

Product pages for life insurance application

1 General information

1.1 Forms part of application number:

1.2 Name of insured:

First insured person

First name	Middle name	Last name
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Joint insured person

First name	Middle name	Last name
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1.3 Method of premium payment:

- Monthly, pre-authorized debit agreement
 Annually

1.4 Smoking status:

- First insured person Smoker Non-smoker
Joint insured person Smoker Non-smoker

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

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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 1.3)

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



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 insured person On joint insured person (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 insured person: Death waiver of premium or Death and disability waiver of premium

On joint insured person: Death waiver of premium or Death and disability waiver of premium

4.8 Business growth protection rider: 10-year or 15-year

On first insured person On joint insured person

Name of company:

Option amount: \$ (rider maximum amount is 4 times the option amount)



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 1.3)

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.



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 insured person (not available on child insured) \$
 - On the person paying the premiums:
 - Total disability (if insured person is a child, death will also be included) \$
 - Death \$

- b) Joint first-to-die plan - on total disability of the:
- First insured person \$
 - Joint insured person \$

- c) Joint last-to-die plan: On death of the first-to-die of the joint insureds \$
 or On death and total disability of the:
- First insured person \$
 - Joint insured person \$

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

Universal life additional benefits and riders information (continued)

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 insured person On joint insured person

Name of company:

Option amount: \$ (rider maximum amount is 4 times the option amount)



Signature(s)

I understand that these product pages form part of the *Application for life insurance* to The Great-West Life Assurance Company.

Signed at (city or town, province)

Date (dd/mmm/yyyy)

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

X

Signature of **joint owner** (if joint 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

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