

Product pages for life, critical illness and disability insurance applications

| | |
|---|-----------------------------------|
| Name of first proposed insured (first, middle, last) | Forms part of application number: |
| Name of second proposed insured (first, middle, last) | |

1. General information

For critical illness and disability insurance >

1.1 Method of premium payment:

- Monthly, pre-authorized debit agreement
 Annually

1.2 Smoking status:

- First proposed insured: Smoker Non-smoker
Second proposed insured: Smoker Non-smoker

1.3 Is a premium reduction requested? Yes No

| If yes, choose the type of premium reduction and provide percentage below: | Disability insurance | Critical illness insurance |
|--|----------------------|----------------------------|
| <input type="checkbox"/> Grad premium reduction | % | n/a |
| <input type="checkbox"/> Group/association offset | % | n/a |
| <input type="checkbox"/> Group premium reduction | % | n/a |
| <input type="checkbox"/> Wage loss replacement plan | % | n/a |
| <input type="checkbox"/> Upgrader plus premium reduction | % | n/a |
| <input type="checkbox"/> Head office approved (program name) _____ | % | % |

2. Term life insurance plan information

(also complete section 4, as applicable)

2.1 Basic insurance amount \$ _____

2.2 Single life Joint first-to-die

2.3 Plan type: Term 10 Term 20

3. Participating life insurance plan information

(also complete section 4, as applicable)

3.1 Basic insurance amount \$ _____

3.2 Dividend option:

- Paid-up additions
 Enhancement: (1) With maximum amount or With initial Enhancement amount of \$ _____
(2) 10 year guarantee or Lifetime guarantee
 Cash payment

3.3 Additional deposit option* amount \$ _____

*Only available with dividend options of paid-up additions and enhancement.

- Scheduled premium (will match premium payment method as indicated in 1.1)
 Single premium

3.4 Single life Joint first-to-die Joint last-to-die, premiums payable to: First death or Last death

3.5 Plan type: Enhanced legacy Enhanced legacy, guaranteed 20 pay
 Enhanced wealth Enhanced wealth, guaranteed 20 pay

4. Term and participating life insurance additional benefits and riders information

- 4.1 Renewable and convertible term life insurance rider (on single life participating plans only):
 Term 10 \$ _____ Term 20 \$ _____
- 4.2 Child's term life insurance rider (on term life insurance plans or single life participating life insurance plans only):
 \$ _____ per child
- 4.3 Accidental death benefit (single life only) \$ _____
- 4.4 Guaranteed insurability rider (single life only) \$ _____ **per option**
- 4.5 Disability waiver of premium:
 On first proposed insured On second proposed insured (joint first-to-die participating life insurance only)
 Payor (single life participating life insurance only)
- 4.6 Payor death waiver of premium (single life participating life insurance only)
- 4.7 Waiver of premium
 (the following are available only for participating life insurance, joint last-to-die, premiums payable to last death):
 On first proposed joint insured: Death waiver of premium **or** Death and disability waiver of premium
 On second proposed joint insured: Death waiver of premium **or** Death and disability waiver of premium
- 4.8 Business growth protection rider: 10-year **or** 15-year
 On first proposed joint insured On second proposed joint insured
 Name of company: _____
 Option amount: \$ _____ (rider maximum amount is 4 times the option amount)

5. Universal life insurance plan information

(also complete section 6, as applicable)

- 5.1 Initial basic insurance amount \$ _____
- 5.2 Scheduled premium payment amount \$ _____ (will match premium payment method as selected in 1.1)
- 5.3 Additional premium payment amount \$ _____
- 5.4 a) Single life Joint first-to-die Joint last-to-die
 b) Death benefit option: Coverage plus Level (cost of insurance must be annually increasing to age 85)
 c) Cost of insurance option: Annually increasing to age 85 Level
 Limited pay: 10-pay 15-pay 20-pay
- 5.5 Payment from the total account value on first death (joint last-to-die only):
 - Available with coverage plus death benefit only.
 - _____% (minimum 25%, maximum 100%: this excludes 12 times the current monthly deduction)
 If no percentage is indicated, 25% will be paid out.
 - For payout purposes, the total account value excludes any guaranteed cash values that may accumulate under a limited pay cost of insurance (10-pay/15-pay/20-pay) option.

6. Universal life additional benefits and riders information

- 6.1 Accidental death benefit (single life only): \$ _____
- 6.2 Automatic payment benefit (show annual amounts):
 a) Single life plan
 On total disability of the proposed insured (not available on child insured) \$ _____
 On the person paying the premiums:
 Total disability (if proposed insured is a child, death will also be included) \$ _____
 Death \$ _____
 b) Joint first-to-die plan – on total disability of the: **First proposed insured** \$ _____
 Second proposed insured \$ _____
 c) Joint last-to-die plan: On death of the first-to-die of the joint proposed insureds \$ _____
 or On death and total disability of the:
 First proposed insured \$ _____
 Second proposed insured \$ _____

6. Universal life additional benefits and riders information (cont'd)

- 6.3 Renewable and convertible term life insurance rider (single life only):
 Term 10 \$ _____ Term 20 \$ _____
- 6.4 Guaranteed insurability rider (single life only) \$ _____ per option
- 6.5 Disability lump sum benefit – **check one** of the following:
 Yes _____% Minimum 25% and maximum 100% of the policy's net cash surrender value, as calculated in accordance with the benefit (if no selection made, default will be 100%).
 No - exclude benefit
- 6.6 Child's term life insurance rider (single life only) \$ _____ per child
- 6.7 Value maximizer
 - Allows adjustments to the insurance amount that permit optimal tax treatment for the entire policy.
 - For any decrease to the insurance amount, you must give written consent at the time of each decrease.
For adjustments to the insurance amount, allow:
 Both automatic increases and optimal decreases with annually increasing cost of insurance to age 85
 Automatic increases only with cost of insurance of:
 Annually increasing to age 85 Level 10-pay 15-pay 20-pay
If no cost of insurance is selected, annually increasing to age 85 will apply.
 Optimal decreases only with annually increasing cost of insurance to age 85
If value maximizer is selected, but none of the three options above is selected, annually increasing cost of insurance and 'automatic increases and optimal decreases' will apply.
- 6.8 Business growth protection rider: 10-year **or** 15-year
 On first proposed joint insured On second proposed joint insured
Name of company: _____
Option amount: \$ _____ (rider maximum amount is 4 times the option amount)

7. Critical illness insurance plan and rider information for children

| | Child 1 | Child 2 | Child 3 | Child 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 7.1 Amount of basic policy (\$10,000 to \$250,000) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 7.2 What rider(s) are being applied for? | | | | |
| Return of premium at expiry rider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Return of premium at death rider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Critical illness insurance plan and rider information for adults

- 8.1 Type of insurance: Personal \$ _____
 Business: Key person \$ _____
 Buy-sell \$ _____
 Business loan \$ _____
- 8.2 Are you applying for graded premium? Yes No
- 8.3 Indicate type of plan(s) and rider(s) below. **Check off if you are applying for personal or business insurance.**
- | Personal | Business | | |
|--------------------------|--------------------------|---------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Level benefit, to age 65 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Waiver of premium on disability | |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium at death | |
| <input type="checkbox"/> | <input type="checkbox"/> | Critical condition: | Check one: <input type="checkbox"/> Critical condition <input type="checkbox"/> Critical condition plus |
| <input type="checkbox"/> | <input type="checkbox"/> | Automatic increasing benefit: | Check one: <input type="checkbox"/> 45% <input type="checkbox"/> 100% |
| <input type="checkbox"/> | <input type="checkbox"/> | Level benefit, to age 75 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Waiver of premium on disability | |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium at death | |
| <input type="checkbox"/> | <input type="checkbox"/> | Critical condition: | Check one: <input type="checkbox"/> Critical condition <input type="checkbox"/> Critical condition plus |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium: | Check one: <input type="checkbox"/> Year 10+ <input type="checkbox"/> Year 15+ <input type="checkbox"/> Age 60+ |
| <input type="checkbox"/> | <input type="checkbox"/> | Second event | |
| <input type="checkbox"/> | <input type="checkbox"/> | Automatic increasing benefit: | Check one: <input type="checkbox"/> 45% <input type="checkbox"/> 100% |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium at expiry | |

(continued on next page)

8. Critical illness insurance plan and rider information for adults (cont'd)

8.3 (continued)

| Personal | Business | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Level benefit: | Check one: <input type="checkbox"/> To age 75 (20 year pay) <input type="checkbox"/> To age 75 (30 year pay) |
| <input type="checkbox"/> | <input type="checkbox"/> | Waiver of premium on disability | |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium at death | |
| <input type="checkbox"/> | <input type="checkbox"/> | Critical condition: | Check one: <input type="checkbox"/> Critical condition <input type="checkbox"/> Critical condition plus |
| <input type="checkbox"/> | <input type="checkbox"/> | Second event | |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium at expiry | |
| <input type="checkbox"/> | <input type="checkbox"/> | Level benefit, lifetime (paid-up at age 100) | |
| <input type="checkbox"/> | <input type="checkbox"/> | Waiver of premium on disability | |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium at death | |
| <input type="checkbox"/> | <input type="checkbox"/> | Critical condition: | Check one: <input type="checkbox"/> Critical condition <input type="checkbox"/> Critical condition plus |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium: | Check one: <input type="checkbox"/> Year 10+ <input type="checkbox"/> Year 15+ <input type="checkbox"/> Age 60+ |
| <input type="checkbox"/> | <input type="checkbox"/> | Second event | |
| <input type="checkbox"/> | <input type="checkbox"/> | Automatic increasing benefit: | Check one: <input type="checkbox"/> 45% <input type="checkbox"/> 100% |
| <input type="checkbox"/> | <input type="checkbox"/> | Level benefit, term 10 renewable to age 75 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Waiver of premium on disability | |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium at death | |
| <input type="checkbox"/> | <input type="checkbox"/> | Critical condition: | Check one: <input type="checkbox"/> Critical condition <input type="checkbox"/> Critical condition plus |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium: | Check one: <input type="checkbox"/> Year 10+ <input type="checkbox"/> Age 60+ |
| <input type="checkbox"/> | <input type="checkbox"/> | Second event | |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium at expiry | |
| <input type="checkbox"/> | <input type="checkbox"/> | Decreasing benefit: | Check one: <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years <input type="checkbox"/> 25 years |
| <input type="checkbox"/> | <input type="checkbox"/> | Waiver of premium on disability | |
| <input type="checkbox"/> | <input type="checkbox"/> | Return of premium at death | |
| <input type="checkbox"/> | <input type="checkbox"/> | Critical condition: | Check one: <input type="checkbox"/> Critical condition <input type="checkbox"/> Critical condition plus |

9. Disability income insurance plan and rider information

9.1 Plan type: Professional Boss^{plus} Protector _____

9.2

| Monthly income benefit | Benefit start date | Benefit period |
|------------------------|--------------------|----------------|
| \$ _____ | | |
| \$ _____ | | |
| \$ _____ | | |

9.3 Occupation class: 4A 3A 2A A B

9.4 Are you applying for graded premium? Yes No

9.5 Indicate which benefit riders you are applying for and complete as applicable (you may select up to one from each grouping, if applicable to your policy):

| | |
|---|----------|
| <input type="checkbox"/> Cost of living adjustor (CPI) | |
| <input type="checkbox"/> Future earnings protector option | \$ _____ |
| <input type="checkbox"/> Own occupation protection (4A and 3A only) | |
| <input type="checkbox"/> Regular occupation period extension | |
| <input type="checkbox"/> Partial disability Check one: <input type="checkbox"/> Partial disability <input type="checkbox"/> Enhanced partial disability | |
| <input type="checkbox"/> Limited first day accident | \$ _____ |
| <input type="checkbox"/> First day accident | \$ _____ |
| <input type="checkbox"/> Future savings protector Check one: <input type="checkbox"/> 24 months <input type="checkbox"/> 60 months <input type="checkbox"/> 120 months <input type="checkbox"/> To age 65 | \$ _____ |
| <input type="checkbox"/> Lifetime accident and graded sickness benefit | \$ _____ |
| <input type="checkbox"/> Return of premium 50% | |
| <input type="checkbox"/> Health care rider | |
| <input type="checkbox"/> Accidental death and dismemberment – Appoint a beneficiary in 8.2 on the application. | \$ _____ |
| <input type="checkbox"/> Other (specify): _____ | |

9. Disability income insurance plan and rider information (cont'd)

9.6 If applying for additional coverage or adding a benefit rider, are changes required to the existing policy?
 Yes No
 If yes, provide details: _____

10. Overhead expense insurance plan and rider information

10.1 Plan type: Professional expense Boss expense

10.2

| Monthly expense benefit | Benefit start date | Benefit period |
|-------------------------|--------------------|----------------|
| \$ | | |
| \$ | | |
| \$ | | |

10.3 Occupation class: 4A 3A 2A A B

10.4 Indicate which benefit riders you are applying for and complete as applicable (you may select up to one from each grouping, if applicable to your policy):

| | |
|---|----------|
| <input type="checkbox"/> Future expense protector option | \$ _____ |
| <input type="checkbox"/> Own occupation protection (4A and 3A only) | |
| <input type="checkbox"/> Partial disability (2A, A or B only) | |
| <input type="checkbox"/> Proportional disability (4A and 3A only) | |
| <input type="checkbox"/> Health care rider | |
| <input type="checkbox"/> Return of premium 50% | |

11. Partner buy-out insurance plan and rider information

11.1 Plan type: Partner buy-out

11.2 Benefit start date: 12 months 18 months 24 months 36 months

11.3 Benefit payment options: Lump sum* \$ _____
 Monthly payments \$ _____

If monthly payments, identify number of payments: 24 36 60

* The lump sum amount cannot exceed the lesser of the maximum issue limit or the maximum insurable value multiplied by the proposed insured's percentage ownership of the business.

11.4 Occupation class: 4A 3A 2A

12. Signature(s)

I understand that these product pages form part of the *Application for life, critical illness and disability insurance* or the *Telephone application for life, critical illness and disability insurance* to The Great-West Life Assurance Company.

Signed at (City) _____ (Province) _____ on

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | D | M | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|

X _____
 Signature of **first owner** (if owner is a corporation, partnership, trust or not for profit, signature of the person authorized to sign)

X _____
 If first owner is a **corporation, partnership, trust or not for profit**, print the name and title of the person authorized to sign

X _____
 Signature of **second owner** (if second owner is a corporation, partnership, trust or not for profit, signature of the person authorized to sign)

X _____
 If second owner is a **corporation, partnership, trust or not for profit**, print the name and title of the person authorized to sign