

Product pages for life insurance application

(For Life policies to be issued from January 1, 2017 onwards.)

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

1. General information	1.1 Method of payment <input type="checkbox"/> Monthly, pre-authorized debit agreement – complete 15.3 on the application <input type="checkbox"/> Annual payment Note: Any premium payment frequency, other than annual, results in a higher annualized premium. Subject to Great-West Life’s approval, you may change the premium payment frequency, to another frequency then available. 1.2 Smoking status: First proposed insured: <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker Second proposed insured: <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker
-------------------------------	--

2. Term life insurance plan information <small>(also complete section 4, as applicable)</small>	2.1 Basic insurance \$ _____ 2.2 <input type="checkbox"/> Single life <input type="checkbox"/> Joint first-to-die 2.3 Plan type: <input type="checkbox"/> Term 10 <input type="checkbox"/> Term 20
---	---

3. Participating life insurance plan information <small>(also complete section 4, as applicable)</small>	3.1 Basic insurance \$ _____ 3.2 <input type="checkbox"/> Single life <input type="checkbox"/> Joint first-to-die <input type="checkbox"/> Joint last-to-die (Premiums payable to: <input type="checkbox"/> First death <input type="checkbox"/> Last death) 3.3 Plan type: Great-West Life participating life insurance: <input type="checkbox"/> Enhanced legacy <input type="checkbox"/> Enhanced legacy, guaranteed 20 pay <input type="checkbox"/> Enhanced wealth <input type="checkbox"/> Enhanced wealth, guaranteed 20 pay 3.4 Dividends: <input type="checkbox"/> Paid-up additions <input type="checkbox"/> Enhancement: (1) <input type="checkbox"/> With maximum amount or <input type="checkbox"/> With initial amount of \$ _____ (2) Guaranteed: <input type="checkbox"/> 10 years or <input type="checkbox"/> Lifetime <input type="checkbox"/> Cash payment 3.5 <input type="checkbox"/> Additional deposit option (ADO)* amount \$ _____ <input type="checkbox"/> Scheduled premium: <input type="checkbox"/> Annual <input type="checkbox"/> Pre-authorized debit (must match premium payment mode) <input type="checkbox"/> Single premium <small>*Only available with dividend options of paid-up additions and enhancement.</small>
--	---

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

Indicate the additional benefits / riders requested. Refer to your product guide for availability.

- 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 (term life insurance plans or single life participating life insurance only)
 Complete section 5 on the application and appoint the beneficiary in 7.2 b). \$ _____ 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 proposed insured On second proposed insured (joint first-to-die participating life insurance only)
 Payor (single life participating life insurance only) – Complete section 6 on the application and supply full underwriting evidence.
- 4.6 Payor death waiver of premium (single life participating life insurance only) – Complete section 6 on the application and supply full underwriting evidence.
- 4.7 Waiver of premium (participating life insurance joint last-to-die, premiums payable to last death only):
 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 (business owners only): 10-year 15-year
 Name of company: _____
 Option amount: \$ _____ (rider maximum amount is 4 times the option amount)

5. Universal life plan information

(also complete section 6)

- 5.1 Initial basic insurance amount \$ _____
- 5.2 Scheduled premium amount \$ _____ Monthly, pre-authorized **or** Yearly
- 5.3 Additional payment amount \$ _____
- 5.4 a) Single life Joint first-to-die Joint last-to-die
 b) Death benefit option: Coverage plus Level (COI must be Annually increasing to age 85)
 c) Cost of insurance option (COI): Annually increasing to age 85 (AI) 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.
 • If no percentage is indicated, 25 per cent will be paid out. Indicate per cent in 8.4 c) on the application.
 • For payout purposes, the total account value excludes any guaranteed cash values that may accumulate under a Limited pay COI (10-pay/15-pay/20-pay) option.

6. Universal life additional benefits/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 – Complete section 6 on the application and full evidence is required:
 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 of the joint proposed insureds \$ _____
or On death and total disability of the:
 First proposed insured \$ _____
 Second proposed insured \$ _____

6. Universal life additional benefits/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:
- _____% (minimum 25 per cent and maximum 100 per cent) of the policy's net cash surrender value, as calculated in accordance with the benefit. **Note** the following:
 - Any payment from the net cash surrender value will not include any guaranteed cash values that may accumulate under a Limited pay COI (10-pay/15-pay/20-pay) option.
 - This excludes 6 times the current monthly deduction.
- or
- Exclude benefit
- 6.6 Child's term life insurance rider (single life universal life insurance only)
Complete section 5 on the application and appoint the beneficiary in 7.2 b). \$ _____ 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.
- Note: If Value maximizer is not selected, no increases and no decreases will be made.**
- For adjustments to the insurance amount, allow:
- Both automatic increases and optimal decreases with Annually increasing to age 85 COI
 - Automatic increases only with a COI of: AI to age 85 Level 10-pay 15-pay 20-pay
(If no COI is selected, Annually increasing to age 85 will be chosen for you.)
 - Optimal decreases only with Annually increasing to age 85 COI
- If Value maximizer is selected, but none of the three options above is selected, AI COI and 'automatic increases and optimal decreases' will apply.
- 6.8 Business growth protection rider (business owners only): 10-year 15-year
Name of company: _____
Option amount: \$ _____ (rider maximum amount is 4 times the option amount)

7. 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) _____ (Province) _____ on

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

X

Signature of **owner(s)** (if **entity**, authorized person to sign and indicate title)