

**APPLICATION FOR CONVERSION OF TRADITIONAL LIFE INSURANCE**

of Policy No. \_\_\_\_\_  
 of \_\_\_\_\_ rider on Policy No. \_\_\_\_\_ on Insured 1 below

**1. INSURED**

Insured 1			Insured 2		
(a) Name _____			(a) Name _____		
First name	Last name	Maiden name	First name	Last name	Maiden name
(b) Address _____			(b) Address _____		
P.O. Box	No. & Street	Apt. No.	P.O. Box	No. & Street	Apt. No.
City/Town	Province/Territory	Postal Code	City/Town	Province/Territory	Postal Code
(c) Date of birth ____/____/____ (d) Age ____ (e) Sex <input type="checkbox"/> M <input type="checkbox"/> F			(c) Date of birth ____/____/____ (d) Age ____ (e) Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Day	Month	Year	(at nearest birthday)	Day	Month
(f) Telephone residence (____) _____			(f) Telephone residence (____) _____		
business (____) _____			business (____) _____		
(g) E-mail _____			(g) E-mail _____		

**2. OWNER OF NEW POLICY**

Please check  the owner(s) below and complete the information.

**Insured 1:** Social Insurance Number \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required if the contract generates interest income or a taxable gain.)

**Insured 2:** Social Insurance Number \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required if the contract generates interest income or a taxable gain.)

**Other** (Complete the following):

(a) Name \_\_\_\_\_ (b) Social Insurance Number \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required if the contract generates interest income or a taxable gain.)

First name Last name Maiden name

(c) Address \_\_\_\_\_ (Required if the contract generates interest income or a taxable gain.)

P.O. Box No. & Street Apt. No. City/Town Province/Territory Postal Code

(d) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (e) Telephone residence (\_\_\_\_) \_\_\_\_\_ business (\_\_\_\_) \_\_\_\_\_

Day Month Year

(f) E-mail \_\_\_\_\_

**3. BENEFICIARY**

Insurance proceeds will be payable in equal shares to all primary beneficiaries named below who survive the Insured, unless a percentage is stated\* (Total must be equal to 100%). If no primary beneficiary survives the Insured, the insurance proceeds will be divided equally among all designated contingent beneficiaries who survive the Insured.

**INSURED 1**
**PRIMARY BENEFICIARY DESIGNATION**

First Name	Last Name	Age	%*	Rev. / Irr.	Relationship to insured (In Quebec, relationship to owner)
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	

**CONTINGENT BENEFICIARY DESIGNATION** (Applies only if all above-named Primary Beneficiaries die before the Proposed Insured 1)

First Name	Last Name	Age	%*	Rev. / Irr.	Relationship to insured (In Quebec, relationship to owner)
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	

**INSURED 2**
**PRIMARY BENEFICIARY DESIGNATION**

First Name	Last Name	Age	%*	Rev. / Irr.	Relationship to insured (In Quebec, relationship to owner)
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	

**CONTINGENT BENEFICIARY DESIGNATION** (Applies only if all above-named Primary Beneficiaries die before the Proposed Insured 2)

First Name	Last Name	Age	%*	Rev. / Irr.	Relationship to insured (In Quebec, relationship to owner)
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	

**Rev. (Revocable) or Irr. (Irrevocable):** Unless otherwise stipulated or not permitted by law, any beneficiary designation is revocable. If a beneficiary is named irrevocably, please note that his/her consent is required for any request that may affect his/her rights, including a change of beneficiary.

**In Quebec,** the designation of the owner's married or civil union spouse as beneficiary is irrevocable, unless otherwise stipulated.

The policy does not confer any rights to contingent beneficiaries prior to the death of the primary beneficiaries.

#### 4. REQUESTED INSURANCE

The following abbreviations mean : **AD** (Accidental Death) **ADD** (Accidental Death and Dismemberment)

**Type of policy** : Choose one only - Individual or Joint First-to-die

**(a) Individual Policy** (Insured 1)

**ParPlus** (participating policy) Initial Sum Insured  
Basic Whole Life Insurance \_\_\_\_\_ \$  
Enhanced Insurance (If enhanced dividend option) \_\_\_\_\_ \$  
Total \_\_\_\_\_ \$

**Essential Whole Life** \_\_\_\_\_ \$

To add an additional benefit

See the conversion right to add the following additional benefits without proof of insurability. (Check the chosen benefit and indicate the AD/ADD sum insured, if applicable.)

ADD or  AD \_\_\_\_\_ \$  
 Waiver of premium upon disability  
(New policy with only one insured)

**(b) Joint First-to-die** (Insured 1 and 2)

**ParPlus** (participating policy) Initial Sum Insured  
Basic Whole Life Insurance \_\_\_\_\_ \$  
Enhanced Insurance (If enhanced dividend option) \_\_\_\_\_ \$  
Total \_\_\_\_\_ \$

**Essential Whole Life** \_\_\_\_\_ \$

To add an additional benefit

See the conversion right to add the following additional benefits without proof of insurability. (Check if applicable.)

Waiver of premium upon disability \_\_\_\_\_ \$

**(c) Partial conversion**

Amount of temporary insurance to maintain \_\_\_\_\_ \$

Special instructions : \_\_\_\_\_

#### 5. DIVIDEND OPTIONS FOR PARTICIPATING POLICY

Dividend options :  accumulation  paid in cash  premium reduction  
 enhanced – 15-year guarantee\*\*

\*\* The enhanced option is only available at time of purchase. **The enhanced insurance initial sum insured is guaranteed for the first 15 policy years.** If selected, this option can be changed to any of the other three dividend options at a later date.

#### 6. PREMIUM AND METHOD OF PAYMENT

Please send a copy of the premium calculation illustration page with this application.

**Method of payment and amount of modal premium** Please check one box:  preauthorized debit (PAD)  cheque/paid in cash (Head Office)

**Monthly** \$ \_\_\_\_\_ (PAD only)  **Quarterly** \$ \_\_\_\_\_  **Semi-annual** \$ \_\_\_\_\_  **Annual** \$ \_\_\_\_\_

(a) Amount paid with application \$ \_\_\_\_\_

(b) Payer (Check one):  Insured 1  Insured 2  Owner (Other, as specified in section 2)  Person named below

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone: residence (\_\_\_\_) \_\_\_\_\_ business (\_\_\_\_) \_\_\_\_\_

\*Insurance premiums may be subject to Provincial Sales Tax (PST)

