



Family Term Sample contract

This sample policy contract is provided for your information only.
It is not a valid contract or an offer of insurance.



Policy number: 9999999

Your policy: Family Term

Dear POLICY OWNER,

We're pleased to provide you with your life insurance policy. Obtaining the right amount of life insurance protection is an important step in building and maintaining a sound financial future.

This policy provides you with life insurance protection. If an insured person under this policy dies, we will pay a death benefit, subject to the terms of your policy.

Your policy is designed to meet your current needs. However, you can change it as your needs change. You can also choose from several different kinds of coverage.

The details in your policy are explained in the policy sections that follow. We've made every effort to make these descriptions easy to understand, starting with a summary of how your policy works in Section 4. Please read your policy carefully to become familiar with the various features of your life insurance policy so that you can take full advantage of the benefits it offers.

If you have any questions about your policy, please ask your insurance advisor or contact us at 1-888-MANULIFE (1-888-626-8543) or the phone number on your policy statement. Thank you again for selecting Manulife Financial.

Sincerely,

President and Chief Executive Officer
The Manufacturers Life Insurance Company

In this policy, *you* and *your* mean the owner of the policy, and *we*, *our* and *us* mean The Manufacturers Life Insurance Company (Manulife Financial).

Your policy is an important part of the legal contract between you and us. We ask that you read it carefully to ensure that it gives you the coverage you applied for.

In the policy, we occasionally use the phrase *subject to our administrative rules in effect at the time*. We change our administrative rules from time to time to reflect corporate policy and economic and legislative changes, including revisions to the Income Tax Act. Any changes we make to our administrative rules will not affect the benefits provided by this policy.

When we say *we will send a notice to you*, we mean that we will send it to your address as shown in our files. Please advise us of any change in your address.

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4. How this insurance policy works

When you bought this life insurance policy, we agreed to provide you with insurance protection according to the terms of this policy as long as you pay your premiums.

Here's a summary of how your policy works:

- You mail or deliver your premiums to us or arrange for automatic monthly withdrawals from a bank account. You must pay your premiums in Canadian funds.
- If you do not pay your premiums, you have a 31-day grace period to pay the overdue amount to keep your policy in effect.
- You may have purchased several different insurance coverages as part of your policy. Each coverage insures either the life of one person or the lives of two people together.
 - If the coverage insures the life of one person as a single-life coverage, we pay the death benefit when that person dies.
 - If two insured people have combined coverages, we pay the death benefit when each insured person dies. After the first death, coverage continues automatically on the life of the remaining person on a single-life basis.
 - If the coverage insures the lives of two people together and is a first-to-die coverage, we pay the death benefit when the first person dies. If it is a last-to-die coverage, we pay the death benefit when the last person dies.
- You have the flexibility within your policy to change existing coverages, to add new coverages or to convert to another kind of policy.
- You may have purchased additional insurance coverages and benefits through riders offered with this policy. All of your insurance coverage, including the additional coverage provided by riders, is summarized in Section 3 of this policy.
- Your premiums will change if you change your insurance or rider coverages or if the coverage you chose has a scheduled renewal increase.

5. Premiums and fees

Premiums

The premium is the amount we charge you for the insurance coverages and for the rider coverages we provide.

Rider premiums are explained in the rider descriptions that appear at the end of this policy.

On the Policy Summary page in Section 3, we show your premium as of the date your policy summary pages are effective. You can choose to pay your premium monthly, quarterly, semi-annually or annually.

The premium will change if you change your insurance or rider coverages or if the coverage you chose has an increase on a scheduled renewal date. We will send you a notice when your premium is scheduled to change. If you change your insurance or rider coverages, we will provide you with new Policy summary pages and Premium rate tables.

How we determine the premium for your policy

We determine the premium that applies to each insurance coverage based on the coverage type and option you select, the amount of insurance you purchase and the personal information that applies to the person or people insured by that coverage. The personal information for each insured person is shown in Section 3, except for attained age. A description of how we calculate attained age can be found in Section 11, under the heading *Words and phrases used in this policy*.

For combined coverages, when the first insured person dies, coverage on the other insured person automatically changes to a single-life coverage. The premium rates we charge for that coverage are those that would have applied if the coverage had originally been issued on a single-life basis.

Premium rate guarantee

We guarantee that your premium rates for each insurance coverage will not exceed the premium rates shown in the tables in Section 12, unless you make a change to your coverage.

If you add new insurance coverages, they will have their own guaranteed rates. If you decrease the amount of an insurance coverage, the guaranteed rates may increase or decrease.

The policy fee

We charge a policy fee for administering your policy. The amount that applies to your policy appears in Section 3 and Section 13. The policy fee is guaranteed not to change unless you change your premium frequency.

Paying your premiums

You need to pay your premiums in order to keep your insurance coverage in effect. Your first premium is due on the policy date and we will apply it to your policy on that date. We must receive your first premium before your contract takes effect.

You can choose how often you pay your premiums. Premiums can be paid in the following ways:

- If you choose to pay monthly, you can arrange for us to make automatic monthly withdrawals from a bank account.
- If you choose to pay quarterly, semi-annually or annually, you can mail or deliver your premiums to us at our Head Office. Cheques must be in Canadian funds, drawn on a Canadian financial institution and made payable to Manulife Financial.

If you change your premium frequency, you will be charged a new premium based on the applicable annual or discounted annual rate as outlined in the Premium rate tables in Section 12. A change in premium frequency will also change your policy fee.

If you miss paying a premium

If you miss paying a premium, we will send you a notice to let you know that your policy is in the 31-day grace period and will be cancelled if we don't receive the overdue amount before the end of the grace period.

You will find information about the grace period and cancellation in Section 8 under the heading *Cancelling an insurance coverage or your insurance contract*.

6. Coverage types and options

Your insurance coverage types

Four insurance coverage types are available under this policy. They are:

- single-life
- combined
- first-to-die
- last-to-die

The coverage type that applies to each insurance coverage is shown in Section 3.

Your insurance coverage options

You can have more than one insurance coverage in your policy and you can choose a different option for each coverage. Each option guarantees that the premium rates will remain the same for a certain length of time, provided you don't decrease your coverage amount.

Coverage option	Type of Coverage	Premium stays the same
Term-10	<ul style="list-style-type: none"> • single-life • combined 	<p>for 10 years or until the coverage expiry date, if earlier. When the term of this coverage ends, we will automatically renew the same option until the coverage expiry date.</p>
Term-20	<ul style="list-style-type: none"> • single-life • combined 	<p>for 20 years or until the coverage expiry date, if earlier. When the term of this coverage ends, we will automatically renew the same option until the coverage expiry date.</p>
Term-Life	<ul style="list-style-type: none"> • single-life • first-to-die • last-to-die 	<p>until the coverage anniversary nearest:</p> <ul style="list-style-type: none"> • the insured person's 100th birthday for a single-life coverage, or • joint age 100, for a first-to-die or last-to-die coverage. <p>This insurance coverage continues free of charge after that date.</p>

Changing your coverage option

You can change your coverage option as shown in the table below, without providing evidence of insurability and subject to our administrative rules in effect at that time.

From	To	When an option change is allowed
Term-10	Term-20	Until the 5 th coverage anniversary
Term-10	Term-Life	Until the conversion expiry date
Term-20	Term-Life	Until the conversion expiry date

Other changes may be allowed if you provide evidence of insurability satisfactory to us.

If you change a coverage option, the premium rates in effect on the new coverage date will be based on the attained age of the insured person or people and on the healthstyle and insurance rating shown in Section 3 for the coverage. This means that your premium rate may increase. The change will take effect and the new coverage will begin on the policy processing day coinciding with or next following:

- the day we receive your request, if we do not require evidence of insurability, or
- the day we approve your request, if we require evidence of insurability satisfactory to us.

If you change a coverage option, the healthstyle of the insured person or people on the new coverage will be the same as on the original coverage, except as shown in Section 9 under the subheading *Healthstyle changes*.

Changing your amount of insurance

Subject to our administrative rules in effect at the time, you can request an increase or a decrease in the amount of your insurance coverage.

Before we agree to an increase in the amount of insurance, we will ask you to provide evidence of insurability satisfactory to us for the insured person or people covered by the increase and for any insured people covered by a Total Disability Waiver Rider provided by this policy. The increase will be subject to our rules regarding minimum and maximum increases and maximum ages.

An increase in the amount of insurance will be a separate, additional insurance coverage. We determine the insurance rating and healthstyle for this additional coverage as of the new coverage issue date, based on the evidence of insurability that you provide to us.

If you wish to decrease the coverage amount, the decrease will be subject to our rules regarding minimum decreases and minimum amounts of insurance coverage. If you decrease a combined coverage, the new amount of insurance must be the same for each insured person.

Changes in the amount of insurance take effect on the policy processing day that coincides with or next follows the day we approve the change.

Additional coverage options

Parent Protection

Parent Protection is an optional coverage that is available on your policy. It insures the life of your parent or the parent of an insured person under this policy. It is intended to supplement your other insurance coverages. It can only be purchased if you have coverage with another coverage option.

Parent Protection is available only as a single-life coverage. The premium for this coverage stays the same until the coverage anniversary nearest the insured parent's 100th birthday. This coverage continues free of charge after that date.

A Parent Protection coverage cannot be converted; all other terms and conditions of this policy apply.

Rider coverages

Optional benefits and coverages can be added to your contract in the form of riders. You can refer to Section 3 for information about the rider coverages you have purchased and to each rider for details on the benefit it provides.

If a person is insured only by a Parent Protection coverage, he or she is not eligible for rider coverage.

7. Paying death benefits

How to claim a death benefit

To claim a death benefit, the person entitled to the death benefit should call your insurance advisor or contact us directly at the phone number shown on page 1.1 of this policy or in your most recent policy statement. We will then tell that person which documents we require to enable us to pay the correct amount to the appropriate person. We require proof of the following:

1. the death of the insured person under the coverage
2. the birthdate of that person and anyone else insured by the coverage
3. the claimant's right to be paid

When we pay a death benefit

We will pay the death benefit provided by an insurance coverage that is in effect, as follows:

- If the insurance coverage insures the life of one person on a single-life basis, we pay a death benefit when that person dies.
- If two people have combined coverages, we pay a death benefit on the death of the first insured person to die. Coverage on the other insured person will continue on a single-life basis.
- If the insurance coverage insures the lives of two people on a first-to-die basis, we pay a death benefit on the death of the first insured person to die.
- If the insurance coverage insures the lives of two people on a last-to-die basis, we pay a death benefit on the death of the last insured person to die.

How we determine the death benefit

We calculate the death benefit as of the day the insured person dies.

The death benefit is the amount of insurance shown in Section 3 for the applicable insurance coverage or coverages. However, under certain conditions we will adjust the death benefit as explained in the following sections of your policy:

- *Changing your amount of insurance*
- *The grace period*
- *If an insured person commits suicide*
- *If two or more insured people die at the same time*
- *If an insured person's age or sex has been stated incorrectly*

In some circumstances, we may determine that a death benefit is not payable. These are described in the following sections:

- *Cancelling an insurance coverage or your insurance contract*
- *Contesting the contract*

Who receives the death benefit

The death benefit is generally payable to the beneficiary you named for the insured person who dies. For more information about beneficiaries, see Section 10 under the subheading *Your beneficiaries*.

If you use this policy as security for a loan, the rights of any collateral assignee or, under the Quebec Civil Code, hypothecary creditor, may take precedence over the right of any other person claiming the death benefit. See Section 10 under the subheading *Using this contract as security for a loan*.

Unused premiums

When we pay the death benefit with respect to a coverage, we will return any portion of premiums paid but not used for this coverage.

Bereavement counselling assistance

When an insured person dies and we pay a death benefit under one or more coverages, we will reimburse up to a total of \$1,000 of counselling expenses to his or her beneficiaries, subject to our administrative rules at the time, as long as:

- they submit receipts within 12 months after the death, and
- the counsellor is professionally accredited or certified.

If the death benefit is payable to more than one beneficiary, the \$1,000 reimbursement will be divided among them in the same proportions as the amount of the death benefit they receive. If the death benefit is payable to an estate or trust, the receipts should be submitted by the executor, administrator or liquidator of the estate, or trustee.

8. Cancelling an insurance coverage or your insurance contract

When an insurance coverage ends

An insurance coverage ends on any of the following dates:

- the coverage expiry date,
- the policy processing day coinciding with or next following the day you ask us to cancel the coverage,
- the day an insured person under the coverage dies and a death benefit is payable, or
- the day an insured person under the coverage commits suicide, as described in Section 10 under the subheading *If an insured person commits suicide*.

When your insurance contract ends

Your contract ends on the earliest of the following dates:

- the day you ask us to cancel the contract,
- 31 days after your contract enters the grace period, if you have not paid the overdue amount, or
- the day there is no longer an insurance coverage in effect.

We may also cancel the contract, or deny or cancel coverage, as described in Section 10 under the subheading *Contesting the contract*.

For more information on the consequences of cancelling your contract, contact your insurance advisor.

The grace period

For each premium after the first, we allow a grace period of 31 days after the day the premium is due. During that time, the policy stays in effect. If an insured person dies during the grace period, we will deduct any overdue amount owing as of the date of death from any death benefit payable.

At the end of the grace period, this contract and all coverages under it are automatically cancelled if you have not paid the overdue amounts. We will refund to you any amounts you paid for your policy between the start of the grace period and the day all coverages are cancelled.

Reinstating your contract

At any time within two years after the end of the grace period, you may apply to reinstate your contract. To reinstate your contract, we must, within those two years, receive your application for reinstatement and evidence of insurability satisfactory to us. You must also pay:

- any amounts that were due on or before the date of cancellation, plus
- the total of all premiums due from the date of cancellation to the date of reinstatement, plus
- interest on these amounts at a rate determined by us at that time.

The effective date of the reinstatement of the contract is the date on which we determine these requirements have been met.

9. Converting your insurance coverage to a new coverage or policy

You may find that your insurance needs change in the future and that a different kind of coverage will better meet your needs. This contract allows you to convert any of the insurance coverages under your policy, with the exception of a Parent Protection coverage, to a new insurance coverage or policy without having to prove insurability.

If you would like to convert this policy or any of the coverages under it, your insurance advisor can help you complete an application.

How basic conversion works

Any time before the conversion expiry date shown in Section 3, you may convert all or part of an insurance coverage to new permanent insurance that is available on the conversion date, with a death benefit that doesn't increase over time. You do not need to submit evidence of insurability, except as noted below.

- To apply for conversion, submit an application along with the first premium for the new insurance.
- Any irrevocable beneficiary and collateral assignee, or under the Quebec Civil Code, hypothecary creditor must give their consent in writing to the conversion.
- If you are not the insured person, the insured person must agree to the new insurance by signing the application.
- Once we've accepted the application, the new insurance takes effect on the next policy processing day. This is called the conversion date. The coverage or portion of coverage being converted ends at midnight on the day before the conversion date.
- The amount of the new insurance can't be more than the amount of the insurance you are converting, except if you provide evidence of insurability as shown below.
- The new insurance must meet our minimum and maximum requirements regarding coverage, premium amounts and age.
- Any restrictions on benefits in your existing coverage will apply to your new insurance.
- If the insured person dies before the conversion date, the new insurance will not go into effect and we will refund any premiums you have paid.
- If a coverage ends as the result of a conversion, we will apply any portion of a premium paid but not used for the coverage to the new policy.
- If we apply the provisions that relate to suicide and contestability to the new insurance, the dates we use will be those which apply to the original coverage. If the new insurance is reinstated, the terms of the new contract apply. If we contest the validity of the new insurance, we can rely on any information provided to us to obtain the original coverage or any additional information provided to us at the time of conversion, as described in the following paragraph.

We can require you to provide evidence of insurability satisfactory to us if you apply:

- to convert the coverage to new permanent insurance with an increasing death benefit, or
- for an improved healthstyle, insurance rating, class of risk or smoking status on the new insurance.

If we contest the validity of the new insurance, we can rely on any information provided to us as part of this evidence of insurability and the dates we use will be those which apply to the new policy.

If the insurance coverage being converted is a:

- single-life coverage, the new insurance will cover only the insured person under the original coverage
- first-to-die coverage or are combined coverages, the new insurance may be issued on a:
 - first-to-die basis, covering the same insured people as under the original coverage, or
 - single-life basis, with separate policies covering each of the insured people under the original coverage
- last-to-die coverage, the new insurance must be issued on the same basis, and must insure both of the people insured by the original coverage. Both insured people must be alive on the conversion date.

The premium for the new insurance is based on the amount of the new insurance and on the insured person's

- attained age on the conversion date. In the case of first-to-die or last-to-die coverages, we will calculate the joint age based on the requirements of the new insurance.
- healthstyle as shown in Section 3, except as shown below in Section 9 under the subheading *Healthstyle changes*.
- other personal information as shown in Section 3.

Healthstyle changes

If you change a coverage option in this policy or convert to new life insurance on a policy that has healthstyle categories, the healthstyle of the insured person or people on the new coverage will be the same as on the original coverage, unless we approve your application for an improved healthstyle and except as shown in the following table:

If the insured person's healthstyle on the original coverage is	Then the insured person's healthstyle on the new insurance or coverage will be
category 1 or 2	category 3, if the original coverage has been in effect for more than 10 years or if the same category is not available

If you convert to new life insurance on a policy that does not have healthstyle categories, the new insurance will have either a class of risk or a smoking status which will be determined by the insured person's healthstyle, as shown on the original coverage. The following table shows how we determine the class of risk or smoking status on the new insurance, unless we approve your application for a better class of risk or smoking status.

If the insured person's healthstyle on the original coverage is	Then the insured person's class of risk on the new insurance will be	Or the insured person's smoking status on the new insurance will be
category 1 or 2	non-smoker	non-smoker
category 3 or 4	non-smoker or special	non-smoker
category 5	standard or special	smoker

The class of risk will also be determined by that person's insurance rating. It will be labelled "special" if the insured person's insurance rating is greater than 100%.

Disability protection on your new insurance

You may also purchase a disability waiver rider on the person or people insured by the new insurance if, on the conversion date:

- a Total Disability Waiver Rider is in effect under the original coverage for the person or people to be insured under the new insurance,
- none of the people covered by the disability waiver rider under the new insurance is totally disabled, and
- our administrative rules allow the rider to be added to the new insurance.

How policy splitting works

You can convert an insurance coverage that insures people in a marriage or business that is coming to an end. This conversion follows the same rules as for basic conversion, except for the coverage date of the new coverage. We will establish this coverage date as defined in our administrative rules. If the people are insured under a last-to-die coverage,, you must provide evidence of insurability for both people to convert to two separate single-life coverages.

Splitting your policy may have tax implications.

The survivor's benefit

If you have a first-to-die insurance coverage and one of the two insured people dies, you may buy new insurance on the life of the survivor, without providing evidence of insurability. This insurance may be:

- an additional insurance coverage under this policy, as long as the policy does not end as result of this death, or
- a new policy offered by us at that time, with a death benefit that doesn't increase over time.

We must receive an application for the new insurance, together with the first premium, within 31 days after the death. The survivor must be less than 70 years old on that date. All other rules outlined under basic conversion apply.

If the person who died was the only policy owner and there is no successor policy owner, called a subrogated policyholder in Quebec, only the survivor can apply for a new policy on his or her own life without providing evidence of insurability.

Automatic term insurance under the survivor's benefit

We will automatically provide term insurance on the life of the survivor from the date of the first death until the earlier of:

- the 31st day following the first death
- midnight of the day before the effective date of the new insurance.

The death benefit payable will be the amount of the insurance coverage in effect on the date of the first death.

We will pay the death benefit under the automatic term insurance to the estate of the survivor, unless, before the survivor died, you named someone else as the beneficiary in a notice satisfactory to us.

If both insured people under a first-to-die coverage die at the same time or if it is uncertain which person survived the other, we will pay the death benefit under the automatic term insurance in the same way and to the same people as we pay the death benefit under the policy. This is described in Section 10 under the subheading *If two or more insured people die at the same time*.

We will not pay any automatic term insurance benefit if the survivor commits suicide, whether or not the survivor was sane when he or she committed suicide.

10. More information about this policy

Your contract

This life insurance policy is part of the legal contract between you and us. This contract commits us to providing life insurance and the other benefits described in the policy.

The entire contract consists of:

- this policy document
- the application for insurance coverages provided by the policy and rider coverages
- the medical evidence form or forms
- the written statements and answers that are given as evidence of insurability
- all rider pages
- all subsequent applications to change the insurance or rider coverages and any amendments or new versions of the policy summary pages that result
- any other amendments agreed upon in writing after the policy is issued
- any endorsements
- any application to reinstate the contract.

We are bound only by the statements that are part of the contract. Only our President or one of our vice-presidents can agree to any change you request in the contract and their agreement must be in writing.

Your rights as a policy owner

Your rights include the right to:

- name the beneficiary or beneficiaries
- transfer ownership of the contract
- use this policy as security for a loan
- vary the frequency of premiums you pay (for example, a change from monthly to annually), within our administrative limits
- cancel the contract as a whole or cancel individual insurance or rider coverages.

Throughout this policy, we refer to “policy owner” as one person. If there is more than one owner, all owners must act unanimously to exercise their rights and options.

You may name a successor owner, called a subrogated policyholder in Quebec, to assume the rights of this policy when you die. If there is no successor owner and if the policy does not terminate on your death, your rights and benefits will pass to your estate.

You must follow the terms and conditions of this policy when you exercise the rights we’ve listed above. Your rights may also be limited by any laws that apply to your contract.

How we report to you about your contract

We will send you a policy statement at least once a year. If you ask us to, we will send it on a semi-annual or quarterly basis. The statement outlines the status of your insurance and rider coverages, and provides other policy information you will find useful.

We will also send you:

- a confirmation for each premium, except for those made by automatic monthly withdrawal, and
- a premium change notice before your premium is scheduled to change.

Your beneficiaries

You may have named one or more beneficiaries to receive the death benefit when an insured person dies. We pay the proceeds of a death benefit to the primary beneficiaries. If no primary beneficiary is alive when the insured person dies, we pay the proceeds to any secondary beneficiaries.

If there is no surviving beneficiary or if no beneficiary has been named, we pay the proceeds to you or your estate.

If you have named more than one primary or secondary beneficiary, you may designate how the proceeds are to be divided. If you have not indicated this, we assume the proceeds should be divided equally among the surviving primary or secondary beneficiaries.

You may change the beneficiary or beneficiaries for any insurance or rider coverage at any time before the insured person dies, unless prohibited by any laws that apply to your policy.

If the beneficiary designation is irrevocable, you cannot change it without the beneficiary's consent. Certain other rights and options, such as converting a coverage, can be exercised only with the consent of the irrevocable beneficiary.

If the beneficiary has not reached the age of majority, we must pay the death benefit according to the applicable law.

If you have used this policy as security for a loan, the rights of a collateral assignee or, under the Quebec Civil Code, a hypothecary creditor, may take precedence over the rights of a beneficiary.

If an insured person commits suicide

If an insured person commits suicide within two years after the day we issued or last reinstated the policy or coverage, whether or not the person was sane when he or she committed suicide, we will not pay the death benefit as described in Section 7 under the heading *Paying death benefits*. Instead, we will:

- pay a reduced death benefit to the beneficiary, if the insured person under a single-life, combined or first-to-die coverage commits suicide or if the last insured person under a last-to-die coverage commits suicide. The reduced death benefit will equal the premiums you paid for:
 - coverage on the insured person who died for the period since the coverage date or the last reinstatement date, for combined coverages
 - the coverage since the coverage date or the last reinstatement date for all other coverage types

or

- refund to you or your estate the premiums you paid for the coverage since the coverage date or the last reinstatement date, if the first insured person to die on a last-to-die coverage commits suicide.

We will then cancel the insurance coverage as of the day the insured person died.

If two or more insured people die at the same time

If two or more insured people under the policy die at the same time, or if it is impossible to determine who died first, we will calculate the amount of any death benefit payable and determine who we should pay it in the following order, unless the beneficiary designation specifies otherwise or unless prohibited by law:

1. we will pay the death benefit for single-life coverages insuring any of the people who died
2. if two of the people who died are insured under the same coverage, we will divide the death benefit payable into two equal portions, one for each insured person, and consider that person to have survived the other when determining who will be paid each portion of the death benefit

If an insured person's age or sex has been stated incorrectly

If the age or sex of any insured person has been stated incorrectly, we will adjust the death benefit payable using the correct age or sex.

However, if we would not have issued the coverage because the correct age does not meet our rules regarding the minimum and maximum age, we can declare the coverage invalid, within the period permitted by law.

Contesting the contract

You and all insured people under the contract have an obligation to disclose every fact material to our decision to issue the coverage or coverages for which you have applied and, if we do issue it, on what terms. We have the right to contest the validity of the contract or any coverages under the contract and deny any claim, if you misrepresent or fail to disclose a material fact.

We will contest if, in any application, or on any medical examination, or in any written statements or answers provided as evidence of insurability, you or one of the insured people under the contract have:

- failed to disclose a material fact
- stated a material fact incorrectly
- misrepresented an insured person's age
- misrepresented an insured person's healthstyle information
- fraudulently misrepresented or failed to disclose a material fact

When we can contest

We can, at any time, contest the validity of:

- the contract or any insurance or rider coverage when there was a misstatement of age, sex or fraud in relation to the application for the contract or coverage, including an intentional misrepresentation of healthstyle information
- the *Total Disability Waiver Rider* if you have chosen this rider

Except as stated above, we cannot contest the validity of:

- the contract after it has been in effect for two years from the policy issue date or the date the contract was last reinstated
- an insurance or rider coverage after it has been in effect for two years from the coverage issue date or the date the contract was last reinstated

If an insured person under the contract dies during those two years, we can contest at any time.

Using this contract as security for a loan

You can use this contract as security for a loan by assigning it to the lender, based on the following rules. This is called a collateral assignment or, under the Quebec Civil Code, a hypothec.

- You can only assign or hypothecate the entire contract, not the individual coverages.
- We are bound by the assignment or hypothec when we receive written notice of it at our Head Office.
- The lender should send the assignment or hypothec to us in duplicate and we will return a copy to the lender.
- After you have collaterally assigned or hypothecated the contract, you may need the consent of the lender to convert a coverage, reduce or cancel a coverage, or cancel the contract.

We are not responsible for the validity of any assignment or hypothec.

The rights of the lender may take precedence over the rights of any person claiming a death benefit.

Transferring ownership

You can transfer ownership of your contract to another person, which is called an absolute assignment. These rules apply if you transfer ownership:

- You can only assign the entire contract, not the individual coverages.
- The effective date of the assignment is the day we receive written notice of it at our Head Office.

Transferring ownership of your contract may have tax implications, which may include increasing your taxable income.

Claims of creditors

This contract and the benefits payable under it will be exempt from seizure and the claims of your creditors, so far as the law allows.

Currency

All premiums paid to us or payments made by us will be in Canadian dollars.

Type of policy

This policy is non-participating. The owner of a non-participating policy does not have some of the rights of the owner of a participating policy, including eligibility for annual dividends and the right to vote at our annual meetings.

11. Words and phrases used in this policy

This section defines some of the terms used in your policy.

Adjusted age or Adjusted joint age is the age we use to recalculate premiums and expiry dates when you make changes to your policy. Changes that require an adjusted age or adjusted joint age include changing the healthstyle that applies to one or both of the people insured by a coverage insuring two people. This age will appear in Section 3 of your policy.

Age at coverage date is the age of an insured person on the birthday nearest the day his or her single-life insurance or rider coverage begins.

Amount of insurance is the amount of each insurance coverage shown in Section 3.

Attained age is the sum of

- the insured person's age at the coverage date we show in Section 3, and
- the number of complete years the coverage has been in effect from the coverage date to the most recent coverage anniversary.

Attained joint age is the sum of

- the joint age of the insured people at the coverage date we show in Section 3, and
- the number of complete years that the coverage insuring two people has been in effect from the coverage date to the most recent coverage anniversary.

Beneficiary is a person you name to receive all or part of the death benefit when an insured person dies.

Combined coverages provide insurance coverage for two people where a death benefit is payable in the same amount for each insured person. After the first death, coverage continues automatically on the life of the remaining person on a single-life basis.

Contract means the application, the policy document and all riders and other documents related to it, as described in Section 10 under the heading *More information about this policy*.

Conversion expiry date is the last day you can convert a coverage to new permanent insurance.

Coverage refers to both insurance coverage and rider coverage provided under this contract.

Coverage date is the day an insurance or rider coverage begins. Coverage years, months and anniversaries are measured from the coverage date.

Coverage expiry date is the day an insurance or rider coverage ends.

Coverage issue date is the day we issue an insurance or rider coverage. If your contract was reinstated, the Coverage issue date in Section 3 reflects the day the contract was last reinstated.

Coverage type indicates if the coverage insures the lives of one or two people and the basis on which the death benefit is payable.

Death benefit is the total amount paid by us on the death of a person whose life is insured.

Evidence of insurability is any information that we require to decide if the person who is to be insured is insurable, and if so, on what terms. This can include financial information.

First-to-die coverage is one insurance coverage for two people, where we pay the death benefit when the first of the two people dies.

Healthstyle refers to a person's tobacco use, personal and family medical history, any recreational risks, any health findings and other personal and lifestyle information. It also means the healthstyle category of an insured person.

Healthstyle categories are the broad categories we use to determine the premiums for insurance and rider coverages. The insurance rating also affects the premiums we charge. We determine the insured person's healthstyle category for each insurance and rider coverage based on his or her healthstyle. A coverage on an insured person with Healthstyle category 5 is usually more expensive than a coverage on an insured person with Healthstyle category 1.

Subject to our administrative rules at the time, you may apply for an improved Healthstyle category after the coverage issue date, as long as you provide proof satisfactory to us that the insured person meets our criteria for the healthstyle category you are applying for.

Insurance coverage is life insurance protection provided by the insurance policy. You can have several insurance coverages under this policy, each insuring the lives of one or two people and providing a death benefit. The amount of insurance for each of your coverages is shown in Section 3. When we refer to insurance coverages, we are not referring to any rider coverages which you may have added to your policy.

Insurance rating is used in the calculation of the premium rates shown on the Premium rate table in Section 12. We rate each insured person based largely on their health, family medical history and recreational or employment activities. Our standard rating is 100 per cent, but an insured person may have an insurance rating that is higher than our standard rating of 100 per cent if we consider him or her to be a greater risk to insure. The higher the percentage, the higher the premium. The insurance rating may also be a flat dollar amount. We show the insurance rating on the Policy Summary page in Section 3. Subject to our administrative rules in effect at the time, you may apply for an improved insurance rating after the policy issue date as long as you provide evidence of insurability satisfactory to us for the improved rating.

Insured person is any person whose life or health we have agreed to insure in this contract. We've shown the insured people in Section 3.

Joint age at coverage date is an age we determine based on the coverage type, and the sex, healthstyle and ages of the two people insured by one insurance coverage. It is not the average age of the two people.

Last-to-die coverage is one insurance coverage for two people, where we pay the death benefit when the last of the two people dies.

Material fact is a fact that, if disclosed, would:

- influence our decision to issue the coverage or
- affect the conditions under which we would be willing to provide coverage. These conditions could include limiting coverage or charging higher premiums.

Permanent insurance is protection for the lifetime of the insured person. There is no coverage expiry date for permanent insurance.

Policy is this policy document and includes all insurance coverages provided under it. It does not include any riders.

Policy date is the effective date of the contract. Policy years, months and anniversaries are measured from the policy date.

Policy fee is the amount we charge to administer your contract. The amount of your policy fee is shown in Section 3 and Section 13.

Policy issue date is the day we issue the contract as shown in Section 3. If your contract was reinstated, the Policy issue date reflects the day the contract was last reinstated.

Policy owner is the owner of the policy who holds all rights under the policy, unless these rights are limited by law or by collateral assignment or, under Quebec Civil Code, hypothecation of the policy. The policy owner may be an insured person under the policy.

Premium is the amount we charge you for the insurance coverages and for the rider coverages we provide.

Rider coverage is additional protection provided by a rider. You can have several rider coverages, each covering one person, under each rider. The benefit provided by each of your rider coverages is shown in Section 3.

Rider premium is the amount we charge for the benefits provided by any rider under your contract. The amount of your rider premium depends on how often you pay (i.e. monthly, quarterly, semi-annually, annually).

Riders are optional benefits you can purchase in addition to your insurance coverages.

Single-life coverage is insurance or rider coverage that insures the life of one person.

Term insurance is insurance protection we provide for a limited number of years.

Type of coverage: see “Coverage type”.

Accidental Death and Dismemberment Rider

The benefits provided by this rider

This rider is designed to cover an insured person under your policy against accidental death or accidental injury. You may have several coverages under this rider, each providing an accidental death or injury benefit for one person.

We pay a benefit when an insured person under this rider suffers a covered loss, subject to the terms of this rider. The amount of the benefit depends on how much accidental death and dismemberment insurance you have purchased. Section 3 shows each insured person under this rider and the amount of insurance for each rider coverage.

What this rider covers

This rider provides protection against accidental death or injury resulting from external, violent, and accidental causes. The injury or death must be directly caused by the accident, independent of any other condition or cause.

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The table below shows the losses covered by this rider, the percentage of the amount of insurance we will pay for each loss and a definition of each loss.

<u>Loss</u>	<u>Percentage</u>	<u>Definition</u>
Loss of life	100%	• death
Loss of an arm	75%	• severance at or above the elbow
Loss of a leg	75%	• severance at or above the knee
Loss of use of an arm or a leg	75%	• total and irrecoverable loss of use of the limb
Loss of a hand	66 2/3%	• severance between the wrist and the elbow
Loss of use of a hand	66 2/3%	• total and irrecoverable loss of use of the hand
Loss of a foot	66 2/3%	• severance between the ankle and the knee
Loss of sight of one eye	66 2/3%	• legal blindness
Loss of speech	50%	• loss of ability to speak in a way that can be understood
Loss of hearing in one ear	25%	• total and irrecoverable loss of hearing
Loss of thumb and index finger on one hand	33 1/3%	• severance of the digit between the wrist and the first joint from the tip of the thumb and the second joint from the tip of the index finger of the same hand

We will pay a benefit for loss of sight, speech or hearing, or loss of the use of an arm, hand, or leg, as long as the loss has been continuous for 12 months and is irrecoverable. We may require the examination of the insured person by physicians of our choice.

We pay a benefit for an injury or death if:

- the injury or death occurs within one year after the accident while this rider is in effect, and
- the injury is total, permanent and irrecoverable.

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accidental injury. No more than 100% will be paid for all losses due to any one accident. If the insured person suffers losses in more than one accident, we will pay up to the maximum benefit for each accident.

What this rider doesn't cover

We will not pay a benefit for any injury or death directly or indirectly related to any of the following:

- suicide, attempted suicide or self-inflicted injury, regardless of whether the insured person is sane or insane when he or she commits or tries to commit suicide or inflicts the injury
- taking or absorbing, accidentally or otherwise, any drug, medicine, sedative or poison, except as prescribed by a licensed physician other than the insured person
- inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty
- an accident that occurs while committing or trying to commit an assault or a criminal offence, including offences related to operating a motor vehicle, either while under the influence of any intoxicant or with a blood-alcohol level over the legal limit when the injury occurs
- bodily or mental infirmity or any disease
- travel in any aircraft, other than as a passenger, which is being used for any training or test purpose, or being operated under the direction of any country's armed forces or any force of an international body. Travel in an aircraft includes being in it on the ground, regardless of whether or not it is moving
- descent from any aircraft in flight
- war, insurrection or the hostile actions of any armed force, whether or not war has been declared
- service in the armed forces, or any auxiliary civilian force, of any country at war or service in any force of an international body.

How to claim a benefit

To claim a benefit for a covered loss, the person entitled to the benefit should call your insurance advisor or contact us directly at the phone number shown on page 1.1 of your policy or in your most recent policy statement.

In the case of an accidental death, we require the following:

- proof of accidental death within the meaning of this policy, and
- proof of the claimant's right to be paid.

In the case of accidental injury, we will ask you to provide information about the insured person's loss.

Who receives the benefits provided by this rider

We pay the accidental death benefit to the beneficiary you have designated. For further information on beneficiaries, please see the provision of your policy called *Your beneficiaries*. We pay accidental injury benefits to you, the policy owner.

The rider premium

The rider premium is the total of the premiums for all coverages under this rider . The premium for each coverage this rider provides is based on the amount of accidental death and dismemberment coverage that you select, as well as on the attained age of the insured person, and on that person's other personal information shown in Section 3 of the policy.

The tables that show your guaranteed premium rates for each coverage under this rider are shown in Section 12. If you add new rider coverages, they will have their own guaranteed rates.

Making changes to your policy

If you reduce the total amount of an insured person's insurance coverages under this policy, we can make a corresponding reduction in the amount of insurance for that insured person's Accidental Death and Dismemberment coverage, subject to our administrative rules at that time.

When a rider coverage ends

A coverage provided by this rider ends on:

- the policy processing day that coincides with or next follows the day an insured person under the rider coverage is no longer an insured person under this policy,
- the policy processing day that coincides with or next follows the day we receive your request in writing to cancel the rider coverage,
- the day we cancel or deny insurance or rider coverage on the insured person, as described in the provision of your policy called *Contesting the contract*, or
- the coverage expiry date shown in Section 3.

When this rider ends

This rider ends on:

- the policy processing day that coincides with or next follows the day we receive your request in writing to cancel the rider,
- the day the last coverage under this rider ends, or
- the day the contract is cancelled.

Child Protection Rider

General information about this rider

This rider is designed to insure the life of your child or the life of a child of an insured person under your policy. You may have several coverages under this rider, each of which insures the life of one child.

We refer to any person whose life is insured by this rider as an insured child. To become an insured child under this rider, the child, step-child or legally adopted child must be at least 15 days old and less than 18 years and six months of age. We require evidence of insurability satisfactory to us for each child that you add to this rider.

Benefits provided by this rider

Three benefits are provided by this rider:

- Death Benefit
- Guaranteed Life Insurability Benefit
- Critical Illness Insurability Benefit

The bereavement counselling assistance benefit described in the provision of your policy called *Paying death benefits*, is also available to beneficiaries under this rider.

Understanding the CPR Death Benefit

When we pay a death benefit

We will pay a death benefit if an insured child dies while the rider coverage is in effect. The amount of the death benefit for each rider coverage appears in Section 3 of your policy.

How to claim a death benefit

To claim a death benefit, the person entitled to the death benefit should call your insurance advisor or contact us directly at the phone number shown on page 1.1 of your policy or on your most recent policy statement. We will then tell that person which documents we require to ensure that we pay the appropriate claim to the correct person.

We require proof of the following:

- the death of the insured child
- the birthdate of the insured child, and
- the claimant's right to be paid.

Who receives the death benefit provided by this rider

We pay the death benefit to the beneficiary you have named. For further information on beneficiaries, please see the provision of your policy called *Your beneficiaries*.

Limits on our payment of a death claim

If an insured child commits suicide, while sane or insane, within two years of the day we issue or last reinstate the rider coverage for that child, we will refund to you the premiums paid for that coverage for the period between the day the rider coverage was issued or last reinstated and the day the insured child died.

The provision of your policy called *Contesting the contract* also applies to this rider. When applied to this rider, a reference to the coverage issue date in that provision means the coverage issue date of each Child Protection Rider coverage.

Understanding the benefits for buying new insurance

Guaranteed Life Insurability Benefit

A Guaranteed Life Insurability Benefit gives you the right to buy new life insurance for each insured child under this rider on an Option day.

You do not need to provide us with evidence of insurability for the insured child, except as described below in this rider under *The following rules apply to buying new insurance*.

Critical Illness Insurability Benefit

A Critical Illness Insurability Benefit gives you the right to apply for new insurance on any critical illness policy that we offer at that time for each insured child under this rider on an Option day.

When you apply for the new insurance, we will ask the insured child to confirm that they would not qualify for, or start a waiting period for, any benefit under the critical illness insurance policy. We will not ask for any additional evidence of insurability.

When you can buy new insurance

You can buy new insurance coverage under this policy or a new policy on the insured child either:

- during the option period occurring within 60 days before the coverage expiry date, or
- during any one of the option periods occurring within 75 days after an option day.

Coverage expiry date

The coverage expiry date for each rider coverage is the policy anniversary nearest the insured child's 25th birthday, as shown in Section 3 of the policy.

Option days

An Option day occurs on the coverage expiry date as shown in section 3, and when the insured child under this rider:

- becomes legally married, or
- gives birth to a living child or, if a male, his spouse gives birth to a living child, so long as the insured child is alive on that date, or
- legally adopts a child under the age of 18.

How to buy new insurance

If you would like to buy new insurance on a child insured by this rider, your insurance advisor can help you complete an application.

The insured child may apply for the new insurance instead of you, but only with your written permission and if the laws of the province which governs your policy allow it. However, if you apply for the insurance, the insured child, or his or her parent or guardian, must agree to the new insurance coverage by signing the application.

When we refer to *you* in this section on buying new insurance, we mean either the policy owner or the insured child who is buying new insurance with the policy owner's permission.

When the new insurance starts

After we receive your signed application and the first premium for the new insurance, the new coverage or policy takes effect on:

- the coverage expiry date of the rider coverage, or
- for an Option day, the policy processing day following the day we receive the application and first premium.

If the insured child dies before the new insurance coverage starts, your application for new insurance will be cancelled and we will refund any premiums you have paid.

The following rules apply to buying new insurance:

- The new insurance may be issued as:
 - a new coverage on an existing insurance policy with us that allows you to add insurance coverage after issue, subject to our administrative rules, or
 - a new insurance policy offered by us on the date you apply for the new insurance.
- The insured child must meet the minimum and maximum age requirements of the new insurance you want to buy.
- The new insurance must be a single life coverage with a level benefit.
- The new insurance must insure the same insured child as the original coverage.
- The amount of insurance you may buy must be within our minimum and maximum limits for the product you choose. You may buy a combination of life insurance and critical illness insurance, but the total amount of insurance cannot be more than \$250,000, and the critical illness portion of the total insurance cannot be more than \$100,000.

- The premium for the new insurance will be based on the insured child's attained age and on his or her personal information when this rider coverage began, as shown in Section 3 of the policy.
- The new insurance will be issued with the following rates:
 - for a policy that has healthstyle categories, the rates will be healthstyle category 5, unless we approve your application for improved rates.
 - for a policy that does not have healthstyle categories, the rates will be smoker rates, unless we approve your application for non-smoker rates.
- We can require you to provide evidence of insurability satisfactory to us if you are applying for a coverage with an increasing death benefit or an improved healthstyle.
- The new insurance will include any limitations to our liability contained in this policy with respect to the insured child, as well as any limitations we regularly include in policies being issued on the same plan for people of the same age, sex, healthstyle and insurance rating.
- The new insurance cannot include supplementary benefits unless we are given evidence of insurability satisfactory to us.
- The time limits in the provisions relating to suicide and contestability in the new insurance will begin on the issue date of the new insurance. If we contest the validity of the new insurance, we can rely upon any information provided to us for the purpose of obtaining this rider coverage.

The rider premium

The rider premium is the total of the premiums for all coverages under this rider. The premium for each coverage is based on the personal information of the insured person, as shown in Section 3 of the policy.

The tables that show your guaranteed premium rates for each coverage under this rider are shown in Section 12. If you add new rider coverages, they will have their own guaranteed rates.

When a rider coverage ends

A coverage provided by this rider ends on:

- the policy processing day that coincides with or next follows the day we receive your request in writing to cancel the rider coverage,
- the day the insured child dies,
- the effective date of new insurance on the insured child,
- the day we cancel or deny insurance or rider coverage on the insured person, as described in the provision of your policy called *Contesting the contract*, or
- the coverage expiry date, shown in Section 3.

When this rider ends

This rider ends on:

- the policy processing day that coincides with or next follows the day we receive your request in writing to cancel the rider and all coverages under the rider,
- the day the last coverage under this rider ends, or
- the day the contract is cancelled for reasons other than the death of the last insured person under an insurance coverage.

When insurance protection continues

We will provide insurance coverage for each insured child when the last insured person with a coverage under the policy, other than Parent Protection, dies and a death benefit is payable.

We will send you a Certificate of insurance for each insured child, which continues the benefits provided by this rider at no cost to you.

Guaranteed Insurability Option Rider

The benefit provided by this rider

This rider allows you to buy new insurance on the life of an insured person under the policy, without having to submit evidence of insurability. You can buy new insurance for up to the maximum option amount. The maximum option amount for each coverage under this rider appears in Section 3 of your policy.

You may have several coverages under this rider, each of which provides a guaranteed insurability option for one person.

When you can buy new insurance

You can buy new insurance for each insured person under this rider during one of the option periods shown below, as long as the rider coverage is in effect at that time. An option period is:

- within 45 days before and 30 days after an anniversary option day, or
- within 75 days after an event option day.

Option days

Anniversary option days occur on the second and fifth policy anniversaries following the coverage date of each rider coverage.

Event option days occur when the insured person under this rider:

- becomes legally married, or
- gives birth to a living child or, if a male, his spouse gives birth to a living child, so long as the insured person under this rider is alive on that date, or
- legally adopts a child under the age of 18.

The new insurance starts on either:

- an anniversary option day, or
- any day within 75 days after an event option day, as determined by our administrative rules in effect at that time.

How to buy new insurance

You can buy any policy we offer or add additional insurance coverage to this policy or to another policy that you own. The new insurance must insure only the insured person who is covered by the guaranteed insurability option.

If you wish to buy new insurance, your insurance advisor can help you complete an application.

The insured person under this rider may apply for the new insurance instead of you, but only with your written permission. However, if you apply for the insurance, the insured person must agree to the new insurance by signing the application.

When we refer to *you* in the following sections on buying new insurance, we mean either the policy owner or the person who is buying new insurance with the policy owner's permission.

The following rules apply to buying new insurance:

- The amount of insurance you may buy cannot exceed the maximum option amount and must be within our minimum and maximum limits for the plan you choose. You can exercise this option only once, even if you buy less insurance than the maximum option amount.
- The premium for the new insurance will be based on the insured person's attained age and other personal information as shown in Section 3. The new insurance may have a different healthstyle than the one shown in Section 3. This difference is explained in the provision called *Healthstyle changes* in your policy.
- We can require you to provide evidence of insurability satisfactory to us if you are applying for a coverage with an increasing death benefit or an improved healthstyle rating.
- The new insurance will include any limitations to our liability contained in this policy with respect to the insured person, as well as any limitations we regularly include in policies being issued on the same plan for people of the same age, sex, healthstyle and insurance rating.
- The time limits in the provisions relating to suicide and contestability in the new insurance will begin on the issue date of the new insurance. If we contest the validity of the new insurance, we can rely upon any information provided to us for the purpose of obtaining this rider coverage.

Adding an accidental death rider or disability waiver rider to your new insurance

You may buy an accidental death rider, a disability waiver rider, or both, for your new insurance coverage according to our administrative rules in effect at the time. You may only buy a disability waiver rider if the insured person is not totally disabled on the day you purchase the new insurance. "Totally disabled" is defined in the Total Disability Waiver Rider under this policy.

We will not require evidence of insurability for these riders, as long as the person is insured for a similar rider under this policy on the option day. However, if any other people are insured by a disability waiver rider on the new policy at the time you apply for the new insurance, we will require evidence of insurability satisfactory to us on these people.

If an insured person under this rider dies during an option period

If we have received your application for new insurance and the initial premium before the end of the option period, and the insured person under this rider then dies:

- before the new insurance starts, then we will cancel your application for new insurance, refund any premiums you have paid, and pay the maximum option amount to you, unless you named someone else as the beneficiary in a notice satisfactory to us.
- on or after the day the new insurance starts, then we will consider the new insurance to be in effect and pay the death benefit it provides.

If we have not received an application for the new insurance you were eligible to buy, and an insured person under this rider dies during an option period, then we will pay the maximum option amount to you, unless you named someone else as the beneficiary in a notice satisfactory to us.

We will not pay a death benefit if the person commits suicide during this period, whether or not he or she was sane at the time.

The rider premium

The rider premium is the total of the premiums for all coverages under this rider. The premium for each coverage is based on the maximum option amount and on the personal information of the insured person, as shown in Section 3 of the policy.

The tables that show your guaranteed premium rates for each coverage under this rider are shown in Section 12. If you add new rider coverages, they will have their own guaranteed rates

When a rider coverage ends

A coverage provided by this rider ends on:

- the policy processing day that coincides with or next follows the day the insured person under the rider coverage is no longer an insured person under this policy,
- the policy processing day that coincides with or next follows the day we receive your request in writing to cancel the rider coverage,
- the day we cancel or deny insurance or rider coverage on the insured person, as described in the provision of your policy called *Contesting the contract*,
- the coverage expiry date shown in Section 3, or
- the effective date of new insurance.

When this rider ends

This rider ends on:

- the policy processing day that coincides with or next follows the day we receive your request in writing to cancel the rider,
- the day the last coverage under this rider ends, or
- the day the contract is cancelled.

Total Disability Waiver Rider

The benefit provided by this rider

This rider is designed to provide protection against disability for an insured person under your policy, or a person you named to pay the policy premiums. You may have several coverages under this rider, each providing disability protection for one person. Section 3 shows each insured person under this rider.

If an insured person under this rider becomes totally disabled and you make a claim that we approve, we will waive all premiums payable for insurance and rider coverages for your policy during the period of disability. All the insurance and rider coverages under your contract will continue as if premiums were being paid.

How to claim a total disability waiver benefit

To claim a total disability waiver benefit, please call your insurance advisor or contact us directly at the phone number shown on page 1.1 of your policy or in your most recent policy statement.

Approving your claim

In order to approve your claim, the following conditions must be met:

- the insured person became totally disabled while the coverage provided by this rider is in effect and before the policy anniversary nearest his or her 65th birthday
- he or she was totally disabled for at least six months without interruption
- he or she is under the regular care of a physician other than himself or herself
- we have received evidence satisfactory to us of the total disability within the time limits below:
 - while the insured person is still living
 - while the insured person remains totally disabled, and
 - within 12 months of the day the total disability began.

We may decide not to apply these time limits if we are satisfied that you have provided evidence as soon as was reasonably possible.

When we waive premiums

When your claim is approved, we will refund any premiums due and paid during the period of total disability to a maximum of 12 months before we received your claim.

When you apply for disability waiver you must continue to pay premiums until we approve your claim. If we waive a premium that has been paid, we will refund the premium to you.

As long as the disabled person is alive and continues to be totally disabled, we will waive your premiums month by month, subject to the age limit on page 2 of this rider. We will require, as often as we consider appropriate:

- evidence of total disability, and
- the examination of the disabled person by physicians of our choice.

If we are waiving your premiums on the conversion expiry date of a Term-10 or Term-20 insurance coverage, we will continue the life insurance coverage by:

- for a single-life coverage, changing the coverage option to Term-Life
- for combined coverages, changing the coverage type for both coverages to single-life and the coverage option for both to Term-Life.

This change will take effect on the conversion expiry date of that coverage.

When we won't waive premiums

We will not waive your premiums if the insured person under this rider becomes totally disabled because of:

- an intentionally self-inflicted injury or attempted suicide, regardless of whether the insured person is sane or insane when the injury is inflicted
- an injury that occurs while committing or attempting to commit an assault or a criminal offence, including offences related to operating a motor vehicle, either while under the influence of any intoxicant or with a blood-alcohol level over the legal limit when the injury occurs
- war, insurrection or the hostile actions of any armed force, whether or not war has been declared
- service in the armed forces or any auxiliary civilian force, of any country at war or service in any force of an international body.

Age limit

Benefits will not be limited by a person's age unless the insured person becomes totally disabled on or after the policy anniversary nearest his or her 60th birthday. If this happens, all benefits under this rider will end on the policy anniversary nearest his or her 65th birthday.

Other limits on benefits

Your premiums will no longer be waived if:

- we don't receive evidence satisfactory to us of the total disability if we request it,
- the insured person is no longer under the regular care of a licensed physician other than him or herself,
- the insured person is working at any job for pay or profit, or
- the insured person is no longer totally disabled, as defined on the next page.

If the total disability begins during a grace period, we will not waive any premiums that apply during that period.

How we define total disability

We have two definitions for total disability — one for people who have a regular job, and another for those who don't have a regular job.

People with a regular job

Total disability in this case means that someone is prevented from doing substantially all of the material duties of his or her regular job because of sickness or injury. Someone is no longer considered to be totally disabled if after a period of two years from the day the total disability began, he or she can work for pay or profit at a job for which he or she is reasonably suited by education, training, or experience.

People without a regular job

Total disability in this case means someone, because of sickness or injury, is prevented from working for pay or profit at any job for which he or she is reasonably suited by education, training, or experience.

Doing daily homemaker tasks regularly, or being a full-time student at school, is considered a regular job if the person has no other regular job.

For people with and without a regular job, a person who is working for pay or profit at any time is not considered to be totally disabled.

Recurring disabilities

A recurring disability occurs when a person who has been totally disabled for at least six consecutive months:

- is no longer totally disabled, as defined above,
- then becomes totally disabled again within six months, and
- any subsequent disability is related to the first.

We do not consider a recurring disability to be an interruption in total disability. This means we will waive premiums effective on the policy processing day following the start of the recurring disability, if we approve the claim.

The rider premium

The rider premium is the total of the premiums for all coverages under this rider. The premium for each coverage under this rider is based on:

- the premium frequency for this contract,
- the premium you are paying based on your premium frequency (excluding this rider premium),
- the attained age of the insured person under the rider coverage, and
- the personal information of the insured person, as shown in Section 3 of the policy.

The tables that show your guaranteed premium rates for each coverage under this rider are shown in Section 12. If you add new rider coverages, they will have their own guaranteed rates.

Making changes to your contract

If you add a new insurance or rider coverage to your contract, we will ask for evidence of insurability for the insured people under this rider. This requirement is in addition to the requirements in the provision of your policy called *Changing your coverage amount*.

You can't make changes to your contract during any period when we are waiving your premiums. This includes:

- adding insurance or rider coverages
- changing the amount of any insurance or rider coverage
- changing the coverage option of any insurance coverage.

When a rider coverage ends

A coverage provided by this rider ends on:

- the policy processing day that coincides with or next follows the day the insured person under the rider coverage is no longer an insured person under this policy or is no longer the person named to pay the policy premiums,
- the policy processing day that coincides with or next follows the day we receive your request in writing to cancel the rider coverage,
- the day we cancel or deny insurance or rider coverage on the insured person, as described in the provision of your policy called *Contesting the contract*, or
- the coverage expiry date shown in Section 3.

When this rider ends

This rider ends on:

- the policy processing day that coincides with or next follows the day we receive your request in writing to cancel the rider,
- the day the last coverage under this rider ends, or
- the day the contract is cancelled.

You can still make a claim for disability benefits after this rider is cancelled if the total disability began before the cancellation date, unless we cancelled the rider as described in the provision of your policy called *Contesting the contract*.