Conversion Application

This application is to be used for full or partial conversions only.

To apply for a conversion with a face increase or a change of risk class (eg. smoker to non-smoker), use the *Policy Change Application* form (LP386).

DETACH AND LEAVE THIS PAGE WITH THE OWNER

APPLICATION NO. **0068802285**

Notice of Disclosures

Thank you for continuing to do business with *ivari*.

Before submitting this request to change your policy, please ensure that you have carefully read each of the notices on this page and all other pages of this application. Once we receive your application we will assess the eligibility of each Insured for the insurance requested. We base this eligibility on the information that is provided in this application and any other declaration made in connection to this application, and the information previously submitted by you in relation to the insurance you already have or have had with *ivari*. Factors that we may consider when reviewing an application to convert a policy include, but are not limited to, information concerning an Insured's smoking habits. Questions? Please contact your Independent Insurance Advisor or write to our **Client Services Department, ivari, 500-5000 Yonge Street, Toronto, Ontario, M2N 7J8.**

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

ivari collects, uses and discloses your personal information. In addition, we collect personal information about you from this application, any supplementary forms and questionnaires and from the following sources:

- Independent insurance advisors, including the Independent Insurance Advisor's Report section of your application; and *ivari's* affiliates.

The information collected from these sources are used for the following purposes:

- Evaluating, assessing and investigating this application, our insurance risks and any claims you submit; evaluating your insurance and financial needs; administering and servicing the insurance and/or financial products we provide; and reporting information to the Canada Revenue Agency (CRA) in accordance with federal legislation.

If you provide your Social Insurance Number (SIN), it will be used for the following purposes only: tax reporting, record keeping and identification, when needed. The use of your SIN for identification purposes is optional. You may withdraw consent for use of your SIN for identification purposes at any time by contacting *ivari's* Client Services department using the contact number listed on your policy. Please note that certain transactions requested under a universal life policy may require you to provide the SIN before processing. You have the option to provide your SIN now to avoid any future delays.

Your personal information may be shared with the entities and persons identified in this disclosure for the purposes of obtaining the information required. It may also be shared with or disclosed to managing general agencies, distributors and market intermediaries and their employees and agents and your Independent Insurance Advisors for purposes identified above. Your banking information may be disclosed to the financial institution(s) processing your pre-authorized debit payments. If necessary, your personal information may also be shared with your beneficiaries in relation to a claim.

Your information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

From time to time we may use your personal information to determine which other insurance and financial products and services may meet your needs and to offer them to you. We may disclose your personal information to our affiliated companies for their own use for such purposes. However, we will not disclose your health information to our affiliates for such purposes.

By signing and submitting this application on your own behalf and/or on behalf of any minor, you give your consent to the collection, use and disclosure of your and/or the minor's personal information as described above and elsewhere in this application.

Upon receiving your application, *ivari* will add your personal information to your existing file, which is accessible at our Head Office. Your file will be accessible to only those employees and authorized representatives of *ivari* responsible for administering your file, and other persons authorized by you or by law. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to: Privacy Officer, *ivari*, 500-5000 Yonge Street, Toronto, Ontario, M2N 7J8. Your personal information will be collected, used, disclosed, shared and treated as described herein, or as other-wise described at or before the time of collection, use or disclosure, or as otherwise permitted by law. To review our privacy policy, visit ivari.ca**.**

DISCLOSURE OF COMPENSATION

The insurance product you are being offered is supplied by *ivari*, a company licensed to conduct business in all provinces and territories of Canada. The independent insur-ance advisor/distributor soliciting this insurance application is a licensed insurance advisor representing *ivari* and will receive compensation from us upon the comple-tion of this transaction. You are not obligated to transact any other business with *ivari*, the advisor/distributor or any other person or entity as a condition of this application.

Conversion Application

Current policy number: _____ New policy number: _____

○ Full Conversion ○ Partial Conversion **IF APPLYING FOR A CONVERSION WITH A CHANGE OF RISK CLASS OR A CONVERSION WITH AN INCREASE IN THE FACE AMOUNT, COMPLETE POLICY CHANGE APPLICATION FORM LP386.**

Note: The conversion will be effective on the policy's monthly anniversary date closest to the date of the request.

MAIN PURPOSE OF INSURANCE: **MANDATORY FOR UNIVERSAL LIFE POLICIES**

☐ Buy and sell ☐ Key person insurance ☐ Retirement planning ☐ Critical illness protection
☐ Estate planning ☐ Life protection ☐ Partnership ☐ Other _____

1 Current Insured 1 **PLEASE PRINT IN BLOCK LETTERS**

○ Mr. ○ Mrs. ○ Ms. ○ Miss ○ Other _____

First name	Middle initial	Last name

MANDATORY FOR UNIVERSAL LIFE POLICY

Identification document*	Identification document number*	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

Please refer to an original, non-expired government issued photo I.D., such as passport, provincial health card (except in PEI, ON and MB), driver's licence or Age of Majority.

2 Date of birth: (DD/MM/YYYY) _____ Principal Business or Occupation: _____

Current age: _____ SIN: _____ – _____ – _____ *(Complete only if you are the Owner and applying for a universal life policy)*

3 Current address: *(Number and street name)*

_____ Apt./Suite: _____

City: _____ Province: _____ Postal code: _____

Home telephone: _____ Mobile telephone: _____ Business telephone: _____

4 Current Insured 2 **PLEASE PRINT IN BLOCK LETTERS**

○ Mr. ○ Mrs. ○ Ms. ○ Miss ○ Other _____

First name	Middle initial	Last name

MANDATORY FOR UNIVERSAL LIFE POLICY

Identification document*	Identification document number*	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

Please refer to an original, non-expired government issued photo I.D., such as passport, provincial health card (except in PEI, ON and MB), driver's licence or Age of Majority.

5 Date of birth: (DD/MM/YYYY) _____ Principal Business or Occupation: _____

Current age: _____ SIN: _____ – _____ – _____ *(Complete only if you are the Owner and applying for a universal life policy)*

6 Current address: *(Number and street name)*

_____ Apt./Suite: _____

City: _____ Province: _____ Postal code: _____

Home telephone: _____ Mobile telephone: _____ Business telephone: _____

Note: If this is a conversion of a Children's Insurance Rider, the Owner(s) will automatically be the child converting unless indicated otherwise in the Owner(s) section of this application. The beneficiary will be the current beneficiary unless a Change of Beneficiary form (PS367) is submitted.

7 Owner THE ADVISOR MUST VERIFY IDENTITY OF ALL OWNERS

The current Owner(s) must sign the Declaration on page 6.

Note: To designate a beneficiary, or to change a current beneficiary designation, complete the *Change of Beneficiary* form (PS367). To change the Owner complete the *Notice of Transfer of Ownership* form (PS371).

a) **Select the Policy Owner(s) below:**

☐ Insured 1 – only complete question 7 b) when applying for universal life

☐ Insured 2 – only complete question 7 b) when applying for universal life

☐ Other as identified below:

- Individual(s) other than Insured(s) – must complete Owner section below and question 7 b) when applying for universal life
- Corporation, non-corporate entity or trust – must complete Owner section below and when applying for Universal Life the *Policy Ownership for Corporate & Non-corporate Entities or Trusts* form (IP-LP1747)

CURRENT OWNER 1 Legal name (First, middle initial, last and/or legal company/entity name)

Date of birth (DD/MM/YYYY)	Relationship to Insured	Principal business or occupation	SIN (Complete only if you are applying for a universal life policy)

Current address (Number and street name)	Apt./Suite

City	Province	Postal code

Home phone number	Mobile phone number	Business phone number

Identification document*	Identification document number*	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

**Please refer to an original, non-expired government issued photo I.D., such as passport, provincial health card (except in PEI, ON and MB), driver's licence or Age of Majority.*

Is the Owner a Canadian citizen or permanent resident (landed immigrant)? . . . . . ○ yes ○ no

If ***"no",*** provide details of current status: _____

CURRENT OWNER 2 Legal name (First, middle initial, last and/or legal company/entity name)

Date of birth (DD/MM/YYYY)	Relationship to Insured	Principal business or occupation	SIN (Complete only if you are applying for a universal life policy)

Current address (Number and street name)	Apt./Suite

City	Province	Postal code

Home phone number	Mobile phone number	Business phone number

Identification document*	Identification document number*	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

**Please refer to an original, non-expired government issued photo I.D., such as passport, provincial health card (except in PEI, ON and MB), driver's licence or Age of Majority.*

Is the Owner a Canadian citizen or permanent resident (landed immigrant)? . . . . . ○ yes ○ no

If ***"no",*** provide details of current status: _____

b) **Declaration of tax residency**

Instructions:
- Must be completed by the Policy Owner(s) when applying for a Universal Life policy
- If the Insured(s) are Owner(s); in completing the table below, the Insured 1 is considered Owner 1 and Insured 2 is considered Owner 2.

MANDATORY FOR UNIVERSAL LIFE POLICIES

Declaration of tax residency

Please answer the following three statements. Depending on your situation, you may answer ***"yes"*** to more than one.

		OWNER 1 YES	OWNER 1 NO	OWNER 2 YES	OWNER 2 NO
a)	**I am a tax resident of Canada.**	○	○	○	○
b)	**I am a tax resident or a citizen of the United States.**	○	○	○	○
	Please provide your taxpayer identification number (TIN) from the United States: **Owner 1** _____ **Owner 2** _____				
	If you do not have a TIN from the United States, have you applied for one?	○	○	○	○
c)	**I am a tax resident in a country other than Canada or the United States.**	○	○	○	○

If ***"yes,"*** to statement c), provide your country of tax residence and taxpayer identification numbers (TIN). If you do not have a TIN for a specific country, give the reason using one of these choices:

Reason 1: I will apply or have applied for a TIN but have not yet received it.

Reason 2: My country of residence does not issue TINs to its residents.

Reason 3: Other reason, provide details.

	COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)	IF NO TIN, PROVIDE REASON 1, 2 OR 3
OWNER 1			

	COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)	IF NO TIN, PROVIDE REASON 1, 2 OR 3
OWNER 2			

8 Politically Exposed Persons and Head of International Organization

MANDATORY FOR UNIVERSAL LIFE POLICIES

Is a premium and/or lump sum payment equal to or greater than $100,000 being made or to be made? ○ yes ○ no

If the answer is ***"yes,"*** each Owner must complete the *Politically Exposed Persons and Head of International Organization* form (IP-LP1165) and submit it along with the application.

NOTE ON BENEFICIARY DESIGNATIONS:

For Life and Critical Insurance policies: The beneficiary on your current policy will be carried over to the new policy unless a *Change of Beneficiary* form (PS367) is submitted.

For Critical Illness Protection Riders converting to a Critical Illness Protection policy: If you named a specific beneficiary on your original Critical Illness Protection Rider, it will be carried over to the new policy only if the legislation in your province allows you. Otherwise, the Critical Illness Benefit and Early Detection Benefit Beneficiary for the new policy will be the Insured. If the Insured is a minor, the beneficiary will be the Owner, if living, or the Owner's estate, if deceased. Return of Premium on Death proceeds on the new policy will be payable to the Owner, if living, or the Owner's estate, if deceased.

9 Insurance

NOTE: FOR UNIVERSAL LIFE POLICIES, SUBMIT A SIGNED ILLUSTRATION AND SUPPLEMENT TO THE INSURANCE APPLICATION.

INSURED 1 Current plan to be converted	Current Face amount/benefit	New Face amount/benefit	New plan name
☐ Base plan	$ _____	$ _____	_____
☐ Additional rider/coverage	$ _____	$ _____	_____

INSURED 2 Current plan to be converted	Current Face amount/benefit	New Face amount/benefit	New plan name
☐ Base plan	$ _____	$ _____	_____
☐ Additional rider/coverage	$ _____	$ _____	_____

	INSURED 1 YES	INSURED 1 NO	INSURED 2 YES	INSURED 2 NO
a) If the above indicated face amount/benefit to be converted is less than the current face amount/benefit, is the amount remaining under the current policy to be terminated?	○	○	○	○

If ***"yes"*** balance will be terminated on the date the new policy becomes effective.
If ***"no"*** what amount will remain in force under the current policy? (must meet current plan minimum)

INSURED 1 $ _____ **INSURED 2** $ _____

b) If you are less than 55 years of age, do you wish to carry over any of the following riders to the new policy (if applicable):				
Accidental Death & Dismemberment (AD&D)	○	○	○	○
Waiver of Premium	○	○	○	○
If ***"yes"*** are you able to perform all the duties of your normal occupation?	○	○	○	○

(**Note:** Accidental Death Benefit (ADB) riders cannot be carried over).

c) If you are less than 65 years of age, do you wish to carry over the Children's Insurance Rider to the new policy (if applicable)?	○	○	○	○
d) If converting from a children's insurance rider or term policy with an undifferentiated class answer the following question: In the last 12 months, have you smoked cigarettes, cigarillos (small cigars), electronic cigarettes, traditional large cigars, pipe, shisha/hookah (water pipe) or used chewing tobacco, a nicotine patch, Nicorette chewing gum, marijuana, hashish (joints), betel nuts, snuff, used any other smoking cessation products, or used tobacco in any other form?	○	○	○	○

Date last used: **INSURED 1** _____ (DD/MM/YYYY) **INSURED 2** _____ (DD/MM/YYYY)

10 Payment details

Premium quoted: $ _____

a) Initial premium/Deposit of $ _____ to be paid by:

Check **ONLY ONE** option below:

○ cheque made payable to *ivari* attached

or

○ withdraw from current bank account on existing authorization for Pre-Authorized Debit (PAD)*

b) Future premiums/Deposits to be paid by:

Pre-authorized debit: ○ Monthly ○ Quarterly ○ Semi-annual ○ Annual
○ Use bank account on existing policy ○ Establish a new PAD account*

*Note: For new banking information complete the *Request for Pre-Authorized Debit (PAD) for Insurance Products* form (PS375) and submit a VOID cheque, pre-printed with payor's name or bank Letter of Direction.

The date of withdrawal will be the same as the policy effective date. If you wish a different withdrawal date, please indicate preferred date of withdrawal (days 1–28 only) _____

For universal life policies, if you select a withdrawal date that is after your policy date, we will automatically set the withdrawal date to match the policy date.

Direct bill: ○ Annually ○ Semi-annually ○ Quarterly

c) For universal life policies:
Provide source of premium/deposit (where is the premium/deposit coming from?): _____

d) If the Payor is **other than** the Insured, Owner or beneficiary, complete the third party payor determination information below:

Name of third party: _____

Relationship of third party to Owner: _____

Address of third party: _____

Date of birth of third party: (DD/MM/YYYY) _____ Occupation of third party: _____

If a corporation, provide incorporation #: _____

Place of registration if third party is a corporate entity: _____

11 Policy Owner's Consent to Receive Emails

Canada's anti-spam legislation regulates the distribution of email messages to consumers. To comply with this law, *ivari* is required to obtain your consent for the purposes of sending you email messages regarding policy information, product information and marketing material.

By providing your email address below, you consent to receiving email messages as outlined above from *ivari*.

Owner 1 email address: _____

Owner 2 email address: _____

You may withdraw your consent at any time by contacting us at *ivari*:

500-5000 Yonge Street, Toronto, ON M2N 7J8. Telephone: 1-800-846-5970 or Fax: 416-883-5520 or 1-877-767-0477

Declaration

I/We have read all of the questions and answers in this application and I/we understand the meaning and importance of them. **THE STATEMENTS AND ANSWERS GIVEN IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECTLY RECORDED TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.**

ACKNOWLEDGEMENT AND AGREEMENT

I/We acknowledge and agree that:

a) This application consists of pages i and 1 – 6, any supplement to it (if applicable) and any other declaration made in connection to this application. Together all of this information will form the basis for any policy/coverage ("policy") issued.

b) No information acquired by any representative of *ivari* will be binding on *ivari* unless set out in writing in this application.

c) Any policy, amendment or endorsement issued on this application will not take effect unless all of the following conditions are satisfied:
   i) any premium required for the conversion is received by *ivari* during the lifetime of all Insured(s) under the policy;
   ii) the policy, amendment or endorsement is delivered to the Owner(s) during the lifetime of all Insured(s) under the policy; and
   iii) all statements and answers given in this application continue to be true and complete on the date of delivery of the policy, amendment or endorsement;

d) Only the president together with a vice-president or secretary of *ivari* has the authority to bind *ivari* or to make any change in this application or any policy, amendment or endorsement issued. *ivari* will not be bound by any promise or representation made by any other person. No advisor or distributor is authorized to waive, amend or modify any of the terms or provisions in this application or any policy, amendment or endorsement issued. The Owner(s) accepting delivery of the policy constitutes approval of its provisions and ratifications of any additions, endorsements or amendments.

e) If the answer to any question(s) in this application is misstated, including the Tobacco/Nicotine Use Question or if any other material misrepresentation or fraudulent statement is made in this application, any policy, amendment or endorsement issued as a result may be rendered void on the grounds of material or fraudulent misrepresentation.

f) All premium payments must be made payable to *ivari*.

g) I/We have received and fully understand the contents of the Disclosure of Compensation, where applicable.

PERSONAL INFORMATION AUTHORIZATION

I/We have read and fully understand the contents of the Notices regarding Use and Disclosure of Personal Information (collectively, the "Notices") and acknowledge and consent to the collection, use and disclosure of my/our personal information by *ivari* and its affiliates for the purposes identified in those Notices.

I/We certify that the information given in this section is correct and complete. I/We agree to immediately notify *ivari* of any errors, omissions or changes in the information provided in this section. As the policy owner(s), I/We acknowledge that I/we have an obligation under the Income Tax Act to notify *ivari* of any changes in my/our tax residency status. I/We acknowledge that the information contained in this section and information regarding my/our policy, contract and account may be reported to Canada Revenue Agency (CRA).

A photocopy of this authorization shall be as valid as the original. The consent you provided in the Notice Regarding Collection, Use and Disclosure of Personal Information relating to the use of your personal information to provide you with details about other insurance and financial services and products is optional.

If you do not wish your personal information to be used for this optional purpose, check here ☐ or you can write to us at: *ivari*, 500-5000 Yonge Street, Toronto, Ontario, M2N 7J8, Attention: Privacy Officer.

Signed at (city) _____ in the province of _____ on _____ (DD/MM/YYYY)

Sign here

Signature of **INSURED 1**
If Insured is a minor the signature of a parent or legal guardian is required

Sign here

Signature of **INSURED 2**
If Insured is a minor the signature of a parent or legal guardian is required

Sign here

Signature of current **OWNER 1**, if not an Insured

Sign here

Signature of current **OWNER 2**, if not an Insured

Print name of signing officer and title, if entity owned

Print name of signing officer and title, if entity owned

Sign here

Current Preferred/Irrevocable Beneficiary Signature (if applicable)

Sign here

Witness to signature(s)

Sign here

Assignee Signature (stamp required if Assignee is a financial institution)

If the Owner is an entity, the signature(s), name(s) and title(s) of the authorized signing officers thereof are required, as stated in the by-laws of the entity.

Independent Insurance Advisor's Report **MUST BE COMPLETED IN ALL CASES**

1. Third party determination must be completed for all applications. Every reasonable effort must be made by you to determine if the Owner(s) is/are acting on behalf of a third party. The ***Proceeds of Crime (Money Laundering) and Terrorist Financing Act*** requires each Insured's identity to be verified by referring to certain documents. The law also requires the existence of third parties, if any, to be determined and recorded.

   When asked whether the Owner(s) is/are acting on behalf of a third party, the individual submitting the application answered:
   ○ No
   ○ Yes, complete and submit the *Identity and Third Party Determination* form (IP-LP782)
   ○ Unable to determine; however, I have reasonable grounds to suspect there is a third party.
   Provide details (attach separate page if necessary):

   _____

   _____

2. Did you complete the application in person with all Insured(s)/Owner(s)? . . . . . ○ yes ○ no
   If ***"no,"*** explain why: _____

	ADVISOR 1	ADVISOR 2
3. Are you the Insured, Owner or beneficiary on this policy?	○ yes ○ no	○ yes ○ no
4. If you have a family relationship with the Insured, please specify:	_____	_____

5. By signing below, I/we acknowledge that I/we have disclosed, where applicable, the following items to the Owner of the policy resulting from this application:
   a) The company or companies I/we represent;
   b) That I/we will receive compensation in the form of bonuses *(such as commissions or a salary)*; and
   c) That I/we have disclosed any conflicts of interest that I/we may have with respect to this transaction.

Advisor's notes:

Future effective date: (DD/MM/YYYY) _____ If permitted, save age? ○ yes _____ ○ no _____

NOTE: A conversion of a rider/coverage from a Universal Life policy will be effective on the closest monthly anniversary date of the policy. The new policy cannot be backdated.

_____

_____

Advisor's email address: _____

I/We hereby declare that the statements and answers given in this application are true, complete and correctly recorded to the best of my/our knowledge and belief, and that I am/we are not aware of additional information material to the Insured(s) except as stated in any advisor's notes. When applicable, I/we have verified the identity of the individuals who submitted the application by referring to the original, non-expired documents. I/We confirm that the information recorded was correctly copied from such document(s). Reasonable effort has also been exercised to determine if the Owner(s) is/are acting on behalf of a third party.

Signed at (city) _____ in the province of _____ on _____ (DD/MM/YYYY)

Sign here _____ _____
Signature of advisor | Name of advisor

Sign here _____ _____
Signature of advisor | Name of advisor

Sign here _____ _____
Signature of supervising advisor (where required) | Name of supervising advisor

To be completed by advisor and distributor **MUST BE COMPLETED IN ALL CASES**

The individual who wrote this application must be listed below as either Advisor 1, 2 or 3 and MUST have his/her own SA code.

1. Distributor contact name: _____ Distributor name and code: _____

   Distributor contact email: _____ Distributor contact phone number: _____

   Advisor name or managing broker (1): _____ Advisor code: _____ Share %: _____

   Unpaid solicitor name: _____ Advisor code: _____

   Advisor name or managing broker (2): _____ Advisor code: _____ Share %: _____

   Unpaid solicitor name: _____ Advisor code: _____

   Advisor name or managing broker (3): _____ Advisor code: _____ Share %: _____

   Unpaid solicitor name: _____ Advisor code: _____

   If shared, who is the Servicing Advisor? ○ **Advisor 1** ○ **Advisor 2** ○ **Advisor 3**

2. Advisor/Distributor notes:

Let's talk about . . .ivari

ivari provides a full range of insurance products specifically designed to help Canadians and their families make the right choice for their protection needs. The people, products and programs that make up *ivari* have stood the test of time and have been around for over 80 years in the Canadian marketplace.

In 2015, we were acquired by Wilton Re. Wilton Re is a life (re)insurance company specializing in the acquisition and management of life and annuity businesses as well as with assisting companies with product development, underwriting and new business strategies designed to serve the middle market.

Visit us at ivari.ca.

500-5000 Yonge Street
Toronto, Ontario M2N 7J8

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LP1285 6/17