid equally: _____ %

Primary beneficiary 2

Name (first, middle, last) or full name of entity: _____

Date of birth (day/month/year) or age: _____ Check one: Revocable Irrevocable

Relationship to the first insured person (in Quebec, relationship to the owner): _____

Email address (optional): _____

% to be paid, **leave blank** if paid equally: _____ %

Primary beneficiary 3

Name (first, middle, last) or full name of entity: _____

Date of birth (day/month/year) or age: _____ Check one: Revocable Irrevocable

Relationship to the first insured person (in Quebec, relationship to the owner): _____

Email address (optional): _____

% to be paid, **leave blank** if paid equally: _____ %

Primary beneficiary 4

Name (first, middle, last) or full name of entity: _____

Date of birth (day/month/year) or age: _____ Check one: Revocable Irrevocable

Relationship to the first insured person (in Quebec, relationship to the owner): _____

Email address (optional): _____

% to be paid, **leave blank** if paid equally: _____ %

Total 100%

4. Beneficiaries (continued)

Your contingent beneficiaries

4.2 Naming your contingent beneficiaries (in Quebec, subrogated beneficiaries)

Check one:

Option 1

The contingent beneficiaries you name below replace the primary beneficiaries **only if all** primary beneficiaries do not survive the insured. **For a My Par Gift policy**, as the primary beneficiary is intended to be you or another registered charity, we do not recommend you name a contingent beneficiary. If you wish to designate a contingent beneficiary, you'll obtain professional advice regarding any potential legal issues this may cause in the future.

Option 2

You're providing other instructions on a separate sheet – skip to 4.3

Contingent beneficiary 1

Name (first, middle, last) or full name of entity: _____

Date of birth (day/month/year) or age: _____

Relationship to the first insured person (in Quebec, relationship to the owner): _____

Email address (optional): _____

% to be paid, **leave blank** if paid equally: _____ %

Contingent beneficiary 2

Name (first, middle, last) or full name of entity: _____

Date of birth (day/month/year) or age: _____

Relationship to the first insured person (in Quebec, relationship to the owner): _____

Email address (optional): _____

% to be paid, **leave blank** if paid equally: _____ %

Contingent beneficiary 3

Name (first, middle, last) or full name of entity: _____

Date of birth (day/month/year) or age: _____

Relationship to the first insured person (in Quebec, relationship to the owner): _____

Email address (optional): _____

% to be paid, **leave blank** if paid equally: _____ %

Contingent beneficiary 4

Name (first, middle, last) or full name of entity: _____

Date of birth (day/month/year) or age: _____

Relationship to the first insured person (in Quebec, relationship to the owner): _____

Email address (optional): _____

% to be paid, **leave blank** if paid equally: _____ %

Total 100%

4. Beneficiaries (continued)

Your beneficiaries for a child's term life insurance rider (not applicable for My Par Gift policies)

4.3 Naming your beneficiaries

Primary beneficiary 1

Name (first, middle, last): _____

Date of birth (day/month/year) or age: _____ Check one: Revocable Irrevocable

Relationship to the children (in Quebec, relationship to the owner): _____

Email address (optional): _____

% to be paid, **leave blank** if paid equally: _____ %

Primary beneficiary 2

Name (first, middle, last) or full name of entity: _____

Date of birth (day/month/year) or age: _____ Check one: Revocable Irrevocable

Relationship to the children (in Quebec, relationship to the owner): _____

Email address (optional): _____

% to be paid, **leave blank** if paid equally: _____ %

Total 100%

Your beneficiaries for the total account value under a joint last-to-die universal life policy

4.4 Naming your beneficiaries.

Check one:

You name the surviving insured person as beneficiary

If your policy will be governed by Quebec law and your spouse is one of the insureds, the designation may be irrevocable unless you check this box: **Revocable**

You name:

- **as primary primaries**, the beneficiaries you designated in 4.1, and
- **as contingent beneficiaries**, the beneficiaries you designated (if any) in 4.2.

Each primary beneficiary is named for the percentage and status (revocable or irrevocable) applying to that beneficiary in 4.1. Each contingent beneficiary is named for the percentage and status (revocable or irrevocable) applying to that beneficiary in 4.2.

If you've named a minor as a beneficiary (not applicable for My Par Gift policies)

4.5 If a beneficiary is a minor when a death benefit is paid, you may want a trustee to receive the payment in trust on behalf of the minor beneficiary. You can use the space below to appoint one trustee for all minor beneficiaries you've named, on the trust terms set out below. If you have more than one minor beneficiary and you want to appoint separate trustees, provide instructions on a separate page and attach it to this application.

Do not use this section to appoint a trustee if:

- A trust already exists for the minor beneficiary, or is provided for under a will, and the trust will be capable of receiving a death benefit payment (unless you have received legal advice), or
- Your policy will be governed by **Quebec** law (in that case, payment will be made to the minor beneficiary's tutor or to the trust created separately from this application).

4. Beneficiaries (continued)

If you've named a minor as a beneficiary (continued)

4.5 (continued)

For minor beneficiaries

Would you like to appoint a trustee for minor beneficiaries?

Yes – provide details below No

Name of trustee

First name: _____

Middle name: _____

Last name: _____

Relationship to first insured person: _____

Terms of the trust

The trustee you've named above will receive in trust, on behalf of a minor beneficiary, any proceeds payable on the death of an insured that are to be paid to that beneficiary. The trustee may invest the trust funds prudently and use the funds and any investment returns, for the education, support or other benefit of the minor. When the beneficiary reaches the age of majority, the trust will end and the trustee must transfer any remaining trust assets to the beneficiary.

If more than one minor beneficiary becomes entitled to receive proceeds payable on the death of an insured, a separate trust, on the above terms, applies to each beneficiary.

5. Applying for waiver of premium or automatic payment benefit

Not applicable for My Par Gift policies.

In this section, *you* and *your* refer to the person being insured for the waiver of premium or automatic payment benefit.

- 5.1 Will the annual premium payment for this policy be over \$1,500? Yes No
- 5.2 Do you currently have any disability, disease or health problem? Yes No
- 5.3 Do you currently have (or have you ever had) any of the following: heart disease, stroke, cancer, the acquired immunodeficiency syndrome (AIDS) or a positive test for HIV, the AIDS virus? Yes No
- 5.4 Are you currently (or have you been within the **past 12 months**) absent from your regular occupation for **more than 15 days** in a row for health reasons? Yes No

If you answered **yes to any** of questions 5.1 to 5.4, you'll need to complete **either**:

- The *Personal history* and *Medical questions* in this application (if this is for a single life policy, use the space provided for the joint insured person)
- Sections 1, 2 and 5 of *Supplement to the application – Individual underwriting evidence* (form 17-8911) and attach it to this application

6. Applying for child life insurance of \$250,000 or less

Not applicable for My Par Gift policies.

In this section, *you* and *your* refer to the parents or guardians of the children being insured. Children being insured must be **age 17 or under and at least 15 days old**.

Advisor instructions

- For a child being insured under the base policy for **\$250,000 or less**, complete this section, then skip to section 10 (if applying for universal life insurance), otherwise skip to section 11.
- For children being insured under a **child's term life insurance rider**, complete this section.
- For a child being insured under the base policy for **more than \$250,000**, skip to section 7. **Do not complete section 6.**

Healthcare provider details

6.1 Healthcare provider details for children to be insured

Child 1

Name of child to be insured (first, middle, last): _____

Name of regular healthcare provider or the clinic the child visits: _____

Type of healthcare provider: Physician Other (specify): _____

Address (street number and name): _____

City: _____ Province: _____ Phone number: _____

Child 2

Name of child to be insured (first, middle, last): _____

Name of regular healthcare provider or the clinic the child visits:

Same as Child 1 – skip to 6.2 As named below

Type of healthcare provider: Physician Other (specify): _____

Address (street number and name): _____

City: _____ Province: _____ Phone number: _____

Child 3

Name of child to be insured (first, middle, last): _____

Name of regular healthcare provider or the clinic the child visits:

Same as Child 1 – skip to 6.2 As named below

Type of healthcare provider: Physician Other (specify): _____

Address (street number and name): _____

City: _____ Province: _____ Phone number: _____

Child 4

Name of child to be insured (first, middle, last): _____

Name of regular healthcare provider or the clinic the child visits:

Same as Child 1 – skip to 6.2 As named below

Type of healthcare provider: Physician Other (specify): _____

Address (street number and name): _____

City: _____ Province: _____ Phone number: _____

6. Applying for child life insurance of \$250,000 or less (continued)

Genetic Non-Discrimination Act

You should not tell us about any genetic test (that is, any analysis of DNA or RNA chromosomes) which the child may have had. You must however, tell us if the child is having treatment for or experiencing symptoms of a genetic condition. You will also be asked to give us full information about the child's family history, including all genetic conditions.

Medical questions

Complete the following for a **child** intended to be covered under the base policy, or for those covered under a **child's term life insurance rider**. If you answer **yes for any** child to be covered, you must then provide details in 6.5. *Child's health details*.

6.2 Does **any** child to be covered under this policy have (or ever had) conditions such as:

- Acquired immunodeficiency syndrome (AIDS), or a positive test for HIV, the AIDS virus
- Disorder of the heart and arteries
- Asthma
- Cancer
- Cerebral palsy
- Cystic fibrosis
- Diabetes
- Epilepsy
- Heart murmur
- Seizure

Yes No

6.3 Was **any** child intended to be covered under this policy born with any other medical conditions not listed in 6.2 above?

Yes No

6.4 Within the **past 12 months** has **any** child intended to be covered under this policy been ill for **more than 10 days in a row** or been hospitalized for **more than 7 days** in total?

Yes No

6.5 Child's health details

If the answer to **any** of the medical questions 6.2 to 6.4 is **yes**, you must complete the table below.

Child to be insured	Question answered Yes to	Describe the: 1. Condition or symptom 2. When the symptom first occurred 3. The tests, results, and treatment	Name and address of healthcare provider
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			<input type="checkbox"/> Same as 6.1 <input type="checkbox"/> As indicated below:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			<input type="checkbox"/> Same as 6.1 <input type="checkbox"/> As indicated below:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			<input type="checkbox"/> Same as 6.1 <input type="checkbox"/> As indicated below:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			<input type="checkbox"/> Same as 6.1 <input type="checkbox"/> As indicated below:

6. Applying for child life insurance of \$250,000 or less (continued)

Medical questions (continued)

6.6 Does **any** child intended to be covered under this policy have (or ever had) a biological immediate family member (father, mother, brothers or sisters) who was diagnosed with any of the following conditions:

- Cancer
- Heart disease
- Parkinson's disease
- Or any other hereditary diseases or disorders?
- Cystic fibrosis
- Huntington's chorea
- Polycystic kidney disease
- Diabetes
- Muscular dystrophy
- Stroke

Yes – provide details in 6.7

No – skip to 6.8

6.7 Details of the child's biological family history

If the answer to question 6.6 was **yes**, provide details below.

Child to be insured	Person with condition (check one)	Description of the condition	Age when diagnosed	Current age, if living	If not living, age at death and cause
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister				
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister				
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister				
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister				

Purpose of insurance

6.8 Why are you applying for this child life insurance? Check all that apply:

As part of an overall financial plan

Family protection

Preserve the children's insurability

Other (specify): _____

Existing insurance on a child intended to be the primary insured

Advisor instruction

Complete 6.9 only if a child is being covered as the **primary insured** under this policy.

Do **not** complete for a child intended to be covered under a child's term life insurance rider.

6.9 Does the child intended to be insured currently have life insurance in place, or an insurance application awaiting approval? Yes – provide details below No

Insurance company: _____

Status of insurance: In force since (year): _____ Awaiting approval

Amount of insurance \$ _____

7. Personal history questions

In this section, *you* and *your* refer to the people being insured. For children being insured for **more than \$250,000** questions should be answered by the parents or guardians.

For My Par Gift policies, prior to completing the personal history questions please carefully review the *My Par Gift terms and conditions* in the booklet called *What you need to know about your life insurance application* (form 17-8942). The relevant section is called *How we collect, use and protect the insured's personal information*.

Travel questions

7.1 Within the **past 12 months**, have you travelled or resided outside of Canada for **more than six months**?

If yes, provide details.

First insured Yes No

Joint insured Yes No

Person to be insured	City and country visited (list all you visited)	Total time you spent there
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured		
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured		
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured		
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured		

7.2 Within the **past 12 months**, have you travelled or resided outside of Canada, the U.S., the Caribbean, United Kingdom or the European Union countries for **any period**?

Note: Although Haiti is part of the Caribbean, if you spent any time in that country, you must declare it below.

If yes, provide details.

First insured Yes No

Joint insured Yes No

Person to be insured	City and country visited or resided in	How many times did you visit this destination?	Total time you spent there
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			

7. Personal history questions (continued)

Travel questions (continued)

7.3 Within the **next 12 months**, do you plan to travel or reside outside of Canada for **more than six months**?

If yes, provide details.

First insured Yes No

Joint insured Yes No

Person to be insured	City and country you plan to visit	Total time you plan to spend there
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured		
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured		
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured		
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured		

7.4 Within the **next 12 months**, do you plan to travel or reside outside of Canada, the U.S., the Caribbean, United Kingdom or the European Union countries for **any period**?

Note: Although Haiti is part of the Caribbean, if you plan to spend any time in that country, you must declare it below.

If yes, provide details.

First insured Yes No

Joint insured Yes No

Person to be insured	City and country you plan to visit or reside in	How many times do you plan to visit this destination?	Total time you plan to spend there
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			

Foreign travel form may be required

If you answered **yes** to 7.1, 7.2, 7.3 or 7.4, we may ask for a customer interview for more information, or you may be asked to complete the *Foreign travel/Residence questionnaire* (form B0443A).

7. Personal history questions (continued)

Smoking questions (age 15 and older)

7.5 In the **past 5 years**, have you used tobacco or any nicotine products?

If yes, provide details.

First insured Yes No

Product (check all that apply)	How many used	How often	Date you last used (month/year)
<input type="checkbox"/> Cigarettes, e-cigarettes		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Cigarillo		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Pipe		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Cigars		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Cannabis or hashish		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Nicotine patch or gum		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Other for example, chewing tobacco, hookah, vaping, snuff, betel nuts, etc. (specify):		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

Joint insured Yes No

Product (check all that apply)	How many used	How often	Date you last used (month/year)
<input type="checkbox"/> Cigarettes, e-cigarettes		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Cigarillo		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Pipe		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Cigars		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Cannabis or hashish		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Nicotine patch or gum		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> Other for example, chewing tobacco, hookah, vaping, snuff, betel nuts, etc. (specify):		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

Alcohol and drug questions (age 15 and older)

7.6 Do you drink alcohol?

(Examples of serving sizes: bottle of beer, glass of wine, or ounce of liquor)

First insured Yes No If yes, how many drinks in total do you have weekly (wine, beer, liquor)? _____

Joint insured Yes No If yes, how many drinks in total do you have weekly (wine, beer, liquor)? _____

7.7 In the **past 5 years**, have you used cannabis or hashish?

If yes, provide details.

Person to be insured	How many used	How often	Date you last used (month/year)
First insured <input type="checkbox"/> Yes <input type="checkbox"/> No		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No		Every: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

7. Personal history questions (continued)

Alcohol and drug questions (age 15 and older) (continued)

7.8 Have you ever been treated, counselled or gone to meetings for alcohol or drug abuse?

First insured Yes No

Joint insured Yes No

7.9 Has a healthcare or other professional ever recommended that you get treatment or counselling or limit the amount of alcohol or drugs you use?

First insured Yes No

Joint insured Yes No

7.10 In the **past 10 years**, have you ever used any drugs or narcotics that weren't prescribed to you (for example, cocaine, LSD, anabolic steroids or amphetamines)?

First insured Yes No

Joint insured Yes No

Drug or alcohol use forms may be required

If you answered **yes** to 7.8, 7.9, or 7.10, we may ask for a customer interview for more information or you may be asked to complete the *Alcohol questionnaire* (form B0430B) and/or the *Drug questionnaire* (form B0426A).

Driving record questions (age 16 and older)

7.11 In the **past 10 years**, have you been charged or convicted of impaired driving or for refusing to give a breath sample?

First insured Yes No

If yes, details and dates (day/month/year): _____

Joint insured Yes No

If yes, details and dates (day/month/year): _____

7.12 Other than noted in 7.11 above, in the **past 3 years** have you been charged or convicted for traffic violations (for example, speeding tickets), or has your driver's licence been suspended or taken away?

First insured Yes No

If yes, details and dates (day/month/year): _____

Joint insured Yes No

If yes, details and dates (day/month/year): _____

7.13 Driver's licence information

Complete for all **yes** answers in 7.11 and 7.12 or if a *Motor Vehicle Report Authorization* is required.

Person to be insured	Your driver's licence number	Province that issued your licence	Date your licence was issued (day/month/year)
First insured			
Joint insured			

Driving record form required

You must complete the *Motor Vehicle Report Authorization* giving us permission to obtain your driving record and attach it to this application if:

- You answered **yes** to 7.11 or 7.12 **and** you hold a driver's licence issued by British Columbia, Manitoba, Quebec, Northwest Territories or Yukon, or
- The amount of life insurance applied for is **\$10 million and more** (**\$2 million and more** if you're **age 70 or older**).

7. Personal history questions (continued)

Criminal record questions (age 18 and older)

7.14 Within the **past 10 years** have you been charged with or convicted of a criminal offence in or outside of Canada, or are there charges pending?

First insured

Yes No If yes, provide details.

Date the offence happened (month/year): _____

Description: _____

What was the sentence? Probation Jail sentence Other (specify): _____

Dates you served your sentence:

Start (month/year): _____

End (month/year): _____

Joint insured

Yes No If yes, provide details.

Date the offence happened (month/year): _____

Description: _____

What was the sentence? Probation Jail sentence Other (specify): _____

Dates you served your sentence:

Start (month/year): _____

End (month/year): _____

High-risk activity questions (age 15 and older)

7.15 In the **past 5 years** have you flown as a pilot, student pilot or crew member of any type of aircraft, or do you plan to in the future?

First insured Yes No

Joint insured Yes No

Aviation form required

If you answered **yes** to 7.15, we may ask for a customer interview for more information, or you can complete the *Aviation questionnaire* (form 17-8321) and attach it to this application.

7.16 In the **past 2 years** have you engaged in any hazardous activity, or do you plan to in the future? Examples include, but are not limited to, racing, scuba-diving, hang-gliding, parachuting, bungee-jumping, ballooning, mountain climbing, helicopter/CAT skiing, or back-country/out-of-bounds skiing/snowmobiling.

First insured Yes No

If yes, state which hazardous activities: _____

Joint insured Yes No

If yes, state which hazardous activities: _____

Hazardous activities form required

If you answered **yes** to 7.16 we may ask for a customer interview for more information, or you can complete the *Hazardous sports/Avocations questionnaire* (form 17-8322) and attach it to this application.

8. Medical questions

In this section, *you* and *your* refer to the people being insured. For children being insured for **more than \$250,000** questions should be answered by the parents or guardians.

For My Par Gift policies, prior to completing the medical questions please carefully review the *My Par Gift terms and conditions* in the booklet called *What you need to know about your life insurance application (form 17-8942)*. The relevant section is called *How we collect, use and protect the insured's personal information*.

Genetic Non-Discrimination Act

You should not tell us about any genetic test (that is, any analysis of DNA or RNA chromosomes) which you may have had. You must however, tell us if you are having treatment for or experiencing symptoms of a genetic condition. You will also be asked to give us full information about your family history, including all genetic conditions.

Healthcare provider information

8.1 Healthcare provider details for first and joint insured

First insured

Full name of regular healthcare provider or the clinic you visit: _____

Type of healthcare provider: Physician Other (specify): _____

Address (street number and name): _____

City: _____ Province: _____

Phone number: _____

Joint insured

Full name of regular healthcare provider or the clinic you visit: _____

Type of healthcare provider: Physician Other (specify): _____

Address (street number and name): _____

City: _____ Province: _____

Phone number: _____

8.2 Tell us about your **last visit** to a healthcare provider

First insured

When was your last visit? _____

Reason you visited: _____

State the tests, results, and treatment: _____

Joint insured

When was your last visit? _____

Reason you visited: _____

State the tests, results, and treatment: _____

Advisor instruction

Is a full paramedical or medical examination for age and amount being completed?

First insured Yes – skip to section 9 No

Joint insured Yes – skip to section 9 No

8. Medical questions (continued)

Height and weight

8.3 First insured

Height: _____ feet _____ inches, or _____ centimetres Weight: _____ pounds, or _____ kilograms

In the **past 12 months**, have you lost more than 10 pounds (4.5 kilograms) or for a child being insured, 5 pounds (2.3 kilograms)?

Yes No If yes, how much and why? _____

Joint insured

Height: _____ feet _____ inches, or _____ centimetres Weight: _____ pounds, or _____ kilograms

In the **past 12 months**, have you lost more than 10 pounds (4.5 kilograms) or for a child being insured, 5 pounds (2.3 kilograms)?

Yes No If yes, how much and why? _____

Your family health history

8.4 Has anyone in your biological family (father, mother, brothers or sisters) had heart disease, cancer or stroke **before age 65**? For all yes answers, complete 8.6. *Details of your biological family health history.*

First insured Yes No

Joint insured Yes No

8.5 Has anyone in your biological family (father, mother, brothers or sisters) **under age 70** ever been diagnosed with the following? For all yes answers, complete 8.6. *Details of your biological family health history.*

- Alzheimer's disease
- Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- Chronic kidney disease
- Dementia
- Diabetes
- Huntington's chorea
- Motor neuron disease
- Multiple sclerosis
- Parkinson's disease
- Polycystic kidney disease
- Any other hereditary disease or disorder?

First insured Yes No

Joint insured Yes No

8.6 Details of your biological family health history

Complete for all yes answers in 8.4 and 8.5.

Person to be insured	Person with condition (check one)	Description of the condition	Age when diagnosed	Current age, if living	If not living, age at death and cause
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister				
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister				
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister				
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister				

8. Medical questions (continued)

Your health history

8.7 Answer the following and for all yes answers, complete 8.11. *Details of your health history*

Have you ever been investigated or treated for or had (or currently have) any known indication of disease or disorder of:

a) The heart, such as:

- | | | | |
|-------------------------|---|--|--|
| • High blood pressure | • Shortness of breath | • Heart murmur | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Bypass or angioplasty | • Angina | • Any other disease or disorder of the heart | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Abnormal ECG | • Irregular heart beat/
palpitations | | |
| • Pacemaker | • Heart attack | | |
| • Chest pain | | | |

b) The blood vessels, such as:

- | | | | |
|--------------------|-----------------------------------|--|--|
| • Aneurysm | • Peripheral vascular disease | • Any other disease or disorder of the blood vessels | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Arteriosclerosis | • Transient ischemic attack (TIA) | | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Stroke | • Circulatory problems | | |
| • Blood clot | | | |

c) The endocrine system, blood or glands, such as:

- | | | |
|------------------------|--|--|
| • Diabetes | • Disease or disorder of the adrenal, pituitary or thyroid glands | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Gestational diabetes | • Elevated (high) cholesterol or triglycerides | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Anemia | • Any other disease or disorder of glands, blood or endocrine system | |
| • Abnormal blood sugar | | |

d) The body, such as:

- | | | | |
|----------|----------|---------------------------------------|--|
| • Cancer | • Polyp | • Growth, lesion, or lump of any type | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Cyst | • Tumour | | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |

e) The skin, such as:

- | | | | |
|-----------------------------|------------------------|---|--|
| • Psoriasis | • Skin sores or ulcers | • Any other disease or disorder of the skin | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Dysplastic nevus syndrome | • Abnormal Moles | | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |

f) The brain or nervous system, such as:

- | | | | |
|------------------------|---|--|--|
| • Epilepsy | • Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) | • Seizures | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Loss of speech | • Motor neuron disease | • Headaches | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Tremors | • Memory loss or impairment | • Dizziness or fainting | |
| • Numbness or tingling | • Convulsions | • Multiple sclerosis | |
| • Loss of sensation | • Parkinson's disease | • Neuritis | |
| • Loss of balance | • Paralysis | • Any other disease or disorder of the brain or nervous system | |
| • Alzheimer's disease | • Weakness of the extremities | | |
| • Migraines | | | |

g) The lungs or respiratory system, or disorders such as:

- | | | | |
|--------------------------------|--|--|--|
| • Asthma | • Chronic obstructive pulmonary disease – COPD | • Emphysema | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Persistent cough or pleurisy | • Sarcoidosis | • Any other disease or disorder of the lungs or respiratory system | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Chronic Bronchitis | • Sleep apnea or sleep disorder | | |
| • Tuberculosis | | | |

h) The gastrointestinal or digestive tract, such as:

- | | | | |
|-------------------------|---|--|--|
| • Ulcerative colitis | • Crohn's disease | • Any other disease or disorder of the stomach, intestines or rectum | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Recurrent indigestion | • Any other disease or disorder of the mouth, throat or esophagus | | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Rectal bleeding | | | |
| • Ulcers | | | |

8. Medical questions (continued)

Your health history (continued)

8.7 (continued)

i) Mental health, such as:

- | | | | |
|----------------------------|--|--|--|
| • Anxiety | • Bipolar disorder | • Developmentally/
intellectually disabled | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • ADD / ADHD | • Schizophrenia | • Any other psychiatric disease
or disorder | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Autism spectrum disorder | • Other psychological,
behavioural, eating or
emotional disorder | | |
| • Depression | | | |
| • Attempted suicide | | | |

j) The immune system, such as:

- | | | |
|---|---|--|
| • Acquired immunodeficiency syndrome (AIDS) or tested
positive for HIV, the virus that causes AIDS | • Scleroderma | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Lupus | • Any other disease or disorder
of the immune system | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |

k) The ears, eyes, nose, or throat, such as:

- | | | | |
|-------------|---|---|--|
| • Blindness | • Optic neuritis or other visual
disturbance | • Any other disease or disorder of
the eyes, ears, nose, or throat | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Deafness | | | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |

l) The pancreas, gall bladder or liver, such as:

- | | | | |
|--------------------------|----------------------------------|--|--|
| • Cirrhosis of the liver | • Hepatitis or hepatitis carrier | • Any other disease or disorder
of the pancreas, gall bladder
or liver | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Pancreatitis | • Jaundice | | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |

m) The kidney, bladder, breast or reproductive organs, such as:

- | | | | |
|---------------------------------|---|--|--|
| • Blood or protein in the urine | • Kidney stones | • Any other disease or
disorder of the kidney,
bladder, prostate, breast or
reproductive system | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Nephritis | • Venereal disease or other
sexually transmitted infection | | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Abnormal pap or
mammogram | • Elevated prostate specific
antigen (PSA) | | |
| • Breast lump | | | |

n) The spine, back, neck, muscles or bones including soft tissue disorders or injuries, such as:

- | | | | |
|----------------------------|---|---|--|
| • Chronic fatigue | • Fibromyalgia | • Any other disease or disorder
of the back, muscles or bones
including joints, neck and
spine or a hip, knee, or other
joint replacement | First insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Osteoarthritis | • Rheumatoid arthritis | | Joint insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Chronic pain | • Conditions causing crippling,
limited motion, or requiring
adaptive devices | | |
| • Repetitive strain injury | | | |

8.8 Answer the following and for all yes answers, complete 8.11 *Details of your health history*, unless you've already given us details elsewhere in this application

- a) In the **past 3 months**, have you undergone a medical or diagnostic test (other than a genetic test) for which you have not received the results?

First insured Yes No

Joint insured Yes No

- b) Are you currently scheduled for, or have you ever been advised to have, any test (other than a genetic test) or procedure that has not been completed?

First insured Yes No

Joint insured Yes No

- c) Other than for a regular annual checkup, are you currently scheduled for or have you been advised to return for a follow-up visit?

First insured Yes No

Joint insured Yes No

- d) Are you aware of any indications or complaints for which you have not yet consulted a healthcare provider or received treatment?

First insured Yes No

Joint insured Yes No

8. Medical questions (continued)

Your health history (continued)

8.9 Answer the following and for all yes answers, complete 8.11. *Details of your health history*, unless you've already given us details elsewhere in this application

In the **past 5 years**:

a) Have you seen multiple healthcare providers, such as physician, chiropractor, psychologist or therapist?

First insured Yes No

Joint insured Yes No

b) Have you had an illness, surgery, injury or disease not mentioned elsewhere in this application?

First insured Yes No

Joint insured Yes No

c) Have you had any diagnostic tests (other than a genetic test) that were not part of a routine examination and are not mentioned elsewhere in this application, **for example** an electrocardiogram, mammogram, X-ray or blood test?

First insured Yes No

Joint insured Yes No

d) Have you been a patient in a hospital, clinic, or other healthcare facility?

First insured Yes No

Joint insured Yes No

e) Have you been absent from work or school for more than **15 days in a row** for health reasons or injury?

First insured Yes No

Joint insured Yes No

8.10 Answer the following if you're **age 70 or older**. For all yes answers, complete 8.11 *Details of your health history*, unless you've already given us details elsewhere in this application.

a) In the **past 3 years**, have you fallen or been injured?

First insured Yes No

Joint insured Yes No

b) Are you currently, or within the **past 5 years**, have you been unable to perform activities of daily living on your own, such as bathing, dressing, toileting, eating, transferring from bed to chair, or controlling bladder or bowel function?

First insured Yes No

Joint insured Yes No

c) Are you currently, or within the **past 5 years**, have you received home care or adult care, or been confined to a home for the aged, nursing home or other institution, or recommended to receive any such care?

First insured Yes No

Joint insured Yes No

d) Are you currently, or within the **past 5 years**, have you been a user of any medical equipment such as a respirator, oxygen device, walker, wheelchair, cane or any other type of mobility assistance?

First insured Yes No

Joint insured Yes No

e) For physical or psychological reasons, do you currently need or use the help or supervision of another person to perform any of the following activities: driving, arranging transportation, using the telephone, managing finances, doing housework or laundry, shopping or meal preparation?

First insured Yes No

Joint insured Yes No

8. Medical questions (continued)

Your health history (continued)

8.11 Details of your health history

If you answered yes to any questions in 8.7 to 8.10, provide details below. Don't include annual physicals. If you've already given us the information in 8.2. *Your last visit to a healthcare provider*, you don't have to give it to us again.

Person to be insured	Question answered yes to	Describe the: 1. Condition or symptoms 2. When the symptoms first occurred 3. The tests, results, and treatment	Name and address of healthcare provider
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			<input type="checkbox"/> Same as 8.1 <input type="checkbox"/> As indicated below:
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			<input type="checkbox"/> Same as 8.1 <input type="checkbox"/> As indicated below:
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			<input type="checkbox"/> Same as 8.1 <input type="checkbox"/> As indicated below:
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			<input type="checkbox"/> Same as 8.1 <input type="checkbox"/> As indicated below:
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			<input type="checkbox"/> Same as 8.1 <input type="checkbox"/> As indicated below:
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			<input type="checkbox"/> Same as 8.1 <input type="checkbox"/> As indicated below:
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			<input type="checkbox"/> Same as 8.1 <input type="checkbox"/> As indicated below:
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured			<input type="checkbox"/> Same as 8.1 <input type="checkbox"/> As indicated below:

9. Financial questions

In this section we've stated in each question to whom *you* and *your* refer.

For My Par Gift policies, prior to completing the financial questions please carefully review the *My Par Gift terms and conditions* in the booklet called *What you need to know about your life insurance application* (form 17-8942). The relevant section is called *How we collect, use and protect the insured's personal information*.

Purpose of insurance

In questions 9.1 and 9.2, *you* and *your* refer to the owners.

9.1 Why are you applying for this life insurance?

Check **all** that apply:

- | | |
|--|---|
| <input type="checkbox"/> Provide income for another person | <input type="checkbox"/> As part of a savings or retirement plan |
| <input type="checkbox"/> Pay mortgages or debt (specify below) | <input type="checkbox"/> Estate planning and protection |
| Mortgages \$ _____ | <input type="checkbox"/> Key person protection for business |
| Other debt \$ _____ | <input type="checkbox"/> Business loan protection (specify below) |
| <input type="checkbox"/> Pay for expenses after death | Outstanding loans \$ _____ |
| <input type="checkbox"/> Give to charity | <input type="checkbox"/> Business buy/sell insurance – provide details in 9.2 |
| <input type="checkbox"/> Other (specify): _____ | |

9.2 If you're buying insurance for **business buy/sell**, answer the following questions – if not, skip to 9.3

What's the annual net income of the business? \$ _____

What is the fair market value of the business? \$ _____

How much of the business do the people being insured own? First insured _____% Joint insured _____%

Are all the owners of the business insured, or applying for life insurance?

- Yes – provide details: _____
- No – state why not: _____

Business loan agreement may be required

If you're applying for business loan protection of **more than \$1 million**, we may contact you to ask you for a copy of the loan agreement.

Current employment

9.3 What is the employment status of the people to be insured?

Person to be insured	Employment status	If employed (including self-employed), occupation and title	If employed, name of employer and number of years with them, or number of years self-employed	Annual income from all sources (\$)
First insured	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student			
Joint insured	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student			

9. Financial questions (continued)

Personal net worth

Complete 9.4 and 9.5 for the people being insured. If a **child** is being insured, the parents or guardians of the children being insured need to complete this section.

9.4 What's your personal net worth (your assets minus your liabilities)?

First insured Personal net worth \$ _____

Joint insured Personal net worth \$ _____

Or combined net worth \$ _____

Parents or guardians for children to be insured

Personal net worth \$ _____

Personal net worth \$ _____

Or combined net worth \$ _____

9.5 Within the **past 5 years**, have you been insolvent, applied for or declared bankruptcy, or submitted a formal consumer proposal to seek protection from creditors?

First insured

Yes No

If yes, provide details: _____

In the case of bankruptcy, has it been discharged?

Yes No

If yes, date discharged (day/month/year): _____

If no, explain why not: _____

Joint insured

Yes No

If yes, provide details: _____

In the case of bankruptcy, has it been discharged?

Yes No

If yes, date discharged (day/month/year): _____

If no, explain why not: _____

Parents or guardians, for children to be insured

Yes No

If yes, provide details: _____

In the case of bankruptcy, has it been discharged?

Yes No

If yes, date discharged (day/month/year): _____

If no, explain why not: _____

9. Financial questions (continued)

Insurance history

In this section, we require information on the adults and children to be insured. **In each question, we state whose information we need.**

9.6 Other than group insurance, do **any of the people to be insured** have individual life, disability or critical illness insurance in force or have other applications pending?

First insured Yes No – skip to 9.8

Joint insured Yes No – skip to 9.8

9.7 Details of insurance history

Person to be insured	Insurance company	Type of insurance	Status of policy	Amount of insurance
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured	<input type="checkbox"/> Canada Life <input type="checkbox"/> Other: Will this policy be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what amount: \$	<input type="checkbox"/> Life <input type="checkbox"/> Critical illness <input type="checkbox"/> Disability Purpose of life insurance: <input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> In force Year issued: <input type="checkbox"/> Awaiting approval	Base insurance: \$ Accidental death benefit: \$ Waiver of premium: \$
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured	<input type="checkbox"/> Canada Life <input type="checkbox"/> Other: Will this policy be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what amount: \$	<input type="checkbox"/> Life <input type="checkbox"/> Critical illness <input type="checkbox"/> Disability Purpose of life insurance: <input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> In force Year issued: <input type="checkbox"/> Awaiting approval	Base insurance: \$ Accidental death benefit: \$ Waiver of premium: \$
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured	<input type="checkbox"/> Canada Life <input type="checkbox"/> Other: Will this policy be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what amount: \$	<input type="checkbox"/> Life <input type="checkbox"/> Critical illness <input type="checkbox"/> Disability Purpose of life insurance: <input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> In force Year issued: <input type="checkbox"/> Awaiting approval	Base insurance: \$ Accidental death benefit: \$ Waiver of premium: \$
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured	<input type="checkbox"/> Canada Life <input type="checkbox"/> Other: Will this policy be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what amount: \$	<input type="checkbox"/> Life <input type="checkbox"/> Critical illness <input type="checkbox"/> Disability Purpose of life insurance: <input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> In force Year issued: <input type="checkbox"/> Awaiting approval	Base insurance: \$ Accidental death benefit: \$ Waiver of premium: \$
<input type="checkbox"/> First insured <input type="checkbox"/> Joint insured	<input type="checkbox"/> Canada Life <input type="checkbox"/> Other: Will this policy be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what amount: \$	<input type="checkbox"/> Life <input type="checkbox"/> Critical illness <input type="checkbox"/> Disability Purpose of life insurance: <input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> In force Year issued: <input type="checkbox"/> Awaiting approval	Base insurance: \$ Accidental death benefit: \$ Waiver of premium: \$

9. Financial questions (continued)

Insurance history (continued)

- 9.8 Has an application for life, health, disability income or critical illness insurance on **any of the people to be insured** ever been declined, postponed or accepted on a basis other than applied for?

First insured

Yes No

If yes, provide the date, name of insurer, type of insurance, decision and reason:

Joint insured

Yes No

If yes, provide the date, name of insurer, type of insurance, decision and reason:

- 9.9 For **any child** to be insured, do the **parents** also have individual life insurance in force or have any applications pending?

Yes No

If yes, provide details:

Status of policy: In force Awaiting approval Amount of insurance \$ _____

Status of policy: In force Awaiting approval Amount of insurance \$ _____

If no, state why not: _____

- 9.10 For **any child** to be insured, do they have brothers or sisters?

Yes No

If yes, do all of the brothers and sisters have (or will they have) the same amount of insurance?

Yes

No – state why not: _____

10. Verifying owner identity and determining third parties for universal life insurance and My Par Gift policies

In this section, *you* and *your* refer to the owners of a **universal life insurance** or a **My Par Gift policy**.

Verifying owner identity

If the owner is a corporation, partnership, trust or other entity

Complete the following forms and attach to this application:

- *Questionnaire for applicants/owners that are entities* (form 17-8295).
- For corporations, also complete a *Certificate of Incumbency* (form 70-0060) or provide an equivalent document confirming that the corporate signing authorities who have signed the application, have power to bind the corporation.

If the owner is a person or sole proprietor

10.1 Provide details below if you're currently employed (including self-employed)

First owner

Your occupation or title: _____

Name of your employer: _____

Nature of your employer's business: _____

Income from other sources: _____

Joint owner

Your occupation or title: _____

Name of your employer: _____

Nature of your employer's business: _____

Income from other sources: _____

10.2 Provide details below if you're retired or unemployed

First owner

Your most recent occupation: _____

Your most recent employer: _____

Nature of your most recent employer's business: _____

Income from other sources: _____

Joint owner

Your most recent occupation: _____

Your most recent employer: _____

Nature of your most recent employer's business: _____

Income from other sources: _____

10.3 Provide details below if you're a homemaker or student

First owner

Income from other sources: _____

Joint owner

Income from other sources: _____

10. Verifying owner identity and determining third parties for universal life insurance and My Par Gift policies (continued)

If the owner is a person or sole proprietor (continued)

10.4 First owner

Identification must be authentic, valid and current government-issued photo ID that is verified in person by the advisor.

Check the type of ID you choose to show:

Driver's licence

Passport

Other (excluding health insurance cards), specify which: _____

Document number: _____

Jurisdiction of issue: _____

Issue date (day/month/year): _____

Expiry date (day/month/year): _____

10.5 Joint owner

Identification must be authentic, valid and current government-issued photo ID that is verified in person by the advisor.

Check the type of ID you choose to show:

Driver's licence

Passport

Other (excluding health insurance cards) – specify which: _____

Document number: _____

Jurisdiction of issue: _____

Issue date (day/month/year): _____

Expiry date (day/month/year): _____

Determining and verifying third parties

For My Par Gift policies, skip questions 10.6 through 10.11. Instead complete the *Policyowner and third party identification* (form 17-8341) and attach to this application.

If the party paying for the policy is not the owner, they are considered a third party. If the insured is not paying for the policy, but they are directing the owner to apply, they are also considered a third party.

Note: The person authorized to sign on behalf of the entity is not a third party and is instead identified on the *Questionnaire for applicants/owners that are entities* (form 17-8295).

10.6 Will any other person or entity (other than the owner) pay for this policy, or have the use of or have access to the policy values while it's in effect; or are they directing the owner to apply for this policy?

Yes No – skip to section 11

10.7 What is the role of the third party?

Check one:

Acting under power of attorney or mandate

Collateral assignee (in Quebec, hypothecary creditor)

Charitable donor

Payor

Other – please specify: _____

10. Verifying owner identity and determining third parties for universal life insurance and My Par Gift policies (continued)

If the third party is a person

10.8 Provide the following information if the third party is a person

Name of third party (first, middle, last): _____

Date of birth (day/month/year): _____

Relationship to owners: _____

Physical address (street number and name): _____

City: _____ Province: _____ Postal code: _____

Phone number: _____

Occupation (or, if not working, most recent occupation): _____

Name of employer (or previous employer): _____

Sources of funds (if paying for the policy): _____

10.9 Provide the following information if someone is signing this application on behalf of an owner (for example, power of attorney). Their identity must be verified in person using government-issued photo-ID that is authentic, valid and current.

Type of photo ID document shown: _____

Document number: _____ Issue date (day/month/year): _____

Jurisdiction of issue: _____ Expiry date (day/month/year): _____

If the third party is an entity

10.10 Provide the following information if the third party is an entity

Name of entity: _____

Relationship to owners: _____

Physical address (street number and name): _____

City: _____ Province: _____ Postal code: _____

Phone number: _____

What is the entity's detailed nature of business? _____

Jurisdiction of registration or incorporation (province or state, and country): _____

Registration or incorporation number: _____

Advisor's confirmation

10.11 Did you (the advisor) see the authentic, valid and current government-issued photo ID and then record the information in the physical presence of the individual identified?

Check one:

Yes – provide the date on which ID was verified in person (day/month/year):

First owner: _____ Joint owner: _____

If applicable:

Third party: _____ Third party ID: _____

No – in this case:

- If the owner is a person, meet with them and complete an *Owner and third party identification* (form 17-8341).
- If you can't meet with the owner in person or if the owner doesn't have valid photo identification, use the dual process to verify the person's identity by completing the *Non-photo owner identification* (form 46-10771). Attach the form to this application.

11. Temporary life insurance questions

In this section, *you* and *your* refer to the people being insured.

If you qualify for temporary life insurance, there's important information you should read in the booklet *What you need to know about your life insurance application* (form 17-8942). The relevant section is called *The temporary life insurance coverage we provide on those who qualify*.

Advisor instruction

To be eligible for temporary insurance, the people being insured **must answer no** to all the questions in section 11 and we must receive a payment with this application. The payment must be equal to the first month's premium, 1/12th of the estimated annual premium, or for a My Par Gift policy 1/12th of the estimated single premium, based on the insurance applied for at our standard rates. We don't accept post-dated payments.

- 11.1** Are you **age 71 or older**, or are any children to be insured **under 15 days old**?
- 11.2** Is the application on your life for **more than \$5 million**?
- 11.3** Within the **past 12 months**, has an application for insurance on your life been declined or postponed?
- 11.4** Within the **past 30 days**, have you consulted or been treated by a healthcare provider (for anything other than an uncomplicated pregnancy or any minor condition for which no follow-up visit has been arranged or contemplated)?
- 11.5** Within the **past 12 months**, have you consulted or been treated by any healthcare provider for any known or suspected heart attack, stroke, cancer or the acquired immunodeficiency syndrome (AIDS) or ever tested positive for HIV, the virus that causes AIDS?

If your answer to one or more of the questions above is **yes**, check yes below. If your answer to all is **no**, check no below.

- First insured Yes No
- Joint insured Yes No
- Child 1 Yes No
- Child 2 Yes No
- Child 3 Yes No
- Child 4 Yes No

12. How you want to pay for the policy

In this section, *you* and *your* refer to the person or entity paying for the policy.

Form required for universal life insurance or My Par Gift policy

If there will be **any payment made to Canada Life for \$100,000 or more** (whether an initial payment with this application and initial scheduled payment, an unscheduled payment, or a My Par Gift single premium payment), then complete a *Politically exposed person (PEP) determination* (form 17-8294) for each owner and any person paying for this policy.

For My Par Gift policies

- Do not complete 12.5. If you want to make any payment by electronic funds transfer, complete the *Electronic Fund Transfer (EFT) One Time Payment Withdrawal Authorization* (form 17-8213) and submit it to Canada Life at the time you want to make the payment.
- Prior to making any payment to Canada Life, carefully review with your advisor the *My Par Gift terms and conditions* in the booklet called *What you need to know about your life insurance application* (form 17-8942). The relevant sections are called *The temporary life insurance coverage we provide on those who qualify*, *Things to know about premium payments and return of premiums* and *Things to know about EFT payments*.

Questions about premiums

12.1 Do the owners want to save age? If yes, this will mean you'll have to pay back-dated premiums.

First insured Yes No

Joint insured Yes No

Do the owners want to adjust the face amount in order to maintain the premium payment level applied for if any person being insured is eligible for a preferred class or if any ratings are applicable (sometimes referred to as *even premium*)?

Yes No

My Par Gift charitable donor name (if applicable): _____

Initial payment with this application

12.2 Are you making an initial payment with this application?

Yes – indicate in 12.3 how you're paying

No – pay on contract delivery (TIA not available), skip to 12.4 or, for My Par Gift, skip to 12.6

12.3 How are you making the initial payment with this application?

Check one:

Cheque made payable to Canada Life \$ _____

Electronic funds transfer from the account listed in 12.5 or, for My Par Gift policies, *Electronic Fund Transfer (EFT) One Time Payment Withdrawal Authorization* (form 17-8213) **Note:** For My Par Gift policies, do not complete 12.5.

Electronic funds transfer from the account you're using to pay for another Canada Life insurance policy (you must be the owner of that account) **Note:** For My Par Gift policies, do not complete the policy number below.

Policy number: _____

12. How you want to pay for the policy (continued)

Ongoing premium payments (not applicable for My Par Gift policies – skip to 12.6)

12.4 How do you want to pay the ongoing premiums?

Check one:

Annually – Canada Life will bill the owners

Monthly – check one:

Pre-authorized withdrawals from the account listed in 12.5

Pre-authorized withdrawals from the account you're using to pay for another Canada Life insurance policy (you must be the owner of that account)

Policy number: _____

12.5 Bank account details for ongoing pre-authorized premium payments and/or an initial one-time EFT payment (not applicable for My Par Gift policies)

Type of account – check one:

Chequing

Savings

Date of monthly premium withdrawals – check one:

Same day as the policy date

On a different day (not available for universal life insurance), specify between 1 and 28: _____

Please provide your account details below.

- The account holder named below must read the section *Your payment agreement* included in the *Life insurance terms and conditions* in the booklet *What you need to know about your life insurance application* (form 17-8942).
- The account holder must also sign section *14. Agreement and signatures*, to approve this pre-authorized debit plan.

Name of account holder: _____

Name of joint account holders, if any: _____

Name of financial institution: _____

Transit number (Scotiabank only): _____

Address: _____

Transit number (5 digits): _____ Bank code (3 digits): _____ Account number: _____

Advisor instruction

For Scotiabank clients, please be sure to give us the additional Scotiabank transit number above.

12. How you want to pay for the policy (continued)

My Par Gift premium payment

12.6 How do you want to pay the single premium payment?

Prior to deciding how you would like to make payment, carefully review with your advisor the *My Par Gift terms and conditions* in the booklet called *What you need to know about your life insurance application* (form 17-8942). The relevant section is called *Things to know about premium payments and return of premiums* and *Things to know about EFT payments*.

Check one:

- Cheque made payable to Canada Life
- Electronic funds transfer – only complete the *Electronic Fund Transfer (EFT) One Time Payment Withdrawal Authorization* (form 17-8213) and submit it to Canada Life **at the time you want to make the payment**, never before

Interest options for the withdrawal of monthly deductions (universal life insurance)

12.7 For universal life insurance policies where the owners have selected more than one interest option, how would you like us to withdraw the monthly cost of insurance?

Check one:

- Withdraw monthly deductions proportionately from all existing interest options (this will be the **default** if you don't check a box)
- Withdraw monthly deductions entirely from the following interest option: _____
(if there are insufficient funds in this option to cover the monthly deductions, we'll withdraw the balance proportionately from all existing interest options)

Source of funds

(complete for universal life insurance and My Par Gift policies)

12.8 Indicate the source of funds for this policy:

- Borrowed funds: Name of lender: _____
Relationship to applicant: _____
- Gifted funds: Name of giver: _____
Relationship to applicant: _____
- Inherited funds
- Salary or income earned
- Sale of physical property or business
- Other (specify): _____

13. Replacing and/or transferring

In this section, *you* and *your* refer to the owners of the existing policy.

Advisor instructions

If a Canada Life, London Life or Great-West Life policy is being replaced (in whole or in part), or if funds are being transferred from a Canada Life, London Life or Great-West Life policy, the owners must complete 13.1 below. They must also complete authorization on the next page.

13.1 What do you want to do with the existing Canada Life, London Life or Great-West Life life insurance policies?

Check **all** that apply:

Name of insured person: _____

Name of owner: _____

Policy number: _____

Surrender and replace:

- Replace **entire policy**, and (select one):
- Transfer surrender proceeds to the new policy (default)
 - Send surrender proceeds to the policy owner
- Replace **term rider only**, and (select one):
- Transfer surrender proceeds to the new policy (default)
 - Send surrender proceeds to the policy owner

Transfer value from an existing inforce policy:

- Paid-up additional coverage \$ _____
- Accumulated dividends \$ _____

Name of insured person: _____

Name of owner: _____

Policy number: _____

Surrender and replace

- Replace **entire policy**, and (select one):
- Transfer surrender proceeds to the new policy (default)
 - Send surrender proceeds to the policy owner
- Replace **term rider only**, and (select one):
- Transfer surrender proceeds to the new policy (default)
 - Send surrender proceeds to the policy owner

Transfer value from an existing inforce policy

- Paid-up additional coverage \$ _____
- Accumulated dividends \$ _____

Form required

If the policy that's being applied for will replace (in whole or in part) an existing life insurance policy, you must follow the replacement disclosure requirements of the applicable province or territory. Where the law requires, you must provide us a copy of any replacement disclosures (for example, a **Life Insurance Replacement Disclosure (LIRD)** and any written explanation for the replacement, or for Quebec, a **Notice of Replacement of Insurance of Persons Contract**).

13. Replacing and/or transferring (continued)

Authorization to replace existing insurance and/or transfer funds

By signing below, you, the owners, any irrevocable beneficiary, and any assignee (in Quebec, hypothecary creditor) understand and agree that:

As the owners, you agree that:

- You're authorizing us to transfer funds according to the option you've chosen on the previous page.
- The option you've chosen will only take effect if and when we place the policy in force.
- If you've asked us to cancel your existing policy and transfer the net cash value, this will end all your rights and coverage under that existing policy.
- If you've asked us to transfer money from your existing policy but keep it in force, you may have less life insurance coverage under that policy. You may also have to pay additional premiums to keep the policy in force.
- Some of the options above may result in taxable income for you that we're required to report to the government.

As an irrevocable beneficiary and/or assignee, you agree that:

- You authorize the options chosen on the previous page by the owners.
- You will not have any status and rights regarding the new policy, unless arranged with the owners of the new policy.

Signed at

City or town: _____ Province: _____ Date (day/month/year): _____

Signature of **owners of existing policies**

X

Name of **owners of existing policies** (first, middle, last – if owner is an entity, the registered or incorporated name)

If owner is an entity, provide **the name and title** of the person authorized to sign

Signature of **joint owners of existing policies**

X

Name of **joint owners of existing policies** (first, middle, last – if joint owner is an entity, the registered or incorporated name)

If joint owner is an entity, provide **the name and title** of the person authorized to sign

Signature of **irrevocable beneficiary**

X

Name of **irrevocable beneficiary** (first, middle, last)

Signature of **collateral assignee**, or in Quebec, the **hypothecary creditor** (including bank stamp or corporate seal, if available)

X

Name of **collateral assignee**, or in Quebec, the **hypothecary creditor** (if the policy has been assigned as security for a loan, the person authorized to sign for the lender, including their title)

14. Agreements and signatures

In this section, *you* and *your* refer to the owners, the people being insured, and the parents or guardians of any children being insured. *We*, *our* and *us* mean The Canada Life Assurance Company and our reinsurers.

By signing below you understand and agree to the following:

- You've received the booklet called *What you need to know about your life insurance application* (form 17-8942).
 - **If this is not an application for a My Par Gift policy**, you have read and understood the *Life insurance terms and conditions* relevant to you in the booklet, as well as the information in this application, and agree to all the terms and conditions in both documents.
 - **If this is an application for a My Par Gift policy**, you have read and understood the My Par Gift terms and conditions relevant to you in the booklet, as well as the information in this application, and agree to all the terms and conditions in both documents.
- The information you've provided in this application is complete, current and accurate, to the best of your knowledge. Any information provided to the advisor is not considered information provided to us, unless included in this application. You understand that the advisor cannot bind us.
- You agree to notify us immediately of any errors, omissions or changes in the information you've provided in this application. This includes any change in residency or citizenship status of an owner or controller of an entity and any change in the international tax classification of an entity.
- If you're signing below on behalf of the owner, you confirm that you are authorized to sign on their behalf and are authorized to bind them. If you're an entity, the persons signing below are the authorized signing officers or authorities who have the authority to bind the entity.
- If you are proposed to be the insured under the policy, you authorize any healthcare provider, medical practitioner, hospital or medically-related facility, insurance company, MIB, LLC., motor vehicle department or any other organization or person that has information about your health and insurability to give us that information.
- You authorize us to obtain a consumer report (known in some jurisdictions as a credit bureau or personal investigation report). Such reports include information regarding credit and occupational history, and other personal information. If you would like a more detailed description of the nature of such reports and the information we receive, please write to:

The Canada Life Assurance Company
Individual Insurance
255 Dufferin Ave
London ON N6A 4K1
- If you are proposed to be the insured under the policy and if there is a change in your situation that could affect your insurability and our decision on this application (for example, any of the information you provided regarding your personal history, medical or financial situation is not correct), you agree to contact your advisor right away. If you don't, this could affect the policy or a future claim.

14. Agreements and signatures (continued)

Signed at

City or town: _____ Province: _____ Date (day/month/year): _____

Signature of **first owner** (if first owner is a corporation, partnership, trust or not for profit, signature of the person authorized to sign)**X**Signature of **joint owner** (if joint owner is a corporation, partnership, trust or not for profit, signature of the person authorized to sign)**X**If **first owner** is a corporation, partnership, trust or not for profit, provide the **name and title** of the person authorized to signIf **joint owner** is a corporation, partnership, trust or not for profit, provide the **name and title** of the person authorized to signSignature of **first insured person**, if other than owner**X**Signature of **joint insured person**, if other than owner**X**Signature of **parent or legal guardian** for any child to be insured, if not the owner**X**Signature of **person insured for waiver of premium or automatic payment benefit**, if other than owner**X**Signature of **witness****X**Name of **witness** (first, middle initial, last)

14. Agreements and signatures (continued)

Optional consent to share information with your advisor

By signing below you, the insureds, understand and agree to the following:

- You give us your consent to share additional information about you and your insurance application with your advisor. The additional information we may share with them is listed in the booklet *What you need to know about your life insurance application* (form 17-8942), in the section *What you agreed to when you signed the application*.
- By signing below, you agree to let the advisor use the additional information to help discuss insurance options and explain underwriting decisions, and for no other purpose.

Indicate whether additional information may be shared with your advisor:

First insured Yes No
 Joint insured Yes No
 Minor child to be insured Yes No

Note: The parent or legal guardian (tutor in Quebec) signing this application on behalf of a child indicates the choice for that child. If no choice is made above between yes and no, the default is no.

Signed at

City or town: _____ Province: _____ Date (day/month/year): _____

Signature of **first insured person**

X

Signature of **parent or legal guardian** for any minor child to be insured

X

Signature of **joint insured person**

X

Signature of **witness**

X

Signature of the person or entity making pre-authorized premium payments

In this agreement, *you* and *your* refer to the holders of the account from which the premium payments will be made, as indicated in 12.5.

- You've read the section called *Your payment agreement* included in the *Life insurance terms and conditions* in the booklet *What you need to know about your life insurance application* (form 17-8942) and you agree to the terms and conditions, authorizations and consents in it.
- You authorize us to make withdrawals from your account to pay the premiums according to the instructions you've given us.
- You understand if the pre-authorized debit agreement is suspended, we may change the method of payment and the owner will remain responsible for paying the premiums. If the owner wants the pre-authorized debit payments to resume, we may require a new agreement.

Signed at

City or town: _____ Province: _____ Date (day/month/year): _____

Signature of **account holder**

X

Signature of **joint account holder**

X

If account holder is a corporation, partnership, trust or not for profit, provide the **name and title** of the person authorized to sign

If joint account holder is a corporation, partnership, trust or not for profit, provide the **name and title** of the person authorized to sign

15. Advisor's report

The *Advisor's report* is not part of the insurance application. *You* and *your* refer to the advisor.

15.1 Will you or a person or organization connected to you own this policy? Yes No

15.2 How did you assess the client's insurance needs? Check **all** that apply:

- The client had an idea about the product they wanted, you reviewed their needs and objectives and documented any additional information before recommending the product.
- You asked the owner about their financial situation and existing insurance coverage and got a good sense of their objectives, needs and priorities.
- You conducted a formal review or took the client through a formal needs assessment, following which you made a recommendation.
- Your recommendation was based on a specific strategy, such as Protecting your estate.
- Other – provide details: _____

You confirm you have the needs assessment on file.

You confirm that you have given your client an advisor disclosure document which states:

- The companies you represent.
- That you will be compensated for the sale of life and health insurance products and may receive compensation in the form of bonus, conferences or other incentives.
- Any actual or potential conflicts of interest you may have with respect to this transaction.

15.3 Are you attaching additional pages to this application?

Yes No

If yes, list items below (for example, special instructions on beneficiaries).

Make sure you include the date, application number, question number, owners' and insureds' names and signatures to any attachments.

15.4 Do you have a reason to believe that any information given in this application may not be true?

For example, the owner answered **no** to third party questions but you suspect third party involvement.

Yes No

If yes, explain:

15.5 Are you submitting any other Canada Life insurance applications related to this one?

For example, two separate applications for a couple or two business owners. Providing this information will help ensure Canada Life handles related cases together.

Yes – complete the table below No – skip to 15.7

Person to be insured	Type of insurance	Canada Life application number
	<input type="checkbox"/> Life <input type="checkbox"/> Critical illness <input type="checkbox"/> Disability	
	<input type="checkbox"/> Life <input type="checkbox"/> Critical illness <input type="checkbox"/> Disability	
	<input type="checkbox"/> Life <input type="checkbox"/> Critical illness <input type="checkbox"/> Disability	

15.6 Do you want the policies listed in 15.5 to be issued at the same time?

- Yes – issue all policies at the same time
- No – issue each policy as it is approved
- Other – provide special instructions in 15.10

15. Advisor's report (continued)

15.7 Advisor information – the advisor listed first will be the servicing advisor

Advisor's name (first, middle, last)	Advisor code	Product solutions centre	Share of the commission they'll receive (total 100%)

15.8 Additional individuals authorized by the advisor to receive emails relating to this application not already identified in your *New Business* advisor preferences.

Name of person (first, middle, last)	Email address	Relationship to the advisor

15.9 Does this application require a paramedical exam or medical test? Yes No

If yes, how will you obtain the medical information?

You want us to arrange for the medical exam or test

You want us to use the information from Canada Life policy number: _____

Double check! Evidence is good for 12 months for ages 70 and under and for 6 months for ages over 70.

You want us to get the information from another insurance company

Name of insurance company: _____

Policy or application number from that company: _____

You will arrange to get the information from the paramedical company as identified below

Complete the following information only if you will be arranging the medical information.

First insured

Name of paramedical company or examiner: _____

If known, date of appointment (day/month/year): _____

Tests you've ordered (check **all** that apply):

Paramedical Blood profile Vitals Resting ECG

Medical exam Urine specimen Stress ECG Other: _____

Joint insured

Name of paramedical company or examiner: _____

If known, date of appointment (day/month/year): _____

Tests you've ordered (check **all** that apply):

Paramedical Blood profile Vitals Resting ECG

Medical exam Urine specimen Stress ECG Other: _____

15. Advisor’s report (continued)

15.10 Does this application require explanation or special instructions?

Yes – provide details below No

Explanation or special instructions

Your signature

By signing below you confirm that:

- You’ve asked all the questions in this application and fully recorded the answers.
- You know nothing else that would change our decision on this application, other than what you’ve told us in this report.
- If this is **not** an application for a My Par Gift policy, you’ve given the owner a copy of the booklet *What you need to know about your life insurance application* (form 17-8942) and gone through the *Life insurance terms and conditions*.
- If this is an application for a **My Par Gift policy**, you’ve given the owner, insured and payor (if different from the owner and insured) a copy of the booklet *What you need to know about your life insurance application* (form 17-8942) and gone through with each party the relevant sections of the *My Par Gift terms and conditions*.

Signed at _____
City or town: _____ Province: _____ Date (day/month/year): _____

Signature of advisor

X

Name of advisor



Visit **canadalife.com**

Toll-free phone: **1-888-252-1847**

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What you need to know about your life insurance application



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Welcome and thanks for applying with us

This booklet should be read carefully and kept in a safe place for future reference.
If you have any questions during the application process, please contact your advisor.

Life insurance terms and conditions

For My Par Gift policy applications, skip to *My Par Gift terms and conditions*.

Receipt for initial premium payment

Note: Making a payment with this application does not guarantee temporary insurance will be provided, or that we'll issue a policy.

The owner and insureds must meet all application terms and conditions before we'll provide coverage or issue any policy.

Insurance application number: _____

Amount paid \$ _____

Name of person paying

First name: _____

Middle name: _____

Last name: _____

Signed at

City or town: _____ Province: _____

Date (day/month/year): _____

Name of advisor

First name: _____

Last name: _____

Signature of **advisor**

X

Life insurance terms and conditions (continued)

What you agreed to when you signed the application

In this section, *you* and *your* refer to the owners and the insureds.

By signing the application, you agreed to the following:

- The information you've given us is complete and accurate to the best of your knowledge.
- You'll notify your advisor immediately of any changes in your habits, activities, medical or financial situation.
- You authorize the release of additional information that we may require as part of our review.
- The terms and conditions of temporary life insurance, if you qualify.
- The terms and conditions of the payment agreement (if you're paying premiums monthly).
- How we handle and protect your personal information.
- How we pay death benefits.
- If you've applied for universal life insurance, you authorize us to obtain a consumer or credit report for identification purposes if you have not provided us with sufficient ID.
- You will notify Canada Life as soon as possible if there are any changes to your personal information, including your name, address, occupation, purpose or intended use of the policy. If you are an entity, please notify Canada Life of any changes in your beneficial ownership and authorized signing officers. Providing updated information will ensure you receive important communications about your policy and will allow Canada Life to remain compliant with applicable laws while servicing your policy.
- You have reviewed the *Life insurance and conditions* section of this booklet in its entirety, and agree to and understand all of the terms and conditions relevant to you as set out.

Detailed descriptions of each item are found in the following pages.

The information you've given us is complete and accurate

The term *application* consists of the application form you signed, along with other information you might need to provide, questionnaires completed, or results from interviews, whether over the phone or in person, with a healthcare professional.

You confirm all the information you're giving us is truthful, accurate and complete, to the best of your knowledge. If it's not, you understand we may deny future claims and cancel any policy we've issued.

You understand we're not required to return or keep original documents relating to your application, or give you copies of them, unless we've agreed to or the law requires us to. If we convert any documents into another format or medium (for example, if we convert a paper document into an electronic document), you agree they're just as valid as the original.

Life insurance terms and conditions (continued)

You'll notify your advisor immediately of changes in your habits, activities, medical or financial situation

You agree to let your advisor know immediately if something changes in your situation that might affect your eligibility for insurance ("insurability"). That includes changes that take place between the time the application was signed and when you receive a contract (if we issue one), as well as changes that took place before the application was signed, but that you were not aware of at the time. We take into account your insurability in determining whether or not to offer an insurance policy. Not letting us know of a change could affect your policy, or a future claim.

Your insurability is influenced by things like:

- Information about your health, including medical or laboratory tests or investigations you've undergone or that have been scheduled or recommended, any medications you're taking or have been recommended, illnesses, infectious diseases and information about any accidents or injuries you've experienced
- Information about smoking, alcohol or drug use, including your participation in recovery programs
- Your occupation and employment history
- Your personal financial situation and net worth
- Personal history, including any high-risk activities
- Criminal and driving record
- The relationship between the owner, the insured and the payor
- Other information that might affect our decision to insure you, such as travel history

You authorize the release of additional information

We may need you to undergo additional interviews, medical exams or tests or complete other questionnaires. We will only ask for this to confirm you meet our insurance requirements. You understand that if you can't undergo these interviews or exams or decide not to, we will not be able to continue processing your application.

You authorize any healthcare provider, medical practitioner, hospital or medically-related facility, insurance company, MIB, LLC., motor vehicle department or any other organization or person that has information about you or your health to give us that information.

About MIB, LLC.

From time to time we, or the reinsurance companies we work with, may share or request information about you with MIB, LLC.

Canada Life treats the information about your insurability as confidential. However, we and our reinsurers may make a brief report to MIB, LLC., a not-for-profit organization of life and health insurance companies operating an information exchange on behalf of its members. If you apply for insurance coverage or submit a claim to another MIB, LLC., member company, MIB, LLC., will, on request, supply that company with the information in its file.

Life insurance terms and conditions (continued)

If you apply to another insurance company for life or health insurance, or if you submit a claim to another company, we or our reinsurers may also share information in your file directly with that company.

Your personal information will be stored by MIB, LLC., outside Canada. An individual's consumer file at MIB, LLC., may be accessible to U.S. law enforcement and U.S. national security authorities for investigations against terrorist and clandestine intelligence activities; provided that such authorities comply with the consumer privacy protections specified in applicable U.S. laws.

You may ask to see your personal information on file with MIB, LLC., and correct anything that's inaccurate or incomplete. For more information about MIB, LLC., call 1-866-692-6901 or write:

MIB, LLC.

400-50 Braintree Hill Park

Braintree MA 02184- 8734

Or visit Canadadisclosure@mib.com

The temporary life insurance coverage we provide on those who qualify

In this section, *you* and *your* refer to the people to be insured unless we explain differently.

For those who qualify, we provide temporary life insurance while you wait for us to process the application. If you qualify and die while temporary insurance is in effect, we'll pay the benefit described here to the beneficiaries named in the application. Temporary insurance only provides life insurance coverage and doesn't provide coverage for any waiver of premium or automatic premium benefits.

It's available only if all these conditions are met:

- We receive an initial payment with the signed application equal to the estimated first month's premium or 1/12th of the estimated annual premium, based on the insurance applied for at our standard rates.
- The application is for life insurance totaling \$5 million or less.
- The application isn't for taking advantage of an option in an existing policy to buy additional insurance.
- The application isn't for converting group insurance coverage to an individual policy with us.
- You're at least 15 days old and under age 71.
- You truthfully answer no to all of the temporary life insurance questions in your application.

Those who answered *yes* to any temporary life insurance questions or left any of the questions blank don't qualify.

When temporary coverage starts and ends

Temporary life insurance starts on the date the application was signed and we receive the first payment equal to the estimated first month's premium or 1/12th of the estimated annual premium, based on the insurance applied for at our standard rates. The payment must be submitted with the application and cannot be post-dated.

Life insurance terms and conditions (continued)

It ends immediately when any of the following happens:

- After 90 days if the policy isn't yet in effect
- The policy goes into effect
- The owner asks us to cancel the application
- We cancel or decline your application
- A person covered by this agreement commits suicide (whatever the person's state of mind and whether or not the person is able to understand the nature and consequences of his or her actions at that time)

How we handle your initial payment

If we issue you a policy, we will credit the initial payment you provided to your policy. If we don't issue a policy, we'll refund the initial payment to the owner.

What happens at 90 days

The temporary life insurance ends at 90 days if it hasn't ended earlier. If we haven't finished processing your application in 90 days, we'll continue processing it.

Exclusion: What happens if there's a suicide

If this agreement ends because a person covered under this agreement commits suicide, we won't pay any death benefit for any person covered under this agreement. The insurance application is also cancelled, effective on the date of death. We'll refund to the owner any payments made with the application.

How much coverage we provide

On each person who qualifies, we offer the same amount of coverage as applied for in the application, up to the maximums described next. If the application is for joint coverage, we pay death benefits according to the plan applied for (joint first-to-die or joint last-to-die).

The most we'll pay for all people covered under a single temporary insurance agreement or under multiple agreements (single or joint) is \$1 million in total.

If someone is covered under multiple agreements

If one person is covered under more than one temporary insurance agreement with us, the most we'll pay for all claims together for that person is \$1 million. In a situation where more than one person submits a claim under the separate agreements and the total death benefit for the person covered would exceed the maximum, we'll allocate the \$1 million among those making the claims in a fair and reasonable way.

Life insurance terms and conditions (continued)

Your payment agreement

In this section, *you* and *your* refer to the holder (or holders) of the account from which payments will be made. If the account holder isn't the owner, please give a copy of this section to the account holder.

Pre-authorized debit agreement

If we issue a policy, there's important information in the contract about making premium payments. By signing the insurance application, you authorize us and your financial institution to withdraw the premium and related payments you've agreed to make regardless of any change in policy ownership. Details of your financial institution, account and the amount and frequency of payments are listed in the insurance application.

Payments may vary from one withdrawal to the next for reasons like increasing tax rates and will continue regardless of any change in policy ownership. **You don't require us to let you know in advance if the withdrawal amount changes.**

You can make the payments annually or monthly and change the frequency at any time. If you choose to pay premiums monthly, we'll include a charge for factors such as administrative costs. This means premiums you pay over the course of the year will be more than if you paid them once a year.

The first premium is required before the policy can take effect. Except for universal life insurance, you may specify a different withdrawal date for your subsequent premium payments, but that doesn't change when premiums are due.

If your financial institution refuses a withdrawal

If your financial institution refuses a withdrawal because of non-sufficient funds (NSF) in your account, we'll consider the payment unpaid and we may suspend this payment agreement. We have the option of trying again to withdraw the amount. If your financial institution still refuses the withdrawal, we'll suspend this payment agreement.

You're responsible for any NSF fees charged by your financial institution if they refuse a withdrawal.

You understand if we suspend this payment agreement, we may change the method of payment and the owner of the policy will remain responsible for paying premiums. If the owner later wants the pre-authorized debit payments to resume, we may require a new pre-authorized debit agreement.

Life insurance terms and conditions (continued)

Your rights regarding unauthorized withdrawals

You agree to review your account information regularly. If you find a transaction made under this payment agreement doesn't match your records, you have 90 days from the date of the transaction to contact us by calling our Client Service Centre at 1-888-252-1847. You agree, if you don't contact us within 90 days, you will no longer have the right to challenge the transaction and we'll consider the transaction to be correct.

You have the right to be reimbursed for any debit that is not authorized or does not comply with this payment agreement.

Account changes

If your bank account information changes, you must tell us at least 14 days before we're scheduled to make the next withdrawal. In most cases, we can accept verbal instructions from you to change your account information, assuming the account owner hasn't changed. You can call our Client Service Centre at 1-888-252-1847.

Your personal information

We may collect, store, use and disclose your personal information as needed with regard to this payment agreement. If you're not the owner of the policy, we may share any information about this payment agreement with the owner, including payment information.

Cancelling this payment agreement

You may cancel this payment agreement by giving us 30 days written notice. Contact your financial institution or **cdnpay.ca** for a sample cancellation form or for information about cancellation rights.

We may also cancel the payment agreement, in which case we'll give you (or the owner) 30 days written notice.

For more information about this payment agreement, contact our Client Service Centre at 1-888-252-1847 or write to us at:

The Canada Life Assurance Company
Individual Insurance
255 Dufferin Avenue
London ON N6A 4K1

You agree that a copy of this agreement is as valid as the original.

Life insurance terms and conditions (continued)

How we collect, use and protect your personal information

In this section, *you* and *your* refer to the owners and the insureds.

You authorize us to collect, store, use and share your personal information to process your application, administer any policy we issue and process claims, manage and document our relationship, and as otherwise allowed or required by law. Your authorization started the date you signed your application and continues as long as we need it, which may continue past your death as we process a claim. You may withdraw your consent at any time by letting your advisor know in writing, as long as there are no legal reasons preventing your withdrawal and subject to the legal rights of others, including ourselves, and applicable law. You understand that if you modify or withdraw your authorization, it may result in, among other things, our inability to provide or continue to provide insurance or process claims.

We know protecting your information is important, so we treat it with care. We keep your information confidential at our Canada Life offices.

We may share your information with other companies or individuals as part of assessing an application.

We share it only with those who need to know

For example:

- The people who work for us
- Our service providers
- The reinsurance companies we work with
- Your advisor and people who work with your advisor (this may include additional information if in the application you've agreed to this)
- Others if legally required to

Sometimes, we work with service providers outside Canada. In those cases, your personal information will be subject to the laws, including public authority access laws that apply in those countries.

We also use your personal information to administer your insurance policy, process claims, and as legally allowed or required. We may also use it to offer you, the owner, other financial products or services, or to help you with your financial objectives or for other reasons you've authorized.

Where you've provided your Social Insurance Number (or, in the case of an entity owner, such as a corporation, your Federal Business Number (BN) and/or, as applicable, Quebec Enterprise Number (NEQ)), we will keep it on record and you agree we may use it for tax reporting, identification and record-keeping purposes.

We may release your medical results to a healthcare provider or clinic you named in your application.

Life insurance terms and conditions (continued)

Important information about the contract package

If we issue a policy, the contract package we provide includes personal information about the owner and the people being insured. If you're the insured but not the owner, you agree your personal information will be shared with the owner. We may also give a copy of the contract package to any subsequent owner, a beneficiary, estate representative, or someone who provides a loan in exchange for rights to the policy, as the law or your agreement with that person requires. If an owner or insured later decides to withdraw from the application, that person's information will still be part of any copy of the contract package we provide, unless they give us written instructions to remove it.

If you've given us **optional** consent to share additional information with your advisor

In some provinces, your advisor is required by law to keep a copy of your application in their secure files. In addition to the information you provide in the application, you may have also given us consent to share additional information about you with your advisor during the application process. You understand this consent is **optional** and, if given to us, it ends as described here. You understand the information we share could include anything related to your insurability.

You may withdraw your consent at any time by letting us know in writing. When we receive your request, we won't give to your advisor any further personal information related to your habits, activities, medical or financial situation.

If we don't issue a policy, your consent will be valid until 60 days after we send you a notice declining or cancelling your application.

To withdraw your consent, write to us at:

The Canada Life Assurance Company
Individual Insurance
255 Dufferin Avenue
London ON N6A 4K1

Your right to review your personal information

You have the right to review your personal information in our file and ask us to correct it. You may also ask us for more information about your personal information authorization and how we protect your personal information, including with other service providers.

To request this information, write to us at:

Canada Life Chief Compliance Officer
255 Dufferin Avenue
London ON N6A 4K1

Or visit canadalife.com

Life insurance terms and conditions (continued)

How we pay death benefits

In this section, *you* and *your* refer to the owners.

By using the beneficiary section of the application, you're agreeing to what's outlined here. If you gave us any special written instructions separately, the terms outlined here might not apply.

If your application includes more than one person being insured (for example, the first insured and a child insured under a child's term life insurance rider) the additional terms apply separately to each insured.

We describe scenarios here when a beneficiary dies before or at the same time as the insured. It's important to remember:

- Death benefits we pay are only payable after the insured dies
- A beneficiary can't receive insurance proceeds unless they survive the insured

The information described in this section is always subject to the terms of your beneficiary designations, and to applicable law. If you're aware a beneficiary hasn't survived the insured, it's a good practice to update your designations.

If a primary beneficiary doesn't survive the insured

If a primary beneficiary does not survive the insured, then the deceased beneficiary's share will be allocated equally between the surviving primary beneficiaries. This will happen whether you had allocated equal or unequal shares of the death benefit to the surviving primary beneficiaries.

If there are no surviving primary beneficiaries, the benefit would be paid to the contingent beneficiaries or to you or your estate if no contingent beneficiaries were named.

If a contingent beneficiary doesn't survive the insured

We'd reallocate their share in the same way we do when a primary beneficiary doesn't survive the insured.

Naming an estate or another entity as a primary beneficiary

For some people, naming the insured's estate or another entity (like a charity or corporation) as a primary beneficiary is an important financial planning tool.

One of the options in the application for the base policy is to name contingent beneficiaries to be entitled to payment only if **all** the primary beneficiaries don't survive the insured. If you select this option but name the insured's estate or an entity as a primary beneficiary, it may not be possible for contingent beneficiaries to ever become entitled to payment.

If you've applied for participating or universal life insurance

You understand that certain policy values and features aren't guaranteed.

My Par Gift terms and conditions

Receipt for initial premium payment

Note: Canada Life's receipt of a payment with this application does not guarantee temporary insurance will be provided, or that we'll issue a policy.

The owner and insured must meet all application terms and conditions before we'll provide coverage or issue any policy.

Insurance application number: _____

Amount paid \$ _____

Name of person paying

First name: _____

Middle name: _____

Last name: _____

Signed at

City or town: _____ Province: _____

Date (day/month/year): _____

Name of advisor

First name: _____

Last name: _____

Signature of advisor

X

My Par Gift terms and conditions (continued)

What you agreed to when you signed the application

In this section, *you* and *your* refer to the owners and the insureds.

By signing the application, you agreed to the following:

- The information you've given us is complete and accurate to the best of your knowledge.
- You'll notify your advisor immediately of any changes in your habits, activities, medical or financial situation.
- You authorize the release of additional information that we may require as part of our review.
- The terms and conditions of temporary life insurance, if you qualify.
- You understand what the insured needs to know about the policy.
- How we handle premium payments and return of premiums (if you are paying the premium).
- How we handle EFT payments.
- How we handle and protect your personal information.
- How we pay death benefits.
- Important information about the contract package.
- That certain policy values and features are not guaranteed.
- You authorize us to obtain a consumer or credit report for identification purposes if you have not provided us with sufficient ID.
- You will notify Canada Life as soon as possible if there are any changes to your personal information, including your name, address, occupation, purpose or intended use of the policy. If you are an entity, please notify Canada Life of any changes in your beneficial ownership and authorized signing officers. Providing updated information will ensure you receive important communications about your policy and will allow Canada Life to remain compliant with applicable laws while servicing your policy.
- You have reviewed the *My Par Gift terms and conditions* section of this booklet in its entirety, and agree to and understand all of the terms and conditions relevant to you as set out.

Detailed descriptions of each item are found in the following pages.

The information you've given us is complete and accurate

For the terms and conditions of this section, please see the section with the same name under the *Life insurance terms and conditions*. The terms and conditions for a My Par Gift policy are the same.

You'll notify your advisor immediately of changes in your habits, activities, medical or financial situation

For the terms and conditions of this section, please see the section with the same name under the *Life insurance terms and conditions*. The terms and conditions for a My Par Gift policy are the same.

My Par Gift terms and conditions (continued)

You authorize the release of additional information

For the terms and conditions of this section, please see the section with the same name under the *Life insurance terms and conditions*. The terms and conditions for a My Par Gift policy are the same.

About MIB, LLC.

For the terms and conditions of this section, please see the section with the same name under the *Life insurance terms and conditions*. The terms and conditions for a My Par Gift policy are the same.

What the insured needs to know about the policy

In this section, *you* and *your* refer to the people to be insured unless we explain differently.

Policyowner rights

As the registered charity will be the owner of the policy, you will not have any control of the policy or say in how any of the rights provided under the policy are exercised by the owner. For example, some of the rights the owner will be able to exercise in their absolute discretion are as follows (not an exhaustive list):

- The right to designate beneficiaries.
- The right to transfer ownership of the policy to a different registered charity.
- The right to obtain a policy loan or assign the policy as collateral for a loan from a commercial lender.
- The right to surrender the policy for its cash surrender value at any time.

In the event the owner transfers ownership of the policy to another registered charity, the new owner will then have full control of the policy on your life and the say in how any of the rights provided under the policy are exercised.

Reduction of future coverage available on your life

Although there can be multiple insurance policies on your life, there is a limit to the total amount of coverage that can be provided on any one life across policies and across all insurance carriers (whether the policies are owned by you or a third party, such as the registered charity in this case).

This means that if you apply for another policy in the future, if the maximum total amount of insurance coverage available on your life has already been reached, you may find that you are unable to obtain the insurance coverage in the amount you want or need. On any future insurance application for coverage on your life, you will be asked to provide the total aggregate amount of coverage that has been issued on your life at the time of application, across all policies and all insurance carriers (including the My Par Gift policy).

My Par Gift terms and conditions (continued)

In addition to the amount of coverage that is provided on your life under this policy at issue, the policy also contains one dividend option that allows the owner to purchase, without your consent, additional coverage on your life using policy dividends – that is, the paid-up additional coverage.

The temporary life insurance coverage we provide on those who qualify

In this section, *you* and *your* refer to the people to be insured unless we explain differently.

For those who qualify, we provide temporary life insurance while you wait for us to process the application. If you qualify and die while temporary insurance is in effect, we'll pay the benefit described here to the beneficiaries named in the application.

It's available only if all these conditions are met:

- We receive an initial payment with the signed application equal to 1/12th of the estimated single premium, based on the insurance applied for at our standard rates.
- The application is for life insurance totaling \$5 million or less.
- You're under age 71.
- You truthfully answer no to all of the temporary life insurance questions in your application.

Those who answered yes to any temporary life insurance questions or left any of the questions blank don't qualify.

When temporary coverage starts and ends

Temporary life insurance starts on the date the application was signed and we receive the first payment equal to 1/12th of the estimated single premium, based on the insurance applied for at our standard rates. The payment must be submitted with the application and cannot be post-dated.

It ends immediately when any of the following happens:

- After 90 days if the policy isn't yet in effect
- The policy goes into effect
- The owner or insured asks us to cancel the application
- The payor asks for a return of the payment made
- We cancel or decline your application
- A person covered by this agreement commits suicide (whatever the person's state of mind and whether or not the person is able to understand the nature and consequences of his or her actions at that time)

My Par Gift terms and conditions (continued)

How we handle the initial payment

If we issue a policy to the owner, we will credit the initial payment made with the application to the policy. If we don't issue a policy, we'll refund the initial payment to the person who made the initial payment.

What happens at 90 days

The temporary life insurance ends at 90 days if it hasn't ended earlier. If we haven't finished processing the application in 90 days, we'll continue processing it.

Exclusion: What happens if there's a suicide

If this agreement ends because a person covered under this agreement commits suicide, we won't pay any death benefit for any person covered under this agreement. The insurance application is also cancelled, effective on the date of death. We'll return any payment made with the application to the person who made the payment.

How much coverage we provide

On each person who qualifies, we offer the same amount of coverage as applied for in the application, up to the maximums described next. If the application is for joint coverage, we pay death benefits according to the plan applied for (joint first-to-die or joint last-to-die).

The most we'll pay for all people covered under a single temporary insurance agreement or under multiple agreements (single or joint) is \$1 million in total.

If someone is covered under multiple agreements

If one person is covered under more than one temporary insurance agreement with us, the most we'll pay for all claims together for that person is \$1 million. In a situation where more than one person submits a claim under the separate agreements and the total death benefit for the person covered would exceed the maximum, we'll allocate the \$1 million among those making the claims in a fair and reasonable way.

My Par Gift terms and conditions (continued)

Things to know about premium payments and return of premiums

In this section, *you* and *your* refer to the person or entity paying for the policy, who may also be the owner or the insured.

Return of premiums

Any return of any payment made by you prior to the policy coming into effect, will be paid to you. You may request a return of your payment at any time prior to the policy coming into effect.

Any return of premium after the policy comes into effect, will be paid to the owner. Reasons may include the owner electing to void the policy within the 10 day free-look period, the owner electing to surrender the policy for its cash surrender value, or Canada Life voiding the policy in accordance with applicable law.

If the tax year in which your donation is recognized is important to you

If you are paying the policy premium for the purpose of making a charitable donation to the registered charity owner, any charitable donation tax receipt will be issued to you by the owner, not by Canada Life.

We cannot guarantee, if you choose to pay Canada Life directly instead of the owner, that the calendar year you make payment to Canada Life will be the calendar year the owner recognizes your donation for the purpose of issuing you a charitable donation tax receipt. Rather, the calendar year in which the policy is placed in effect will be the calendar year the donation is recognized. This means that if you pay us in the current calendar year but due to underwriting and delivery processing, the policy is not in effect until next calendar year, you will not receive a charitable donation tax receipt recognizing the donation for the current calendar year.

If you need certainty regarding the tax year in which your donation will be recognized by the owner, pay the owner directly during that tax year instead of Canada Life.

Things to know about EFT payments

In this section, *you* and *your* refer to the holder (or holders) of the account from which payments will be made according to any completed *Electronic Fund Transfer (EFT) One Time Payment Withdrawal Authorization* (form 17-8213) submitted to Canada Life to make payment for a My Par Gift policy (whether the initial payment or single premium payment).

If the account holder isn't the owner or the insured, please give a copy of this section to the account holder.

My Par Gift terms and conditions (continued)

If your financial institution refuses a withdrawal

If your financial institution refuses a withdrawal because of non-sufficient funds (NSF) in your account, we'll consider the payment unpaid. We have the option of trying again to withdraw the amount. If your financial institution still refuses the withdrawal, we'll continue to consider the payment unpaid.

You're responsible for any NSF fees charged by your financial institution if they refuse a withdrawal.

You understand if the premium is not paid, we may change the method of payment and the owner of the policy will remain responsible for paying premiums. If the owner later asks us to try again to withdraw the amount, we may require you to complete a new *Electronic Fund Transfer (EFT) One Time Payment Withdrawal Authorization* (form 17-8213) and submit it to Canada Life again.

Your rights regarding unauthorized withdrawals

You agree to review your account information regularly. If you find the transaction made under the *Electronic Fund Transfer (EFT) One Time Payment Withdrawal Authorization* (form 17-8213) doesn't match your records, you have 90 days from the date of the transaction to contact us by calling our Client Service Centre at 1-888-252-1847. You agree, if you don't contact us within 90 days, you will no longer have the right to challenge the transaction and we'll consider the transaction to be correct.

You have the right to be reimbursed for any electronic fund transfer that is not authorized or does not comply with the completed *Electronic Fund Transfer (EFT) One Time Payment Withdrawal Authorization* (form 17-8213).

Account changes

If your bank account information changes prior to us processing your EFT payment, please contact your advisor.

Your personal information

We may collect, store, use and disclose your personal information as needed with regard to your completed *Electronic Fund Transfer (EFT) One Time Payment Withdrawal Authorization* (form 17-8213). If you're not the owner of the policy, we may share any information about your payment with the owner, including payment information, if they need it for the purpose of issuing you a charitable tax receipt.

My Par Gift terms and conditions (continued)

How we collect, use and protect the insureds personal information

In this section, *you* and *your* refer to the insureds.

You authorize us to collect, store, use and share your personal information to process your application, administer any policy we issue and process claims, manage and document our relationship, and as otherwise allowed or required by law. Your authorization started the date you signed the application and continues as long as we need it, which may continue past your death as we process a claim. You may withdraw your consent at any time by letting your advisor know in writing, as long as there are no legal reasons preventing your withdrawal and subject to the legal rights of others, including ourselves, and applicable law.

We know protecting your information is important, so we treat it with care. We keep your information confidential at our Canada Life offices.

We may share your information with other companies or individuals as part of assessing an application.

We share it only with those who need to know

For example:

- The people who work for us
- Our service providers
- The reinsurance companies we work with
- Your advisor and people who work with your advisor (this may include additional information if in the application you've agreed to this)
- Others if legally required to

Sometimes, we work with service providers outside Canada. In those cases, your personal information will be subject to the laws, including public authority access laws that apply in those countries.

We also use your personal information to administer your insurance policy, process claims, and as legally allowed or required. We may also use it to offer you, the owner, other financial products or services, or to help you with your financial objectives or for other reasons you've authorized.

Where you've provided your Social Insurance Number (or, in the case of an entity owner, such as a corporation, your Federal Business Number (BN) and/or, as applicable, Quebec Enterprise Number (NEQ)), we will keep it on record and you agree we may use it for tax reporting, identification and record-keeping purposes.

We may release your medical results to a healthcare provider or clinic you named in your application.

My Par Gift terms and conditions (continued)

Handling of, and access to, your personal information

Certain sections of the policy application, and other forms or questionnaires completed by you either at the time of application completion or during the underwriting process, contain sensitive personal information about you, such as your personal history and your answers to medical and financial questions. Your personal information (including your answers to sections 7 through 9 of the application) will be removed from the owner's contract package but delivered to you. Neither the owner, nor any other person, will have unrestricted access to your personal information upon request unless you have provided your consent.

However, when legally necessary your personal information may be made available to the owner, subsequent owner, beneficiary, estate representative, or a lender who has provided a loan in exchange for rights to the policy, such as in the event we decline a claim following the claims adjudication process.

In addition, if you have answered a question incorrectly in the application, other forms or questionnaires provided to Canada Life either at the time of application or during the underwriting process or you have provided Canada Life with new or updated information during the underwriting process, the correction or new or updated personal information will be included as an amendment in the owner's contract and therefore made available to the owner or any subsequent owner.

If you've given us **optional** consent to share additional information with your advisor

For the terms and conditions of this section, please see the section with the same name under the *Life insurance terms and conditions*. The terms and conditions for a My Par Gift policy are the same.

Your right to review your personal information

You have the right to review your personal information in our file and ask us to correct it. You may also ask us for more information about your personal information authorization and how we protect your personal information, including with other service providers. To request this information, write to us at:

Canada Life Chief Compliance Officer
255 Dufferin Avenue
London ON N6A 4K1
Or visit canadalife.com

My Par Gift terms and conditions (continued)

Important information about the contract package

This section is important to both the owner and insured.

Certain sections of the policy application, and other forms or questionnaires completed by the insured either at the time of application completion or during the underwriting process, contain sensitive personal information about the insured, such as their personal history and answers to medical and financial questions. This personal information, including their answers to sections 7 through 9 of the application, will be removed from the contract package provided to the owner. The owner won't have unrestricted access to the insured's personal information upon request.

However, when legally necessary the insured's personal information may be made available to the owner, a subsequent owner, beneficiary, estate representative, or a lender who has provided a loan in exchange for rights to the policy, such as in the event we decline a claim following the claims adjudication process.

If Canada Life receives payment for the policy directly from a donor payor, we will provide the owner with the details of the payments, to the extent needed for the owner to issue a charitable tax receipt.

How we pay death benefits

In this section, *you* and *your* refer to the owners.

By using the beneficiary section of the application, you're agreeing to what's outlined here. If you gave us any special written instructions separately, the terms outlined here might not apply.

The beneficiary is intended to be you or another registered charity. If you wish to designate a beneficiary that is not a registered charity, prior to doing so you'll obtain professional advice regarding whether this may affect your status as a registered charity.

As the primary beneficiary is intended to be you or another registered charity, we don't recommend you name a contingent beneficiary. If you wish to designate a contingent beneficiary, prior to doing so you'll obtain professional advice regarding any potential legal issues this may cause in the future.

If we don't have any beneficiaries on record for you when we pay insurance proceeds, we will pay them to you, or as the law requires.

If you name a beneficiary to be irrevocable, you cannot make certain changes or transactions regarding your policy, including removing the irrevocable beneficiary, without that beneficiary's consent or a court order.

The information described in this section is always subject to the terms of your beneficiary designations, and to applicable law.

Policy values and features

You understand that certain policy values and features aren't guaranteed.

If you have questions

Call your advisor or contact us at:

The Canada Life Assurance Company
255 Dufferin Ave
London ON N6A 4K1

Visit **canadalife.com**

Toll-free phone: **1-888-252-1847**



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Advisor code

Supplement to the application for universal life insurance

Interest option selection for allocation of funds

Application / policy number

Name of owner (print):

First name

Middle name

Last name

Instructions and information

- For New Business, use this form in conjunction with the *Application for life insurance* (form **17-8921**), *Application for life, critical illness and disability insurance* (form **17-8908**) or the *Telephone application for life, critical illness and disability insurance* (form **17-8909**).
- For Client Service, use this form in conjunction with the *Simplified conversion and guaranteed issue application* (form **17-8345**), or *Application for policy change* (form **17-8217**).
- Indicate in **number 1** how you want your premiums allocated. **The default account is a daily interest option.**
- We will allocate all money deposited to your policy as indicated on this form until you advise us otherwise, in writing or by completing a *Universal life financial transaction application* (form **17-8165**).
- On each policy anniversary we will check if your policy is tax exempt without corrective action. If it is not, we will transfer the amount required for your policy to remain exempt into a side account. This account will use the five-year compound guaranteed interest option, unless you indicate otherwise in **number 2**. The transfer will be a disposition for income tax purposes.
- You may change your allocations at any time. However, a market value adjustment may apply on owner-initiated withdrawals and fund transfers from the guaranteed interest option(s).
- Deposits to your guaranteed interest option(s) exceeding a total of \$1,000,000 require Canada Life's approval.
- A *Politically exposed person (PEP) determination* (form **17-8294**) is required for each person who is the owner and/or payor:
 - If the initial scheduled payment is \$100,000 or more. It is not required for subsequent scheduled payments.
 - For any **unscheduled** payment of \$100,000 or more.

1. Premium allocations

- a) **Scheduled premium payment** of \$ _____
- b) **Payment frequency** – check **one**: Monthly pre-authorized debit premium payment Annual payment
- c) **Additional premium** (lump sum) **payment** of \$ _____ Check **one**:
 As indicated in the *Additional premium* column in the chart
 To the side account (can only deposit directly once the estimated maximum premium for the policy year has been paid)
- d) **Deposit premiums** – check **one**:
 Directly to the interest options indicated in the chart
 First to the daily interest option, **then** to the interest options, indicated in the *Scheduled premium* column, when the daily interest option reaches a balance of \$ _____ or more.
- Notes:**
- This amount must be at least \$25 for each interest option you select
 - You can't make this choice if you want to allocate to the daily interest option or to any *ABC* variable interest options
- e) **Indicate all interest option choices using the following guidelines:**
- Maximum of 10 selections
 - Minimum allocations may not be less than 5% (and no less than \$25) to any one fund, **subject to the following minimum amounts:** \$500 for any *ABC* variable interest options **or** \$25 for any other interest option you select.
 - **If no selections are made**, your premium will be credited to the daily interest option.
- f) **Elect interest options for the withdrawal of monthly deductions**
- i) Withdraw monthly deductions proportionately from all existing interest options (**default**)
- ii) Withdraw monthly deductions entirely from _____ interest option

You may choose only one interest option. **ABC accounts may not be used.** If there are insufficient funds in this option to cover monthly deductions, the balance will default to i) above.

Application / policy number:

Daily & guaranteed interest options	Allocation			Allocation	
	Scheduled premium	Additional premium		Scheduled premium	Additional premium
Daily interest (default)	_____%	_____%			
Guaranteed interest option - 1 year, compound interest	_____%	_____%	Guaranteed interest option - 5 year, compound interest	_____%	_____%
Guaranteed interest option - 3 year, compound interest	_____%	_____%	Guaranteed interest option - 10 year, compound interest	_____%	_____%
Variable interest options					
Index-linked options					
Canadian Equity	_____%	_____%	Sciences and Technology	_____%	_____%
American Equity	_____%	_____%	European Equity	_____%	_____%
Global Equity	_____%	_____%	Japanese Equity	_____%	_____%
Canadian Bond	_____%	_____%	American Small Cap	_____%	_____%
Real Return Bond	_____%	_____%			
Fund-linked variable interest options					
Fixed income-linked options					
Franklin Bissett Core Plus Bond	_____%	_____%	Mackenzie Corporate Bond	_____%	_____%
Equity fund-linked options					
Canadian Equity					
ABC Fundamental-Value	_____%	_____%	Invesco Canadian Premier Growth Class	_____%	_____%
Invesco Canadian	_____%	_____%	Mackenzie Canadian Resource	_____%	_____%
Franklin Bissett Canadian Equity	_____%	_____%	AGF Canadian Equity	_____%	_____%
Mackenzie Canadian Large Cap Dividend	_____%	_____%	CI Harbour	_____%	_____%
			Dynamic Power Canadian Growth	_____%	_____%
U.S. Equity					
ABC American-Value	_____%	_____%	AGF American Equity	_____%	_____%
			Mackenzie U.S. All Cap Growth	_____%	_____%
Global and International Equity Options					
Mackenzie Global Growth Class	_____%	_____%	Invesco Global Companies	_____%	_____%
Fidelity Global	_____%	_____%	Dynamic International Equity	_____%	_____%
Templeton International Equity	_____%	_____%	Fidelity NorthStar®	_____%	_____%
Canadian Balanced Funds					
CI Harbour Growth & Income	_____%	_____%	Fidelity Canadian Asset	_____%	_____%
ABC Fully-Managed	_____%	_____%	Fidelity Monthly Income	_____%	_____%
Profile / Asset allocation accounts					
Conservative Profile	_____%	_____%	Advanced Profile	_____%	_____%
Moderate Profile	_____%	_____%	Aggressive Profile	_____%	_____%
Balanced Profile	_____%	_____%			
Total allocations must equal 100%				_____%	_____%

2. Side account – owned by the owner of the policy and is not part of the policy

- A side account will be set up automatically.
- Any interest earned in this account is taxable.
- Owner-initiated withdrawals from the five-year compound guaranteed interest option are subject to market value adjustments. Automatic transfers to the policy are not.
- **If no selection is made, allocations will automatically be credited to the five-year compound guaranteed interest option.**

Transfers from the policy to this account are to be allocated to the:
 Daily interest option **or** Five-year compound guaranteed interest option

This supplement is being submitted in connection with, and forms part of the application. I request that The Canada Life Assurance Company (Canada Life) allocate my funds as indicated above. To the extent of any inconsistencies between this supplement and the application, the information in this supplement will govern.

Signed at (city or town, province)	Date (day/month/year)
Signature of owner (if entity, authorized person to sign and indicate title) X	If owner is an entity , print full legal name of entity
Signature of owner , if more than one owner (if entity, authorized person to sign and indicate title) X	Signature of witness to all signatures X