



- ▶ Life Insurance
- ▶ Accidental Death, Dismemberment or Loss of Use



EXCEL-LIFE

- ▶ Renewable for life
- ▶ No medical exam
- ▶ Available to insureds as young as 1 year old
- ▶ Two options of premiums: level or increasing
- ▶ Basic sum insured of up to \$20,000
- ▶ At no extra charge: Accidental Death, Dismemberment or Loss of Use coverage



EXCELLENCE

to Suit Your Needs

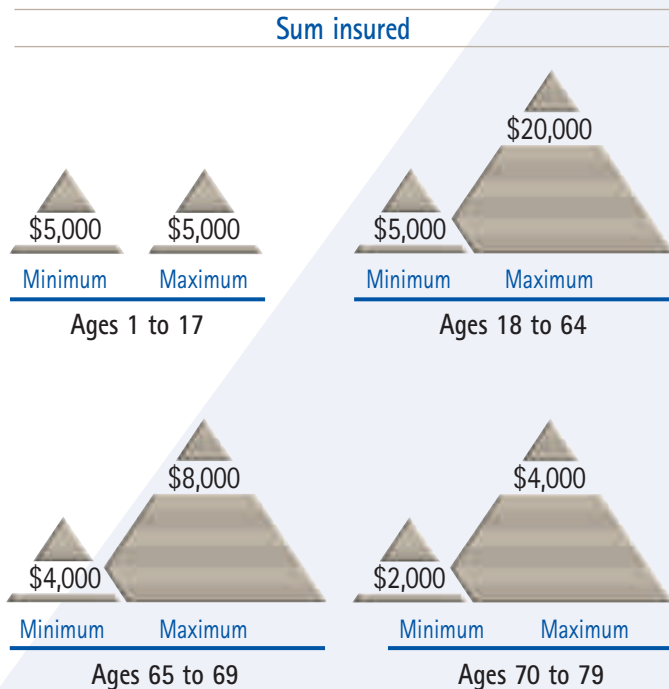
The Excellence Life Insurance Company was incorporated in Quebec in 1963. In the past ten years, the company's total assets have grown from \$2 million to over \$50 million.

Eligibility

To be eligible for insurance, the proposed Primary Insured must be at least one year old but less than 80 years old.

At the time of purchase, the proposed Primary Insured must not be hospitalized, must not be suffering from an incurable sickness associated with a life expectancy of less than 24 months and must not be HIV positive. Moreover, in the past 2 years, the proposed Primary Insured must not have experienced an angina attack or an infarction, must not have undergone heart surgery and must neither have been diagnosed with any form of Cancer nor have undergone radiation treatment or chemotherapy.

The table below describes the sums insured available according to the age of the proposed Primary Insured at the time of purchase:



In no case shall the Primary Insured hold one or more contracts totalling a sum insured in excess of the maximum amount indicated in the table above.

The Primary Insured may add or increase coverages under this contract provided the aggregate of the coverages does not exceed the maximum amount stipulated above based on his or her age group.

Where coverages under this contract are added or increased, any timeframe related to limitations and exclusions begins on the effective date of the additional coverage.

Life Insurance

In the event of natural or Accidental Death, the following percentages of the sum insured are payable under this contract.

If the Primary Insured is travelling as a fare-paying passenger aboard a Public Conveyance, the sum insured is tripled, as indicated in the table below.

Sum insured

Time elapsed since the effective date	Natural death	Accidental death	Accidental death aboard a Public Conveyance
6 months or less	0%	200%	300%
Between 7 and 12 months	50%	200%	300%
After 1 year	60%	200%	300%
After 2 years	80%	200%	300%
After 3 years	100%	200%	300%
After 5 years	105%	210%	315%
After 7 years	110%	220%	330%
After 9 years	120%	240%	360%



▲ Limitations

If the death of the Primary Insured occurs within the first 6 months following the effective date or the reinstatement of insurance, as the result of sickness, no death benefit is payable.

If the death occurs between the 7th month and the end of the 12th month following the effective date or the reinstatement of insurance, as the result of sickness, the sum insured is limited to 50% of the sum insured initially selected, subject to a maximum of \$2,000.

If the death occurs between the 13th month and the end of the 24th month following the effective date or the reinstatement of insurance, as the result of sickness, the sum insured is limited to 60% of the sum insured initially selected, subject to a maximum of \$7,500.

The above limitations do not apply in the event of Accidental Death.

After the 70th birthday of the Primary Insured, the sum insured in the event of any Accidental Death is reduced in half.

Accidental Dismemberment or Loss of Use

When an injury results in one of the following Losses within 365 days of the date of the Accident, the Insurer undertakes to pay the benefits indicated below based on the sum insured selected. In addition, if the Primary Insured is travelling as a fare-paying passenger aboard a Public Conveyance, the basic sum insured is adjusted as indicated in the table below.

Loss	Dismemberment or Loss of Use	
	Basic	Aboard a Public Conveyance
Loss of sight of both eyes	▶ 200%	300%
Loss of both hands or both feet		
Loss of one hand and one foot		
Loss of one hand and sight of one eye		
Loss of one foot and sight of one eye		
Loss of hearing and speech		
Loss of one arm or one leg	▶ 150%	225%
Loss of one hand or one foot	▶ 100%	150%
Loss of sight of one eye or hearing or speech		
Loss of one finger or one toe	▶ 20%	30%

▲ Limitations and termination of coverage

Any loss prior to the effective date of the contract or sustained in a previous Accident shall not be considered in the payment of this benefit.

The maximum amount payable for all Losses occurring within 365 days of the Accident shall not exceed the maximum sum insured as indicated in the table above. If, as the result of a single Accident, the Primary Insured sustains several Losses listed in this contract, benefits shall be payable for only one such Loss, that is, the Loss which represents the highest benefit amount.

The Accidental Dismemberment or Loss of Use coverage terminates on the 70th birthday of the Primary Insured.

General Exclusion

In the event of suicide by the Primary Insured, whether sane or insane, within 2 years of the effective date or reinstatement of the contract, the coverages do not apply. In such case, the Insurer shall refund only the premiums paid, without interest.

Exclusions for Accidental Death, Dismemberment or Loss of Use

Coverage for Accidental Death, Dismemberment or Loss of Use does not apply if the death or Loss sustained results directly or indirectly from any of the following:

- a) suicide, attempted suicide, intentionally self-inflicted Injury or Dismemberment, whether the Primary Insured is sane or insane; or
- b) Injury sustained while the Primary Insured is actively participating in a riot, an insurrection or hostilities, or Injury sustained during a war, whether declared or not; or
- c) commission or attempted commission of a criminal act by the Primary Insured; or
- d) participation by the Primary Insured in any type of flight or attempted flight while he or she is travelling aboard a craft other than as a passenger; or
- e) the driving of a motor vehicle by the Primary Insured while under the influence of narcotics or while his or her blood alcohol concentration exceeds the limit prescribed by law; or

Name of representative Code

GENERAL INFORMATION

Last name of Primary Insured				First name			
Address					Postal code		Telephone number (residential)
Date of birth D M Y		Age	Gender M F <input type="checkbox"/> <input type="checkbox"/>		Marital status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		Telephone number (office)
							E-mail

Are you, or have you ever been, insured by Excellence ? Yes No If yes, please indicate your contract number

Last name of Policyholder (if other than the Primary Insured)				First name			
Address					Postal code		Telephone number
Same <input type="checkbox"/> or							
Date of birth D M Y		Age	Gender M F <input type="checkbox"/> <input type="checkbox"/>		Relationship to Primary Insured		

COVERAGE SELECTED

Sum insured: \$ _____		Monthly premium: \$ _____		Annual premium: \$ _____	
Premium options: level <input type="checkbox"/> increasing <input type="checkbox"/>		Policy fee: \$2,00			
Total: \$ _____				If annual payment, total premium x 12	

BENEFICIARY

Last name			First name			Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Address				Postal code		Telephone number	

Revocable Irrevocable Relationship: _____
* A beneficiary is always revocable unless designated specifically as irrevocable, with one exception : where Quebec's Civil Code applies, a beneficiary who is married to, or in de facto relationship with the Primary Insured is always irrevocable unless designated specifically as revocable.

TOTAL INSURANCE IN FORCE

Company	Year issued	Amount	Type

Is this insurance meant to replace or modify any other insurance in force ? Yes No If yes, indicate the company: _____

METHOD OF PAYMENT

- Annual Cheque Please make your cheque out to The Excellence Life Insurance Company.
- Pre-authorized debit: Beginning the _____ of each month (1st to 28th).
- Same account as for contract _____ with The Excellence Life Insurance Company.
- Please debit the first premium directly from my account.

PERSONAL INFORMATION

Any personal information that The Excellence Life Insurance Company holds or will hold with respect to you will be treated confidentially and will be kept in a file, the purpose of which is to enable you to benefit from the various financial insurance services and other similar services the company offers. This information will be consulted only by the authorized personnel, including the Company's reinsurers, who must do so to perform their duties. You may access your file and have any information corrected if you show that such information is incorrect, incomplete, ambiguous, outdated or unnecessary. To do so, you must apply in writing to the person responsible for access to information at the head office in Montreal.

DECLARATION

I, the undersigned, hereby:

- 1) declare that, at the time of the purchase, I am not hospitalized, I am not suffering from an incurable sickness associated with a life expectancy of less than 24 months and I am not HIV positive. Moreover, in the past 2 years, I have not experienced an angina attack or an infarction, I have not undergone heart surgery, and I have neither been diagnosed with any form of cancer nor undergone radiation treatment or chemotherapy.
- 2) understand and accept that, in the event of any false statement or material omission, the Insurer shall not be held to any obligation under insurance issued to me further to the approval of my insurance application.

This insurance shall become effective on the date the application is accepted by The Excellence Life Insurance Company. Any false statement may result in the cancellation of the insurance.

Signed at _____ this _____

Signature of Primary Insured

Signature of Policyholder

Signature of witness

PRE-AUTHORIZED DEBIT AGREEMENT

I hereby authorize **The Excellence Life Insurance Company** to draw monthly cheques from my bank account (described below) equal to the monthly insurance premium.

This authorization is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

This authorization may be cancelled at any time upon written notice from me. I acknowledge that, in order to revoke this authorization, I must give notice of revocation to **The Excellence Life Insurance Company** within at least ten (10) calendar days before the due date of the pre-authorized debit.

I acknowledge that this authorization concerns debits in the category of "personal/household" in accordance with the Rules of the Canadian Payments Association.

I will therefore receive, with respect to fixed amount pre-authorized debits, written notice from **The Excellence Life Insurance Company** of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first pre-authorized debit, and such notice must be received every time there is a change in the amount or payment date(s), **including a change further to a payment instrument being returned by the bank with the stated reason of insufficient funds or a stop-payment order**; or with respect to variable amount pre-authorized debits, written notice from **The Excellence Life Insurance Company** of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date or every pre-authorized debit. Note that an administrative fee will apply to payment instruments, which will be payable at the same time as the returned amount and the next regular payment.

I undertake to inform **The Excellence Life Insurance Company**, in writing, of any change in the account information provided in this authorization prior to the next due date of the pre-authorized debit.

I acknowledge that my financial institution is not required to verify that a pre-authorized debit has been made in accordance with the particulars of this Pre-authorized Debit Agreement. I further acknowledge that my financial institution is not required to verify that any purpose of payment for which the pre-authorized debit was made has been fulfilled by **The Excellence Life Insurance Company** as a condition to honouring a pre-authorized debit made or caused to be made by **The Excellence Life Insurance Company** on my account. Revocation of this authorization does not terminate any contract of insurance that exists between me and **The Excellence Life Insurance Company**. I may dispute a pre-authorized debit by **The Excellence Life Insurance Company** under any of the following conditions: (i) the pre-authorized debit was not drawn in accordance with this Pre-authorized Debit Agreement; or (ii) I had previously duly revoked my Pre-authorized Debit Agreement; or (iii) I did not receive the automatic advance notice required under the terms of this Pre-authorized Debit Agreement.

I acknowledge that, in order to be reimbursed, a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of my financial institution within ninety (90) calendar days of the date on which the pre-authorized debit in dispute was posted to my account.

I acknowledge that a claim on the basis that this Pre-authorized Debit Agreement was revoked, or any other reason, is a matter to be resolved solely between **The Excellence Life Insurance Company** and me when a pre-authorized debit is disputed after ninety (90) calendar days.

I understand and accept this pre-authorized debit arrangement and wish to participate in it. I authorize **The Excellence Life Insurance Company** to disclose any personal information that may be contained in this Pre-authorized Debit Agreement to the financial institution, as far as any such disclosure of any personal information is directly related to and necessary for the proper application of the Rules of the Canadian Payments Association.

Certain recourses are available to me and I can, for example, dispute a pre-authorized debit if it is not in accordance with this authorization. To obtain the reimbursement form or for any information, you may contact your financial institution or visit www.cdnpay.ca. For more information, you may contact our Customer Service Department at 1 800 465-5818 or by e-mail at intouch@iaexcellence.com

Signature (as it appears on the cheques)

Date : D/M/Y

Witness (agent or broker)

Date : D/M/Y

For a joint account where more than one signature is required, all account holders must sign.

Signature of spouse for joint account (if necessary)

Date : D/M/Y

IDENTIFICATION OF PAYER AND ACCOUNT TO BE DEBITED

Last name

First name

Address

Province

Postal code

Name of financial institution

Address

Province

Postal code

Branch number

Account number

* Please attach a specimen cheque marked "VOID"

f) participation in a race, trial or speed contest in automobiles, on motorcycles or in any other motor vehicle; or

g) intentional inhalation of gas, asphyxia or poisoning; or

h) Death, Dismemberment or Loss of Use resulting from a high-risk medical intervention is not deemed to be accidental given the Insured Person's medical condition.

Premiums

Option 1: Levelled Monthly Rate per \$1,000

Age at purchase	Male	Female
1 to 39 years	2.57	2.13
40 to 44 years	2.57	2.13
45 to 49 years	2.73	2.26
50 to 54 years	3.56	2.84
55 to 59 years	4.73	3.62
60 to 64 years	5.99	4.73
65 to 69 years	7.88	6.46
70 to 74 years	11.39	9.45
75 to 79 years	16.96	14.70

Option 2: Increased Monthly Rate per \$1,000

Age at time of renewal	Male	Female
1 to 39 years	1.95	1.62
40 to 44 years	1.97	1.64
45 to 49 years	2.07	1.71
50 to 54 years	2.67	2.13
55 to 59 years	3.59	2.75
60 to 64 years	4.61	3.64
65 to 69 years	6.14	5.04
70 to 74 years	9.00	7.47
75 to 79 years	16.96	14.70

Policy fee applicable to both options: \$2 per month

Renewal

The Insurer undertakes to renew this insurance from year to year provided the renewal premium is paid within the prescribed timeframe. Upon each renewal, the Insurer may modify the premium for all contracts issued and the premium will then be equal to the premium payable for a similar contract issued by the Insurer and offering the same coverages. At the date of renewal or at his or her election, the Policyholder may add or change the coverages that are part of his contract.

Note

This document is a short summary of the coverages and conditions of your contract. Please refer to your personal insurance policy. It is important that you read and understand your policy.

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