



# Supplement to the Insurance Application Universal Life

Policy no.  

## 1 Plan specifics

**Plan**

- ivari Universal™ with bonus
- ivari Universal™ no bonus

**Death Benefit option**

- Level  Increasing

**Term Conversion policy #** \_\_\_\_\_

**Optimizer Option**  yes  no

Optimizer start year (no earlier than policy year 6) (YYYY) \_\_\_\_\_

Optimizer minimum Face Amount \$ \_\_\_\_\_

**Payout Options** (only available with Increasing Death Benefit option)

**For Joint Last-To-Die Universal Life coverage only**

- Fund Value Payout on last death (default option)
- Fund Value Payout on each death

## 2 Universal Life (UL) coverages

NAME(S) OF INSURED(S)	COST OF INSURANCE		FACE AMOUNT	COVERAGE STRUCTURE (Select one)			
	Level to 100	ART to 90/15		Single Life	Joint First-to-Die	Last Death	Joint Last-to-Die Deductions to: First Death
	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	\$				

## 3 Level Cost Rider

**DEATH BENEFIT MUST BE LEVEL**

NAME(S) OF INSURED(S)	FACE AMOUNT (Refer to Product Guide for Face Amount minimums and maximums)
	\$
	\$

## 4 TERMSelect™ additional coverage riders

NAME(S) OF INSURED(S)	COVERAGE PERIOD (Years)			FACE AMOUNT
	10	20	30	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$

## 5 Critical Illness Protection Rider

NAME OF INSURED	COVERAGE PERIOD (Term)			CRITICAL ILLNESS COVERED CONDITIONS	CRITICAL ILLNESS BENEFIT (Refer to Product Summary for Critical Illness Benefit minimums and maximums)	
	10 Year	20 Year	To age 65 (Available on UL only)			4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$

**6 Additional benefits**

	BENEFIT AMOUNT	INSURED	BENEFIT AMOUNT	INSURED
<input type="checkbox"/> Accidental Death and Dismemberment	\$ _____	_____	\$ _____	_____
<input type="checkbox"/> Children's Insurance Rider*	\$ _____	_____		
<input type="checkbox"/> Waiver of Monthly Deductions		_____		
<input type="checkbox"/> Waiver of Planned Premiums	\$ _____ /YEAR	_____		
<input type="checkbox"/> Payor Waiver of Monthly Deductions**		_____		(PAYOR)
<input type="checkbox"/> Payor Waiver of Planned Premiums**	\$ _____ /YEAR	_____		(PAYOR)

\* Complete questions 45-53 of the Insurance Application  
 \*\* The Payor must complete questions 8-13, 27-30, 33-44 and sign page 24 of the Insurance Application

**7 Interest Options (For premium allocation instructions)**

**FOR ALL INTEREST OPTIONS, A 5% MINIMUM ALLOCATION IS REQUIRED**

<b>Treasury Bill Interest Option</b> (no minimum)	%
<b>Fixed Rate Interest Options</b> (A \$500 minimum applies to the Fixed Rate Interest Options)	
1 Year Fixed Rate	%
5 Year Fixed Rate	%
10 Year Fixed Rate	%

**PASSIVE INTEREST OPTIONS**

<b>Index Allocation Interest Options</b>	
Aggressive Growth	%
Growth	%
Balanced	%
Conservative	%
<b>Index Interest Options</b>	
Canadian Equity Total Return	%
Canadian Bond II	%
U.S. Large Capitalization Total Return	%
Can-U.S. Large Capitalization	%
U.S. New Technologies Total Return	%
Can-U.S. 21st Century	%
European Equity Total Return	%
Can-European	%
Japanese Equity Total Return	%
Can-Asian	%

**Managed Interest Options**

ivari CI Conservative Portfolio	%
ivari CI Balanced Portfolio	%
ivari CI Growth Portfolio	%
ivari CI Maximum Growth Portfolio	%
AGF American Growth Class	%
CI American Value	%
CI Canadian Small/Mid Cap	%
CI Signature Select Canadian	%
Cambridge American Equity Corporate Class	%
Dynamic Global Discovery	%
Dynamic Value Fund of Canada	%
Fidelity Canadian Balance	%
Fidelity Canadian Disciplined Equity®	%
Fidelity NorthStar®	%
imaxx Canadian Bond Index	%
imaxx Canadian Equity Growth	%
imaxx Canadian Fixed Pay Index	%
imaxx Global Equity Growth	%
Invesco International Growth Class	%
Mackenzie Cundill Canadian Balanced	%
Mackenzie Cundill Value	%
Franklin Mutual Beacon	%
TD Dividend Growth	%
<b>Total</b>	<b>100 %</b>

**8 Withdrawal order for monthly deductions**

Monthly deduction Interest Option: \_\_\_\_\_ (specify Interest Option)  
 The default withdrawal order applies if no monthly deduction Interest Option is specified.

**9 Automatic transfer to Fixed Rate Interest Option**

I understand that all amounts allocated to the Fixed Rate Interest Option term of \_\_\_\_\_ years will be held in the Treasury Bill Interest Option until such amount exceeds \$499.99 at which time the balance in the Treasury Bill Interest Option will be transferred to the selected Fixed Rate Interest Option term. The Treasury Bill Interest Option is not available if the Automatic Transfer Option is selected.

**10 Note to Policy Owner**

Commencing on the later of the Policy Date and the date upon which *ivari* receives the first Premium at the Head Office, the Total Fund Value will bear interest in accordance with the Interest Options chosen by the Owner in this Supplement. If no Interest Option is chosen and there are no outstanding delivery requirements, any Premium received will earn interest in accordance with the Treasury Bill Interest Option until a completed allocation form is received. The allocation contained in this Supplement shall continue in full force and effect until *ivari* receives at its Head Office a subsequent duly completed authorization and direction on its approved form.

Application for the universal life insurance policy will also constitute a request for the Side Account and an acknowledgement of the automatic fund transfers that may occur between the universal life insurance policy and the Side Account.

**11 Declaration & Agreement**

This Supplement forms a part of the applicable Insurance Application and provides the details of the insurance for which I am applying. The Owners acknowledge and agree that the interest rate applicable to the Index Interest Options may be either positive or negative depending on the performance of the particular Designated Index. A negative interest rate will reduce the Total Fund Value, the Cash Surrender Value, the Net Cash Surrender Value, the maximum Benefit Amount for a Living Benefit and the Death Benefit.

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

**INSURED 1**

**Sign here** \_\_\_\_\_  
(Parent or legal guardian, if Proposed Insured is minor)

**Sign here** \_\_\_\_\_  
Witness to Signature(s) (I have witnessed all signatures)

**INSURED 2**

**Sign here** \_\_\_\_\_  
(Parent or legal guardian, if Proposed Insured is minor)

**Sign here** \_\_\_\_\_  
Owner, if not a Proposed Insured

**Sign here** \_\_\_\_\_  
Owner, if not a Proposed Insured

\_\_\_\_\_  
Print name of signing officer and title, if entity owned



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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, together with the full legal name of the entity. Please ensure the CORPORATE/NON-CORPORATE ENTITY/TRUST IDENTIFICATION section of the application is completed (or submit form IP-LP1166) along with the International Tax Classification for an entity form (IP-LP1601).

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