VERSION DATE: JULY 2022

LIFE AND HEALTH INSURANCE APPLICATION

Use this form to apply for new policies and conversions for the following Empire Life insurance products. Advisors may meet "in person" or "non-face-to-face" with clients when completing this form.

Term and Permanent Life Insurance

Solution Series® Solution ART® Solution 10® Solution 20® Solution 25™

Solution 25th

Solution 100®

Permanent Participating Life Insurance

Optimax Wealth® EstateMax®

Critical Illness Insurance

Empire Life CI Protect® 10
Empire Life CI Protect® 20

Empire Life CI Protect Plus[®] 10 Empire Life CI Protect Plus[®] 20 Empire Life CI Protect Plus[®] 75

Empire Life CI Protect Plus® 100 15-Pay

Disability Insurance

Empire Life Disability Credit Protect™



Advisor Checklist

Please complete and submit with the application

\bigcirc	The initial	premium	payment h	as been	submitted	with the	application	(if applicable)).
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- Banking information has been provided for pre-authorized debit payments (if applicable).

 Each Life Insured has been prepared for the Personal History Tele-Interview (PHI).
- The Advisor has reviewed the application to ensure it is properly completed and signed.
- The proposed Owner(s) and Life Insured(s) signature(s) have been witnessed by an independent third party.
- Determination of third party interests has been completed by the Advisor.
- The proposed Owner and Life Insured(s) have received the **Important Consumer Information** page (section 12).
- If temporary insurance has been applied for, the proposed Owner has received the **Temporary**Insurance Agreement (section 13) (NOT available for Empire Life Disability Credit Protect coverage or "non-face-to-face" sales).
- If an Empire Life Disability Credit Protect rider has been applied for, include the Empire Life Disability Credit Protect Screening Questionnaire (INS-2853) **ONLY** if answer to all questions is "no".

Policies are issued by:

The Empire Life Insurance Company

Send signed copy to:

Empire Life 259 King Street East Kingston ON K7L 3A8

empire.ca • 1800 561-1268



Important information for completing this application

Throughout this application, "Owner(s)" means the person(s) who will own the insurance contract, if one is issued and takes effect as a result of this application, "Life Insured(s)" means the individual(s) proposed for insurance coverage, and "Empire Life", "us" and "we" means The Empire Life Insurance Company."

The Owner(s) and Life Insured(s) are responsible for the completeness and accuracy of information in the application and in any other questionnaires or forms relating to this application. However, do not provide any information about genetic tests in this application or on other questionnaires or forms.

The Owner(s) and Life Insured(s) complete this application, with help from a licensed insurance agent of their choosing (the "Advisor").

If this is a "non-face-to-face" sale, Temporary Insurance is not available.

Temporary Insurance coverage is not available for Empire Life Disability Credit Protect.

This application does not contain the Adult-Full Question Set, Adult-Short Question Set or Juvenile Question Set. Empire Life will order a Personal History Tele-Interview to collect the required information for adult and juvenile Life Insured(s) as well as any other age and amount requirements, unless otherwise indicated.

Print clearly in black ink. Do not use a marker or pencil. Please ensure that boxes are clearly marked. Do not use ditto marks.

If you make an error, strike out and initial the error, then make the correction. Do not erase or use liquid paper.

Initial any additions made after signing the application. The application is a legal document that forms part of the insurance contract, if one is issued and takes effect.

If applying for Optimax Wealth or EstateMax, please submit a signed illustration with this application.

IMPORTANT NOTES FOR THE ADVISOR

The Advisor must be licensed in the province where each Owner signs the application and also the province where each Life Insured signs the application, if signed in ON, NV, NWT and YK.

Complete the Corporation/Other Entity Owner Supplement – Form C-0044 if the policy will be owned by a:

- Partnership
- Corporation
- Non-profit organization
- Other type of corporation/entity
- Trust

There are three types of insurance from which to choose the base product in section 5. Each proposed Life Insured may only apply for ONE BASE PRODUCT per application. If a proposed Life Insured wants to apply for another BASE product, a separate application must be completed.

Riders and additional benefits can be added to the life insurance base products (not applicable to Empire Life CI Protect 10 or Empire Life CI Protect 20).

If applying for an Empire Life Disability Credit Protect rider, please submit an illustration with this application to confirm the Maximum Monthly Benefit applied for is within allowable limits. The illustration does not need to be signed.

PHI is not available for a Children's Life/Children's Critical Illness Rider – complete Section 6.0 Children's Life/Children's Critical Illness Rider Question Set.

1. POLICY INFORMATION

Language	If not spe	f not specified, we will communicate in the language of this application C English French														
1.2 Purpose of Insurance	O Perso	Personal needs (such as income replacement, estate preservation, mortgage loan, final expenses, children's coverage, etc.) Personal loan (other than mortgage on primary residence)														
1.3 Trial Application	Is this a	s this a trial application? O yes														
1.4 Previous Applications with Empire Life									olicy n	umbe	er(s):					
	l '	•	ono Life Insure			_		uit - s	onor t	Que	estioi	Set:				
1.5 Replacement	Is this po	licy intended to re	place coverage with Emncial replacement for	pire l m. F	ife that is Policy num	in fo	orce o s) bei	r has ng re	lapsed placed L	d in 1 d:	the pa	ist 6 n	nonths	? Оу	es () no
1.6 Conversion							Deta	ails f	or pa	rtia	l cor	versi	on(s)			
Complete if applying for a full or partial conversion	Life Insured	Empire Life Po	olicy #	-	Conversion	on	Am	ount	to co	onve	ert		Bala	nce to	be:	
of an existing Empire Life policy. If the existing policy has cash surrender value,	ı		<u> </u>	1 1	○ full ○ partial		\$							rminat tained	ed	
complete form C-0056. For a child rider conversion where non-smoker rates	2			1 1	full partial		\$						_	rminat tained	ed	
are being applied for, please complete form D-0060 - Adult Full Question Set.	For conversions that include waiver of premium, is any Life Insured in this application currently disabled due to injury or sickness? O yes O no															
1.7 Life Insured(s)	Life Insu	ured I														
*Only required if the	First nam	ne 		Mid	ddle initial	Las	t nam	ie 								
Life Insured is the Owner and applying for Solution 100,		(number, street) (If using a PO Box, also	prov	ide your p	hysi	cal ad	dress)							
EstateMax or Optimax Wealth. **A smoker is considered													<u> </u>			
someone who, in the past 12 months, has used more	City										Pro	/ince	Posta	l code		
than 12 large cigars, or used any other tobacco, cigarette,	Sex at bi	irth	Date of birth								SIN*					
e-cigarette, cigarillo, pipe, chewing tobacco, nicotine	○ Male	○ Female	dd-mm	m	- y y	y <u>}</u>	/ у									
patches or gum or betel nuts. For Life Insureds less than insurance age 18, juvenile	Country	of birth				Ma	rital s	tatus:	_		ried wed		ngle eparate			
rates will apply.) smoke	er** Preferre	ed contact number			Alt	ernate	cont	act n	umb	er					
***Email address may be used to contact you about		moker										-				
this application. Each Owner and Life Insured	Contact	email address***														
must provide a different email address. For juvenile	Name of	Employer														
Life Insureds, the email address of the parent or																
legal guardian who signs the application should be provided.	Occupati	ion														
	O Milita	ry/armed forces	Aviation Offs	hore	fishing	\bigcirc	Offsh) N1:		L l.		
	U Profes	ssional sports/ent	ertainment U Prof	essio	nal under	wate	er dive	er () Foi	restr	у () INOI	ne of t	ne abc	ve	
	Details o	of occupation														

	ife Insured 2									
cont'd Fi	irst name	Middle initial	Last name							
Only required if theife Insured is the Owner										
nd applying for Solution 100,	ddress (number, street) (If using a PC	Box, also provide your p	hysical address)							
stateMax or Optimax Wealth.										
*A smoker is considered omeone who, in the past	City Province Postal code									
2 months, has used more										
han 12 large cigars, or used ny other tobacco, cigarette, Se	ex at birth Date of birth	:h	SIN*							
e-cigarette, cigarillo, pipe, hewing tobacco, nicotine	Male Female	m m m - y y	уу							
atches or gum or betel nuts. Co	Country of birth		Marital status: O married O single O common-law							
for Life Insureds less than named age 18, juvenile			○ widowed ○ separated ○ divorced							
ates will apply.	smoker** Preferred contact no	umber	Alternate contact number							
**Email address may be 1 ~	non-smoker									
his application. Each	Contact email address***									
Owner and Life Insured nust provide a different										
mail address. For juvenile Nife Insureds, the email	Name of Employer									
ddress of the parent or										
egal guardian who signs he application should	Occupation									
e provided.										
PI	Please specify if your occupational duties include any of the following:									
	○ Military/armed forces ○ Aviation ○ Offshore fishing ○ Offshore oil & gas									
C	Professional sports/entertainment Professional underwater diver Forestry None of the above									
D	Details of occupation									
1.8 Residency Status		Life Insured I	Life Insured 2							
A	A) What is your residency status?	Canadian citizen	Canadian citizen							
		O Permanent resident	O Permanent resident							
		Other	Other							
		How long have you lived	,							
		O less than 12 months	O less than 12 months							
		ogreater than 12 mont	ns greater than 12 months							
			Si cacci dian 12 mondio							
B)	Are you a Canadian resident for Canadian income tax purposes?	○ yes ○ no	yes O no							

1.9 Owner(s)

Complete this section only if the Owner is not a Life Insured specified in section 1.7. If not specified, the Owner will be Life Insured 1.

Joint Owners are deemed to own the policy jointly with right of survivorship, except in Quebec or unless we are advised otherwise. In Quebec, joint Owners who wish to obtain the same legal effect as the right of survivorship must each appoint the other Owner as his/her subrogated policyholder.

*Only required if an Owner is applying for Waiver of Premium. A smoker is considered someone who, in the past 12 months, has used more than 12 large cigars, or used any other tobacco, cigarette, e-cigarette, cigarillo, pipe, chewing tobacco, nicotine patches or gum or betel nuts. For Life Insureds less than insurance age 18, juvenile rates will apply.

**Required only if applying for Solution 100, EstateMax or Optimax Wealth.

***Email address may be used to contact you about this application and any policy issued based on this application.

 ○ Life Insured I ○ Life Insured 2 ○ Joint – are joint Owners spouses? ○ Yes ○ Corporation or other entity – complete form C-0044 ○ Other	es O no
Owner I first name Middle initial Last name or legal name	of corporation/entity
Address (number, street) (If using a PO Box, also provide your physical address)	
City Pro	vince Postal code
Sex at hirth* Date of birth SIN*	<u> </u>
smoker* Preferred contact number Alternate contact	t number
O non-smoker	
Contact email address***	
Relationship to Life Insured	
Name of Employer	
Occupation	
Please specify if your occupational duties include any of the following:	
○ Military/armed forces ○ Aviation ○ Forestry ○ Offshore fishing ○ Offshore of the control of t	-: 0
	on & gas
O Professional sports/entertainment O Professional underwater diver O None of the	9
Owner 2 first name Professional underwater diver None of the	above
·	above
Owner 2 first name Middle initial Last name or legal name	above
·	above
Owner 2 first name Middle initial Last name or legal name	above of corporation/entity
Owner 2 first name Middle initial Last name or legal name	above
Owner 2 first name Middle initial Last name or legal name	above of corporation/entity vince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Date of birth SIN*	above of corporation/entity vince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Sex at birth* O Male O Female Middle initial Last name or legal name Pro SIN*	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Male Female Preferred contact number Alternate contact	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Date of birth Middle initial Last name or legal name Pro SIN*	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Male Female Preferred contact number Alternate contact	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Middle initial Last name or legal name Pro SIN* Male Female Date of birth Date of bi	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Sex at birth* Middle initial Last name or legal name Pro SIN* Male Female Preferred contact number non-smoker Contact email address***	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Middle initial Last name or legal name Pro SIN* Male Female Date of birth Date of bi	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Middle initial Last name or legal name Address (number, street) (If using a PO Box, also provide your physical address) Sex at birth* Middle initial Last name or legal name Pro Address (number, street) (If using a PO Box, also provide your physical address) Alternate contact on mon-smoker Contact email address*** Relationship to Life Insured	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Sex at birth* Middle initial Last name or legal name Pro SIN* Male Female Preferred contact number non-smoker Contact email address***	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Male Female Preferred contact number non-smoker Contact email address*** Relationship to Life Insured Name of Employer	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Middle initial Last name or legal name Address (number, street) (If using a PO Box, also provide your physical address) Sex at birth* Middle initial Last name or legal name Pro Address (number, street) (If using a PO Box, also provide your physical address) Alternate contact on mon-smoker Contact email address*** Relationship to Life Insured	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Male Female Preferred contact number non-smoker Preferred contact number Contact email address*** Relationship to Life Insured Name of Employer Occupation	above of corporation/entity wince Postal code
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Male Female Preferred contact number non-smoker Contact email address*** Relationship to Life Insured Name of Employer Please specify if your occupational duties include any of the following:	above of corporation/entity vince Postal code t number
Owner 2 first name Address (number, street) (If using a PO Box, also provide your physical address) City Pro Sex at birth* Male Female Preferred contact number non-smoker Preferred contact number Contact email address*** Relationship to Life Insured Name of Employer Occupation	above of corporation/entity vince Postal code t number oil & gas

Contingent Owner/ **Subrogated**

should be named if the Life Insured is a minor.

Contingent Owner (all provinces except Quebec) If all Owners predecease the Life Insured(s), or the policy is owned jointly without right of survivorship and one Owner dies, the contingent Owner will become the Owner, or if there is no contingent Owner, the Life Insured(s) will become Policyholder the Owner(s). First name Middle initial Last name or legal name of corporation/entity A contingent Owner Date of birth Relationship to Owner or Life Insured Subrogated Policyholder (in Quebec) In Quebec, if an Owner dies, the subrogated policyholder for the Owner will become the Owner, or if there is no subrogated policyholder for an Owner, the Life Insured(s) will become the Owner. For jointly owned policies, if no subrogated policyholder is named for a deceased Owner, the Life Insured(s) will become the joint Owner with the surviving joint Owner. First name Middle initial Last name or legal name of corporation/entity Relationship to Owner or Life Insured Date of birth **Quebec only:** O As Owner I, I hereby appoint Owner 2 as my subrogated policyholder. As Owner 2, I hereby appoint Owner 1 as my subrogated policyholder. Verification of **Dual Process*** Owner(s) for in The advisor has verified the identity of the Owner(s) using the Dual Process method and recorded the person sales required information in the D-0011. *If meeting with an Owner "in person" and the Owner Photo Identification** OPassport Opriver's Licence Other _ does not have a valid government issued photo Individual's first name as shown on the document Last name identification, or meeting with Owner Owner "non-face-to-face". verify each individual Owner's Document # Expiry date identity by completing section 1.2 of the D-0011 Verification of Identity of Owner(s)/ Determination of Politically lurisdiction and country of issue Exposed Persons and Third Party Interests. **"in person" verification ONLY. The advisor must **Dual Process*** The advisor has verified the identity of the Owner(s) using the Dual Process method and recorded the verify each individual Owner's identity by reviewing a required information in the D-0011. current, authentic government Photo Identification** issued photo identification O Passport O Driver's Licence O Other _ documents in the presence of the Owner and confirming Individual's first name as shown on the document Last name Owner the name and photo are those of the Owner. If a using a citizenship card Document # Expiry date for verification, it must have an issue date prior to January 2012. If the Owner is a corporation Jurisdiction and country of issue Date of verification or other entity, complete form C-0044. I.12 International Tax Where do you reside for tax purposes? (check all that apply) Information ○ Canada ○ U.S. (resident or citizen) – Tax Identification Number (TIN) _ (FATCA/CRS) If you do not have a TIN from the U.S. have you applied for one? O yes O no Other – specify country Owner Required only if applying If you do not have a TIN, specify the reason: for Solution 100, O I will apply or have applied for a TIN but have not yet received it. EstateMax or Optimax Wealth. My jurisdiction of tax residence does not issue TINs to its residents. Other – specify reason _ In this section, "You" and "Your" refer to the Owner. Where do you reside for tax purposes? (check all that apply) ○ Canada ○ U.S. (resident or citizen) – Tax Identification Number (TIN) _ If you do not have a TIN from the U.S. have you applied for one? O yes O no Other – specify country Owner If you do not have a TIN, specify the reason:

O I will apply or have applied for a TIN but have not yet received it. My jurisdiction of tax residence does not issue TINs to its residents.

Other – specify reason _

Politically Exposed Persons and Heads of International **Organizations**

Required only if applying for Solution 100, EstateMax or Optimax Wealth.

In this section, "You" and "Your" refer to the Owner.

- *A close relative is your child, mother, father, spouse/ civil union spouse/commonlaw partner; the mother or father of your spouse/civil union spouse/common-law partner; or child of your mother or father.
- **A close associate is an individual who is closely connected to the Owner(s) for personal or business reasons.
- ±The head of an international organization is the primary person who leads that organization, for example a President or CEO.
- ±±An International organization is set up by the governments of more than one country by means of a formally signed agreement between the governments. E.g. World Bank. International Monetary Fund, World Health Organization, International Energy Forum,

I. Have you, any of your close relatives* or any other persons closely associated** with you:

- a) held one of the following positions in the last 5 years in Canada?
- Governor General, Lieutenant-Governor or head of Federal or Provincial government;
- Member of the Senate or House of Commons or member of a Provincial legislature;
- Deputy Minister of Federal or Provincial government or equivalent rank;
- Head of a Federal or Provincial government agency;
- Leader or President of a political party represented in a legislature;
- Mayor of a city, town, village, or rural or metropolitan municipality;
- President of a corporation wholly owned directly by Her Majesty in right of Canada or a province;
- · Military officer with a rank of general or above;
- Judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; or
- Ambassador, or attaché or counsellor of an ambassador

b) ever held one of the following positions in a country other than Canada?

- · Head of state/government;
- Member of executive council of government or legislature;
- Leader/president of a political party represented in a legislature;
- Deputy minister or equivalent;
- Head of a government agency;
- Military officer with a rank of general or above;
- Judge;
- President of a state-owned company/bank; or
- Ambassador, or attaché or counsellor of an ambassador
- 2. Are you, any of your close relatives* or any other persons closely associated** with you currently the head of an international organization or the head of an organization established by an international organization?±±

organization, for example a President or CEO.	For questions I and 2: Owner I yes no If yes, provide details:
±±An International organization is set up by the governments of more than one country by means of a formally signed agreement between the governments. E.g. World Bank, International Monetary Fund, World Health Organization, International Energy Forum, International Criminal Court.	Owner 2 yes ono If yes, provide details: 3. If Owner 1 or Owner 2 answers "yes" to question 1 or 2 above: Specify the source(s) of funds for this specific transaction (i.e. where the money originated from): Business Income (e.g. dividends, management bonuses) Employment Income Pension Funds Gifts Sale of Assets Inheritance Other: 4. Specify the source(s) of wealth (i.e. sources from which the Owner(s) accumulated their wealth): Business Undertakings O Family Trust Employment Income Investments Real Estate O Inheritance
	Other:

2. FINANCIAL INFORMATION

Personal Financial Information

For insurance amounts
equal to or greater than
\$3,000,001, a Personal
Financial Questionnaire

must also be completed.

Financial Information

*If "nil" provide family income.

A) Life Insured I	A) Life Insured 2
Annual earned income \$	Annual earned income \$
Annual income from other sources*	Annual income from other sources*
List other source(s) of income	List other source(s) of income
B) Approximate net worth (assets minus liabilities)	B) Approximate net worth (assets minus liabilities)
C) Have you declared bankruptcy, personal or business, within the last 5 years? ○ yes ○ no	C) Have you declared bankruptcy, personal or business, within the last 5 years? ○ yes ○ no
If yes, provide date of discharge	If yes, provide date of discharge

2. FINANCIAL INFORMATION CONT'D

Personal Financial Information CONT'D

i Ci soriat i ilia	iiciat iiiit	Jimacioi	I CON	עוע								
2.2 Insurance In Force	Life Insured I					Life Insured 2						
If a coverage being applied for is intended to replace	List all in force accidental deat insurance (DI)	ess (CI) ,) , or disability	List all in force individual life (Life), critical illness (CI), accidental death and dismemberment (AD&D), or disability insurance (DI)									
an existing insurance	○ No covera	ge in force				○ No covera	ge in force					
coverage, or a coverage that has been terminated in the last 6 months,	Coverage Type	Coverage Per			s Replacing	Coverage Type	Amount		Personal or Busine			
complete a provincial replacement form.	○ Life ○ CI ○ AD&D ○ DI	\$	-	Persona Busines	\sim /	○ Life ○ CI ○ AD&D ○ DI	\$		O Person	U /		
	○ Life ○ CI ○ AD&D ○ DI	\$	-	Persona Busines	U /	○ Life ○ CI ○ AD&D ○ DI	\$		O Person	. 0/		
	○ Life ○ CI ○ AD&D ○ DI	\$	_	Persona Busines	U /	○ Life ○ CI ○ AD&D ○ DI	\$		O Person	ess no		
2.3 Insurance Pending		individual life (L n and dismembe				List all pending accidental deat insurance (DI)	h and dismer	e (Life) mberme	, critical illr nt (AD&E	ness (CI), O), or disability		
If a coverage being applied for is intended to replace	○ No coverage	ge pending				○ No covera	ge pending					
an existing insurance coverage, or a coverage	Coverage Type	Amount	Perso or Bu	onal usiness C	Company	Coverage Type	Amount		ersonal Business	Company		
that has been terminated in the last 6 months, complete a provincial	○ Life ○ CI ○ AD&D ○ DI	\$	-	rsonal siness		○ Life ○ CI ○ AD&D ○ DI	\$	1 ~	Personal Business			
replacement form.	○ Life ○ CI ○ AD&D ○ DI	\$		rsonal siness		○ Life ○ CI ○ AD&D ○ DI	\$		Personal Business			
	Total amount all companies	of coverage y	ou int	end to p	olace with		Total amount of coverage you intend to place with all companies:					
	Life	CI	DI		AD&D	Life	CI	D	ı	AD&D		
	\$	\$	\$		\$	\$	\$	\$		\$		
Business Fina This section to be comple Owner; or beneficiary in which the If a corporation or other Third Party Interests, mus 2.4 Type of corporation or other entity	ted if a corporate Owner has an interest in the interest of th	nterest. nded Owner, this	tity is, o	be disclo		II.4 of the Advi			tion 11. 9 ,1	Determination o		
2.5 Value of corporation or other entity	Assets \$				Liabilities \$	% of shares held by the Life Insured:						
For insurance amounts	Net worth \$				\$	usiness fair market value						
equal to or greater than \$3,000,001, a Business Financial Questionnaire	Gross annual r				\$	l after tax income						
must also be completed.	entity? one of Name	Do any other executives or partners in the corporation/entity have life or critical illness insurance related to the corporation / entity? On Oyes — provide details below. If no, provide reason why:										
						Name						
	Title			% (of ownership	Title			%	of ownership		
	Life Insurance i	n force	Life I	nsurance	pending	Life Insurance in	force	Life Insurance pending				
	Critical Illness	in force	Critic	cal Illness	pending	Critical Illness in	force	Critic	al IIIness p	ending		
2.6 Bankruptcy		ation/other entit				- , , , ,		<u> </u>				

3. ADDITIONAL INFORMATION

Use this section to provide additional details of answers in sections I and 2.

Question	Life Insured	Details

4. BENEFICIARY INFORMATION

Important information about designating a beneficiary:

If a beneficiary is not named for a Life Insured or if all named beneficiaries predecease the Life Insured, any benefit that becomes payable will be paid to the Owner (if not the Life Insured) or the Owner's estate. Percentages for all primary beneficiaries for each Life Insured must total 100%. If you name more than one beneficiary and do not indicate a percentage share or "equal shares", you will be deemed to have indicated "equal shares". To name additional beneficiaries, use the Beneficiary Designation Form (form D-0017).

A beneficiary cannot be designated for an Empire Life Disability Credit Protect coverage. Any monthly benefit payable under an Empire Life Disability Credit Protect coverage is payable to the policy owner. If there are two owners, the monthly benefit is payable to them jointly.

Minors: Benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any benefits due to the beneficiary, while a minor, will be paid to the trustee on the beneficiary's behalf. In Quebec, benefits due to a beneficiary, while a minor, will be paid to the beneficiary's tutor(s) or legal guardian(s) unless you have appointed an administrator or established a formal trust. After the beneficiary reaches the age of majority, any benefits due to the beneficiary will be paid directly to the beneficiary unless you have established a formal trust and such trust is still in effect at the time the benefit is payable.

Irrevocable/revocable designations: A primary beneficiary designation is revocable unless you indicate "irrevocable". In Quebec, if a married or civil union spouse is named as primary beneficiary, the designation is irrevocable unless you indicate "revocable". If you designate a primary beneficiary as irrevocable, you cannot change or revoke the beneficiary or exercise rights and privileges such as withdrawals, assignments, or transferring ownership without the irrevocable beneficiary's written consent. If your policy is governed by the laws of Nova Scotia and you designate a primary beneficiary as irrevocable you must also complete an Irrevocable Beneficiary Designation Supplement (INS-3207). An irrevocable beneficiary who is a minor cannot provide consent. Therefore, if an irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges unless, where permitted by law, a court order is obtained.

Contingent beneficiary: A contingent beneficiary becomes the beneficiary if all of the primary beneficiaries have died before the Life Insured. Percentages for all contingent beneficiaries for each Life Insured must total 100%. Contingent beneficiary designations are always revocable. If the beneficiary is a corporation or other entity in which the Owner has an interest, complete section 2 - Business Financial Information.

	<u>'</u>	, I	
Beneficiary(ies) for Life Insu	red I for Benefits payable upon	death of the Life Insured (including under any Critical Illne	ss coverage)
First name	Middle name	Last name or legal name of corporation/entity	O Primary O Contingent
Relationship to Life Insured*		Date of birth ○ equal share □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Revocable % C Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	O Primary O Contingent
Relationship to Life Insured*		Date of birth ○ equal share d d - m m m - y y y y OR	Revocable % Contract Revocable Revocable
First name	Middle name	Last name or legal name of corporation/entity	O Primary O Contingent
Relationship to Life Insured*		Date of birth O equal share	S
First name	Middle name	Last name or legal name of corporation/entity	O Primary O Contingent
Relationship to Life Insured*		Date of birth ○ equal share d d - m m m - y y y OR	S

4. BENEFICIARY INFORMATION CONT'D

Beneficiary(ies) for Life Insured 2 f	or Benefits payable up	on death	of th	e Life Insured (including unde	er any Critical Illne	ess coverage)
First name	Middle name		Last	name or legal name of corpo	oration/entity	O Primary O Contingent
Relationship to Life Insured*		Date o	1	:h m m m - y y y y	or equal shares	O Revocable O Irrevocable
First name	Middle name		Last	name or legal name of corpo	oration/entity	O Primary O Contingent
Relationship to Life Insured*		Date o		.h m m m - y y y y	OR %	O Revocable O Irrevocable
First name	Middle name		Last	name or legal name of corpo	oration/entity	O Primary O Contingent
Relationship to Life Insured*		Date o		h m m m - y y y y	OR \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	O Revocable O Irrevocable
First name	Middle name		Last	name or legal name of corpo	oration/entity	O Primary O Contingent
Relationship to Life Insured*		Date o		: h m m m - y y y y	or equal shares	O Revocable O Irrevocable
Beneficiary(ies) for Life Insured I	for Critical Illness Be	nefits pay	able	while the Life Insured is aliv	'e**	
First name	Middle name		Last	name or legal name of corpo	oration/entity	O Primary O Contingent
Relationship to Life Insured*		Date o	of birt	.h m m m - y y y y	OR %	O Revocable O Irrevocable
First name	Middle name		Last	name or legal name of corpo	oration/entity	O Primary O Contingent
Relationship to Life Insured*		Date o	. 1	h m m m - y y y y	or equal shares	O Revocable O Irrevocable
Beneficiary(ies) for Life Insured 2	for Critical Illness Be	nefits pay	able	while the Life Insured is aliv	'e**	
First name	Middle name		Last	name or legal name of corpo	oration/entity	O Primary O Contingent
Relationship to Life Insured*		Date o	1	.h m m m - y y y y	or equal shares	O Revocable O Irrevocable
First name	Middle name		Last	name or legal name of corpo	oration/entity	O Primary O Contingent
Relationship to Life Insured*		Date o	. 1	h m m m - y y y y	OR %	O Revocable O Irrevocable
Trustee for minor beneficiary(ies) named above:					
First name		Middle in	nitial	Last name		

^{*}Relationship to the Life Insured, except in Quebec, specify relationship to the Owner.

^{**}Complete this section to designate a beneficiary(ies) to receive benefits under your Critical Illness policy/rider, where permitted by law (currently in QC, ON, MB, SK, AB and BC).

5. PRODUCT SELECTION

Important Information:

- A Life Insured can apply for EITHER an Empire Life CI Protect coverage OR an Empire Life CI Protect Plus coverage within the same policy.
- The lifetime maximum coverage amount of Empire Life CI Protect is \$75,000 per Life Insured.
- The lifetime maximum coverage amount of all critical illness insurance with Empire Life is \$2,000,000 per Life Insured.

5.1	Base Coverage -	You may select only ONE ba	ase product per Life I	nsured, per application.						
Perm	nanent Participa	ting Life Insurance								
	Select one: Se									
per pol		Base \$	Enhanced \$	Total \$						
Not available on 8 Pay if the Life Insured is rated substandard by Empire Life. *Only available on 10 Pay, 20 Pay or Life Pay options, when Paid-up Additions or Enhanced Coverage dividend option is selected.		\$ Dividend Option - Select one: Cash Payment Paid-up Additions (PUA)** Cash Accumulation Annual Premium Reduction (annual premium only) Enhanced Coverage (Lifetime Guarantee)**								
		OPTIONAL - Initial Deposit to \$	Side Account (non-exem	pt) ade by cheque to Empire Life.)					
Term	and Critical III	ness Insurance								
		○ Solution ART○ Solution 25○ Solution 3	0		Life Insured I amount					
		Empire Life CI Protect 10Empire Life CI Protect Plus 10Empire Life CI Protect Plus 7:	-	ct Plus 20	Life Insured I amount					
		○ Solution ART○ Solution 25○ Solution 3	0		Life Insured 2 amount \$					
		Empire Life CI Protect 10Empire Life CI Protect Plus 10Empire Life CI Protect Plus 7:	•	ct Plus 20	Life Insured 2 amount \$					
		Joint Coverage - O Joint fire	st death OR \bigcirc Joint	ast death						
		○ Solution ART○ Solution○ Solution 25○ Solution 3	0		\$					
5.2	Riders									
		○ Solution ART ○ Solution ○ Solution 25 ○ Solution 3			Life Insured I amount \$					
		Empire Life CI Protect 10Empire Life CI Protect Plus 10Empire Life CI Protect Plus 75		ct Plus 20	Life Insured I amount \$					
		○ Solution ART ○ Solution ○ Solution 25 ○ Solution 3	_		Life Insured 2 amount					
		Empire Life CI Protect 10 Empire Life CI Protect Plus 10 Empire Life CI Protect Plus 7!		ct Plus 20	Life Insured 2 amount					

5. PRODUCT SELECTION CONT'D

Additional Benefits										
5.3 Additional Benefits for Life Insured(s)		Life Insured I	Life Insured 2							
The maximum Waiver of	Waiver of Premium (Disability Waiver) (maximum issue age 55)	○ yes	○ yes							
Premium benefit is \$24,000 per year, per Life Insured.	Empire Life CI Protect Plus Return of Premium on Surrender or Maturity	○ yes	○ yes							
**If applying for an Empire Life Disability Credit Protect rider, complete the Empire Life Disability Credit Protect	Empire Life CI Protect Plus Return of Premium on Death) yes	○ yes							
Screening Questionnaire (form INS-2853). Do not submit the	Guaranteed Insurability (maximum issue age 40)	\$	\$							
questionnaire if the answer to any of the questions is "yes". The Maximum Monthly	Accidental Death and Dismemberment (maximum issue age 55)	\$	\$							
Benefit cannot exceed the lesser of \$3,500 and 3.5% of the life coverage to which the Empire Life Disability Credit Protect rider is attached.	Empire Life Disability Credit Protect rider** (Available on EstateMax, Optimax Wealth and Solution plans only)	12-month benefit 24-month benefit Maximum Monthly Benefit:	12-month benefit 24-month benefit Maximum Monthly Benefit:							
If applying for a Children's Life/CI Rider, complete the Children's Life/CI Rider	Children's Life Rider (maximum issue age 17)	\$	\$							
Question Set in section 6.	Children's Critical Illness Rider*** (maximum issue age 17)	\$	\$							
5.4 Additional Benefits for Owner(s)	If the Owner(s) are not Life Insured(s), which additional be Note: For Juvenile Life Insured(s), the Owner can select Of									
The maximum Waiver of	Waiver of Premium (Disability Waiver) (maximum issue age 55)	Owner I	Owner 2							
Premium benefit is \$24,000 per year, per Life Insured.	Payor Death and Disability (Child's Waiver) (maximum issue age 45) (Solution 100, EstateMax and Optimax Wealth only)	Owner I	Owner 2							
	The Owner(s) must complete Form D-0060 - Adult-Full Question Set									

If you selected Empire Life Disability Credit Protect rider in section 5.3, please complete the following Empire Life Disablity Credit Protect Screening Questionnaire.

ONLY submit the completed Screening Questionnaire with your application if applying for Empire Life Disability Credit Protect AND if the answer to all Screening Questions is "No".

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EMPIRE LIFE DISABILITY OPENIT PROTECT SOREENING OLIESTIC

LIMITINE LILE	DISABILITI	CKLDIII	rkoil		JUN		1411	V	G	J L \	יווכ		AINL
	estionnaire to determ ility Credit Protect ric		osed Life II	nsured	is elig	ible t	to ap	oly fo	or	Poli	cy nu	mber	
Life Insured 1 first nam	ne		Middle init	ial La	st name	e							
			i i i i i i i i i i i i i i i i i i i										
Life Insured 2 first nam	ne		Middle init	ial la	st name	Δ							
			Middle ii ii	La	J								
Screening Question	ons										Life	nsured 1	Life Insured 2
	y of the Screening Que submit this questionnai											Disabilit	y Credit
 Have you been working for compensation less than Full Time within the past 12 months? ("Full Time" means continuously performing all duties of your regular occupation for a minimum of 8 out of the last 12 months and at least 20 hours per week.) Note: answer "No" if within the past 12 months you have been working Full Time, or if you have been on regular/uncomplicated maternity/paternity leave from your current employer. 									ths	○ ye	es 🔾 no	○ yes ○ no	
2. Have you had any d benefit been paid u	isability insurance appli nder any disability insur	cation decline ance due to y	ed, rated, po our injury o	ostpone or impai	ed or m irment?	odifi	ed, or	has	any		Оуе	es Ono	○ yes ○ no
3. Do you currently ha	ve any symptoms for w	hich you have	not yet sou	ught me	edical c	consu	ltatio	n?			○ ye	es Ono	○yes ○no
4. Within the past 10 y	ears have you:												
a) been disabled or or uncomplicated	absent from work for m d maternity/paternity lo in the Exceptions Tabl	eave, or due to	o an impair	ment w							Оуе	es Ono	○ yes ○ no
joints, or had any	nt or advice for any symother physical symptor the associated condition	ns, injury, imp	airment or	disorde	r, othei	r thai	า due	to ar	า		Оуе	es 🔾 no	○yes ○no
heart, blood vess anemia or other b pancreas, liver, or	ns, consulted or been trels, lungs or respiratory blood disorder; cancer, ridhey disease, other to TIONS TABLE for Quest	system; immu tumour (benig han due to an	ıne system, ın or maligr impairmer	a posit nant); di	ive HIV iabetes	resu or er	lt, AID ndocr	S or ine s	ARC; ystem	1 ;	○ ye	es Ono	○ yes ○ no
	ns, consulted or been tr system other than due t , b, c & d?									or	○ ye	es () no	○yes ○no
e) had any sympton psychological dis	ns, consulted or been to corder?	reated for dep	ression, an	xiety, bı	urn-ou	t or c	other				○ ye	es Ono	○ yes ○ no
cerebral palsy, mu any disease or dis	ns, consulted or been tro Iscular dystrophy, ALS (l order of the brain or ne	Lou Gehrig's d rvous system?	isease), Hur	ntingto	n's Cho	rea, <i>i</i>	Alzhei	mer'	s or		Оуе	es Ono	⊖yes ⊖no
	gue Syndrome, Fibromy deep vein thrombosis?	algia or chron	ic pain; Ulc	erative	Colitis	or Cr	ohn's	dise	ase;		○ ye	es Ono	○ yes ○ no
5. Is your weight below	v or above the range in	dicated for you	ur height in	the tab	le belo	w?					○ ye	es Ono	⊖yes ⊖no
Height	Below	Above	ŀ	Height			Ве	low				Above	
4'10" / 147 cm	82 lb / 37 kg	150 lb / 68 kg		5′10″ / 17	77 cm		11	9 lb /	54 kg			219 lb /	99 ka
4'11" / 149 cm	84 lb / 38 kg	155 lb / 70 kg		5′11″ / 18			_		55 kg			225 lb /	
5'0 "/ 152 cm	87 lb / 39 kg	161 lb / 73 kg		5′0″ / 18			_		57 kg			231 lb /	
5'1" / 154 cm	90 lb / 41 kg	166 lb / 75 kg		5′1″ / 18!					58 kg			238 lb /	
5'2" / 157 cm	93 lb / 42 kg	171 lb / 77 kg		5'2" / 18			_		60 kg			244 lb /	
5′3″ / 160 cm	96 lb / 44 kg	177 lb / 80 kg		5′3″ / 19					62 kg			251 lb /	
5'4" / 162 cm	99 lb / 45 kg	183 lb / 83 kg		5′4″ / 19			_		63 kg			258 lb /	
5'5" / 165 cm	102 lb / 46 kg	188 lb / 85 kg		5′5″ / 19					65 kg			265 lb /	
5'6" / 167 cm	106 lb / 48 kg	194 lb / 88 kg					_			_		272 lb /	
5'7" / 170 cm									279 lb / 126 kg				



286 lb / 130 kg 293 lb / 133 kg

5'8" / 172 cm

5'9" / 175 cm

112 lb / 50 kg

115 lb / 52 kg

206 lb / 93 kg

212 lb / 96 kg

6'8" / 203 cm

6'9" / 206 cm

155 lb / 70 kg

159 lb / 72 kg

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Screening Questions (cont'd)		Life Insured 1	Life Insured 2
	low means the Life Insured cannot apply for the E ife if the answer to any Screening Question is "ye		t Protect rider.
6. Are any of the following your current occup	pation?	○ yes ○ no	○ yes ○ no
Acrobats/aerialists/stunt person			
Animal handler or groomer			
Athletes (professional)			
Auto mechanic			
• Aviation – other than as a passenger on a re	gularly scheduled airline		
Carnival employee			
	orkers involved in the construction and deconstruction and deconstruction. See Appendix for further details. Answer "Noipate in any construction tasks.		
• Divers - Scuba, Sky			
• Equestrian - jockey, rodeo performers, hors	e handler, trainers, stable help		
Firefighters - includes volunteer			
• Fishing - offshore			
chemical products processing and utilities;	rk in manual labour jobs such as mineral and met wood, pulp and paper processing; rubber and pla products processing; fish and seafood processing way, roadwork, factory and utilities.	stic products manufacturi	ng; textile
• Law enforcement/corrections/security - inc "No" if 100% of the time is spent on strictly	cludes police-undercover, Narcotics, Vice or Boml r administrative duties.	o squad; Correctional offic	cer. Answer
 Military – Answer "no" if your duties are ad possibility of this in future. 	ministrative only within Canada, with no history	of any active duty/deploy	ment or any
• Search and Rescue workers - includes Coas	t Guard; Divers		
• Racers – all types (car, boats, motorcycle, si	nowmobile etc.)		
	involve operating a vehicle to transport passenger er), or those which utilize drivers to operate variou		
	correct. Disability Credit Protect if the answer to any Screis "no", this questionnaire shall form part of the a	_	
Signature of Life Insured 1	Signature of Life Insured 2	Date d d - m m m -	 y y y y
Signature of Owner (or first authorized signature	e for a corporate Owner)	Date d d - m m m -	y y y y
First name	Last name	Title, if signing for a corp	oration
Signature of Owner 2 (for corporate or joint Ow	(ner)	Date d d - m m m -	y y y y
First name	Last name	Title, if signing for a corp	 oration

Date

d d - m m m - y y y y

Signature of witness

EXCEPTIONS TABLE for Questions 4 a, b, c & dAnswer "No" to questions 4 a, b, c and d if client's impairment(s) and condition(s) are as described the table below.

Impairments	Conditions
Actinic Keratosis	Treated and removed with no recurrence
Alopecia	With no underlying disorder
Angioedema	One episode only and compliant with avoidance and prophylaxis
_	Surgically treated with Appendectomy, no evidence of tumour or Crohn's, and full recovery and returned
Appendicitis	to work
Asthma	Mild, infrequent attacks, well controlled on medication, no lost work time or hospitalization within 5 years
Blepharitis	No systemic or ocular disease and no vision impairment
Cataracts	Surgically removed more than 3 months ago with no complications and full recovery
Cholelithiasis	Surgically treated with fully recovery and returned to work
Cholesterol (high)	Controlled on medication or diet and confirmed controlled by attending health care professional
Colour Blindness	Congenital
Conjunctivitis	Acute, no more than 3 isolated episodes with no complications and full recovery
Dermatitis, Eczema, Seborrhea	Mild, uncomplicated, not progressive, no systemic disease, and no impact to performing occupational duties
Dry Eyes	Mild to moderate symptoms, no underlying disease, no impact to ability to perform occupational duties
Dwarfism	Primordial or Constitutional and no other abnormalities
Fracture	History of, full recovery with no residuals, no associated impairments, no future surgery or treatment anticipated or planned
Gastritis/GERD	Mild, fully investigated (endoscopy), responsive to treatment, no associated complications/impairments, not alcohol related, working full time
Hemorrhoids	Mild to moderate, and no impact to ability to work full time; or treatment/surgery with no complications and full recovery
Herpes Zoster (Ophthalmic)	Treated, with complete recovery, no ongoing symptoms and no vision impairment
Hives/Urticaria	In history, mild reaction, no pathological cause, and no impact to performing occupational duties
Hyperthyroidism	On treatment, well controlled with no symptoms and no complications
Hypothyroid	More than 6 months since diagnosis, treated, well controlled, no symptoms, no complications
Hysterectomy	Benign disease, surgery complete more than 6 months ago and a full recovery
PAP test	Normal result with no underlying history
Pregnancy/C-section	Subsequent to normal delivery and full recovery
Raynaud's disease	No impact to ability to perform occupation or activities of daily living
Sinusitis/Rhinitis/Hay Fever/Allergies	Acute, no associated respiratory impairments, whether present or fully recovered
Strains	Recurrent or Chronic, more than 3 years ago since last symptoms, no associated impairments, no future surgery or treatment anticipated or planned
Tonsillitis	Surgically treated with no associated impairments and full recovery and returned to work
Tubal Ligation	No underlying disease and full recovery
Vasectomy	No complications, no underlying disease, full recovery
Vitiligo	No psychological impact and no impact to performing occupational duties

APPENDIX

Answer "Yes" to screening question #6 if the following applies to your occupation in Construction.

A construction worker is a person who works in the Building Construction Industry, Heavy Construction Industry and Special
Trade Construction Industry, as defined below.

,,,,,,,,,,,,,,							
Building Construction Industry	All general contractors and operative builders primarily engaged in the construction of residential, farm, industrial, commercial, or other buildings.						
Heavy Construction Industry	All general contractors primarily engaged in heavy construction other than building, such as highways and streets, bridges, sewers, railroads, irrigation projects, and flood control projects and marine construction.						
Special Trade Construction Industry	All special trade contractors who undertake activities of a type that are specialized either to building construction, including work on mobile homes, or to both building and non-building projects. This includes projects such as painting, electrical work, plumbing, etc.						



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6.0 CHILDREN'S LIFE/CRITICAL ILLNESS RIDER QUESTION SET

Important information for the Advisor:

- Complete this section for children to be covered under a Children's Life Rider and/or a Children's Critical Illness (CI) Rider. The maximum issue age for a Children's Life and/or CI Rider is the child's age 17.
- Children's Life/CI Riders are not available if the base plan is Empire Life CI Protect (10 or 20).
- PHI is not available for Children's Life/CI Rider.

Children's Information						
Child I first name Middle initial Last name						
Relationship to Life Insured Date of birth	Sex at birth					
dd-mmm-y	y y y O male O female					
If the child to be insured is between age 0 and 2, please answer the following: Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weig	○ lb ght: ○ kg					
Child 2 first name Middle initial Last name						
Relationship to Life Insured Date of birth	Sex at birth					
	y y y O male O female					
If the child to be insured is between age 0 and 2, please answer the following: Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weig	○ lb oht: okg					
Child 3 first name Middle initial Last name						
Relationship to Life Insured Date of birth	Sex at birth					
	y y y O male O female					
If the child to be insured is between age 0 and 2, please answer the following: Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weig	○ lb ght: ○ kg					
Child 4 first name Middle initial Last name						
Relationship to Life Insured Date of birth d d - m m m - y	Sex at birth male of female					
If the child to be insured is between age 0 and 2, please answer the following: Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weig	○ lb ght: ○ kg					
Health Information	Any child applying for a Life/CI Rider					
I. I understand I must answer all questions truthfully.	○ yes					
If you answer "yes" to any questions asked in questions 2-6, please provide details in the Additional Details section, on page 12. Please include date(s) of event(s), duration, treatment, diagnosis, if resolved or continuing, date(s) and result(s) of any testing (excluding genetic testing) and the names and address of all medical Advisors and facilities.						
2. Has the child ever been treated for or had any indication of:						
a) developmental, psychological, or neurological disorders (includes speech, auditory, visual, motor function or impairments)?	delays					
b) cancer, tumour, or any other growth or malignancy?	○ yes ○ no					
c) diabetes?	○ yes ○ no					
d) cardiac disease or malformation?	○ yes ○ no					
e) kidney disease or malformation?	○ yes ○ no					
f) cystic fibrosis?	○ yes ○ no					

6.0 CHILDREN'S LIFE/CRITICAL ILLNESS RIDER QUESTION SET CONT'D

Health I	nformation	(cont'd)				Any child applying for a Life/CI Rider
3. Does the	ndition consults for	○ yes ○ no				
4. Has the tonsilled		○ yes ○ no				
			used any medications on a daily basis for period conditions, inhalers for asthma or allergies.	ls over 21 days? Ple	ease exclude	○ yes ○ no
6. Are there awaiting hernia re	ration or endectomy,	○ yes ○ no				
birthday Huntingt	with cancer, heart on's disease, Parki	t attack, coi inson's dise	iological mother, father, sister(s) or brother(s) be ronary artery disease, stroke, cardiomyopathy, dia ase or cystic fibrosis? a, provide details below, but do not provide	abetes, polycystic k	ridney disease,	○ yes ○ no ○ unknown
		s question				A d
Relationship	to child		Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Relationship	to child		Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Relationship	to child		Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Addition	nal Details					
			nestions 2 to 6, including date(s) of event(s), durar uding genetic testing) and the names and address			
Question						
Question	Life Insured	Details				
Question	Life Insured	Details				
Question	Life Insured	Details				
Question	Life Insured	Details				
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Question	Life Insured	Details				
Question	Life Insured	Details				

7. PREMIUM P	AYMENT INFORMATION							
7.1 Premium Payment Information	 Initial premium submitted with this application Initial premium will be collected upon delivery of the policy* Draw initial premium by pre-authorized debit (PAD)* 							
*If selected, Temporary Insurance is not available.	If applying for EstateMax or Optimax Wealth, PAD amount cannot include payments to the Side Account	•						
Cheques must be payable to Empire Life.	Who will pay the premiums? Owner Life Insured Third Party - please complete Third Party Determination, Section 11.9, if applying for EstateMax or O	ptimax Wealth.						
	How will premiums be paid? Monthly Pre-authorized Debit (PAD)* Annual Billing *The monthly PAD amount is equal to the annual premium multiplied by a factor of 0.09.							
7.2 Pre-Authorized	For monthly PAD, withdraw premiums from:							
Debit (PAD)	Account shown on the initial premium cheque							
	Account shown on the attached void cheque or pre-authorized transaction form from my financial i Same account as Empire Life policy number:	nstitution.						
	Automatic withdrawal day [1st to 28th of the month] If no date is indicated, the same day as the issue (effective) date of the policy will be used.							
7.3 Backdating	If not specified, the Policy Date will be the date the policy is issued. Policy to be backdated to save age	e - y y y y						
	Note: The Policy Date can only be backdated a maximum of 6 months on life insurance ar critical illness insurance.	nd 3 months on						
8. APPLICATION	N FOR TEMPORARY INSURANCE ON PROPOSED LIFE IN	ISUREDS						
(NOT available f	or Empire Life Disability Credit Protect coverage or "non-face-to-	face" sales)						
Your Advisor and/or repre	esentatives of Empire Life are not authorized to modify this agreement in any way.							
8.1	A) Is any proposed Life Insured over age 65 or less than 15 days old?	○ yes ○ no						
Temporary insurance will only be provided if all	Has any proposed Life Insured:							
of these questions are B) Ever been treated for or had any indication of Alzheimer's disease, Parkinson's disease, heart or								

answered "NO" and will only be valid and enforceable if these answers are true and all other conditions set out in the Temporary Insurance Agreement are met.

If any of these questions are answered "YES" or left blank, temporary insurance is NOT available even if the Advisor accepts the first premium payment.

Advisors cannot complete the premium receipt in the Temporary Insurance Agreement if any question is answered "YES" or left blank.

A) Is any proposed Life Insured over age 65 or less than 15 days old?			
	Has any proposed Life Insured:		
	B) Ever been treated for or had any indication of Alzheimer's disease, Parkinson's disease, heart or blood vessel disease, chest pain, loss of speech, severe burns, diabetes, cancer or tumours, transient ischemic attacks, stroke or chronic kidney, liver or lung disease, multiple sclerosis, paralysis, blindness, deafness, AIDS or HIV infection?	○ yes ○ r	no
	C) Been unable to perform regular activities for more than 7 consecutive days within the last 6 months because of sickness or injury or currently under any treatment for the same condition?	○ yes ○ r	no
	D) Within the past 12 months (other than for normal childbirth) been admitted to a hospital or other medical facility or been advised to do so?	○ yes ○ ı	no
	E) Been advised to have any tests (other than a genetic test), investigations, or surgery not yet done?	○ yes ○ r	no
	F) Been advised that they are not eligible for life, health or critical illness insurance or been offered such insurance with an extra premium or modified in any way?	○ yes ○ r	no

The maximum liability for a Life Insured under the Temporary Insurance Agreement being applied for, and all current Temporary Insurance Agreements, will be for a maximum period of ninety (90) days from the date insurance under the Temporary Insurance Agreement being applied for begins, and will be the lesser of the amount of insurance applied for or \$1,000,000 in the aggregate for all coverages, including life insurance, Accidental Death and Dismemberment and critical illness coverage, subject to a maximum liability for critical illness insurance of \$500,000, but excluding Empire Life Disability Credit Protect. If a benefit is paid under the Temporary Insurance Agreement with respect to a Life Insured, Empire Life will refund the portion of any premium paid for coverage on a Life Insured for which no benefit was paid under the Temporary Insurance Agreement. Full terms and conditions are outlined in the Temporary Insurance Agreement attached to this application.

PLEASE DO NOT REMOVE THIS PAGE

9. DECLARATION, ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

Declaration and Acknowledgement:

I declare and acknowledge that:

- · I have understood the meaning and importance of all the questions asked on this application form, any supplementary forms submitted as part of this application and the Application for Temporary Insurance, if I have applied for Temporary Insurance (collectively the "application");
- I received satisfactory information concerning the product(s) I am applying for before signing this application, and I understand that the Advisor may be paid on a commission basis;
- There are variables (e.g. dividend option and dividend scale, policy loans, payments and withdrawals, etc.) that can affect my policy's performance and changes in these variables can affect the policy's non-guaranteed benefits and values, and I understand that benefits and values set out in any illustration are not guaranteed and are based on assumptions that are likely to change;
- I was present when the answers and statements about me (or about the minor Life Insured) (collectively "my Answers") were recorded on the application;
- · I have reviewed my Answers and confirm them to be complete and true, to the best of my knowledge and belief, as of the date I signed this application, and my Answers may be relied on by Empire Life;
- In the event that any answers or statements recorded on the application contain any misrepresentation or non-disclosure of a material fact, Empire Life may void the policy;
- · Additional underwriting requirements may be ordered on any Life Insured:
 - at an Empire Life underwriter's discretion; and
 - if I have applied for total life insurance coverage between \$500,000 and \$2,000,000 and the Life Insured is aged 18 to 50, based on random selection or predictive analytics.
- The Owner is responsible for paying premiums. Cheques must be payable to Empire Life.

Agreement

I understand and agree:

- · I will notify Empire Life if there is a change in my tax residency status;
- To the terms and conditions of this application and of the Temporary Insurance Agreement (if I have applied for temporary insurance as part of this application);
- That this application, including all answers and statements provided by the Owner(s) and Life Insured(s), will form part of the policy when issued (any temporary insurance will be subject to the terms of the Temporary Insurance Agreement);
- That, except for any coverage provided by the Temporary Insurance Agreement, if applicable, Empire Life is not under any obligation unless:
 - In all provinces except Quebec: the first premium is paid and each Life Insured's insurability is unchanged between the date of completion of the application and the date of delivery of the policy to the Owner;
 - **In Quebec**: the first premium is paid and each Life Insured's insurability is unchanged between the date of completion of the application and the date the application is approved without modification by Empire Life.
- That if there are apparent errors or omissions in this application, or if Empire Life offers to issue a policy on a basis different than has been applied for, Empire Life will make necessary changes to the application in writing before delivering the policy to the Owner for acceptance;
- I will be deemed to have accepted the policy and any application changes if I do not return the policy to Empire Life within 10 days of delivery.

PAD Agreement

- The Pre-authorized Debit (PAD) applies to regular scheduled premiums. In addition, if the initial premium submitted is less than the premium required to put the policy in force, the shortfall may be withdrawn from my account with the first monthly withdrawal;
- PAD arrangements may be terminated on 10 days written notice, beginning on the date the notice is mailed by either me or Empire Life. If terminated, subsequent premiums will be payable to Empire Life using any of the methods of payment then being offered, according to the terms of the policy. To obtain more information on the right to cancel a PAD arrangement, or to obtain a sample cancellation form, I may contact my financial institution or visit www.payments.ca.
- For the purposes of this agreement, all debits from my account will be treated as a personal PAD;
- · I waive my right to notice before any withdrawal is made and also my right to notice of any change in the amount of the automatic withdrawal;
- I am aware that certain recourse rights exist in the event that a debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact Empire Life or visit www.payments.ca.

For inquiries regarding your Pre-authorized Debit, contact;

The Empire Life Insurance Company 259 King Street East, Kingston ON K7L 3A8 Phone: I 800 561-1268 Fax: I 800 920-5868 insurance@empire.ca

Banking Authorization

I authorize Empire Life to withdraw monthly premium payments, as required and as per my instructions in section 7. I authorize my financial institution to honour any withdrawal (debit) from my account under the PAD agreement. I understand that these amounts may be variable and may increase or decrease.

Consent

Personal Information Authorization

- I have understood the meaning of the statements contained in the following notices (the "Notices") that are provided to me in the document titled "important Consumer Information":
 - Your Personal Information and Your Privacy
- Pre-Notice MIB, LLC ("MIB")
- Notice of Consumer Report or Personal Investigation
- I consent to Empire Life and the other parties referred to in the Notices collecting, using and disclosing my personal information for the purposes set out in the Notices;
- I consent to Empire Life disclosing my personal information to its agents, contractors and reinsurers and their agents for the purpose of assessing the application, administering the policy, if issued, and/or assessing a claim for benefits under the policy;
- · I authorize any investigation agency or credit reporting agency engaged by Empire Life to release any of my personal information in their possession to Empire Life, its reinsurers, or agents, for the purpose of assessing the application, administering the policy, if issued, and/or assessing a claim for benefits under the policy;
- · I authorize MIB and any MIB member insurer, to provide any medical or personal information that it has about me to Empire Life, its reinsurer or any MIB-authorized third-party administrator performing underwriting services on Empire Life's behalf. I also authorize Empire Life, its reinsurer or authorized third-party administrator, to make a brief report of my personal health information to MIB;
- · I understand that Empire Life may require each Life Insured to undergo physical examinations and medical tests, such as electrocardiograms, and to provide blood and urine samples for testing purposes, including testing for HIV (AIDS) and certain drugs or medications as may be required to assess the application or a claim for benefits under the policy, and if a Life Insured refuses to undergo such tests or to provide such samples, Empire Life may not be able to assess this application or a claim for benefits under the policy, if issued. I further understand Empire Life will not require life insureds to undergo a genetic test or provide any genetic test information as part of this application or any claim for benefits under the policy;
- I consent to Empire Life releasing tests, reports and other personal information gathered about my health to my attending physician if Empire Life determines it would be in my best interests to do so or if required by law, and to the Chief Medical Officer if required by law;
- I understand that if I withdraw this consent, Empire Life may be unable to assess this application, administer any policy that is issued as a result of this application or assess a claim for benefits under the policy, and therefore may cancel the policy in its sole discretion. If this occurs, no benefit will be payable, and neither I nor my estate will be able to exercise any rights under the policy.
- If I die, I authorize the Owner, contingent Owner, beneficiary, heirs and the personal representative and/or liquidator of my estate to provide Empire Life, its reinsurers and their agents with all of the information and authorizations necessary for assessing a claim under my policy. I also authorize Empire Life to communicate the reasons for any claim decision, which I understand may include disclosure of my personal medical information, to the beneficiary entitled to proceeds under the policy.

Service from the Advisor

I authorize Empire Life:

- To release the policy to the Advisor for delivery, including a copy of this application, supplementary forms, addendums or application change forms;
- To collect information from and/or disclose information to the Advisor(s) (and Agency) regarding this application and the policy, as required, to provide the Owner with service and advice in relation to the policy. I understand that the Owner can change the Advisor or withdraw this authorization by writing to Empire Life.

9. DECLARATION, ACKNOWLEDGEMENT, AGREEMENT AND CONSENT CONT'D

A copy	or this signed Dec	cial acion, Acknowledgement, Agreement al	ilu Collisci	it will be as valid as	cite original.	
9.1	Province of residence	This application was completed and signed in the territory of:	Owner's p	province of residence. If	not, it was signed in the province/	
9.2	Signatures of Life Insured(s) or parent/legal guardian if minor	By signing below, I confirm that I have read, und Acknowledgement, Agreement and Consent an If an Owner is also a Life Insured, the Owner si of Premium and/or Payor Death and Disability, i	d consent tigns this se	to the use of my perso ction as Owner and as	nal information as described.	
		Signature of Life Insured I		Signature of Life I	nsured 2	
	Signatures of Owner(s)	By signing below, I confirm that I have read, unde Agreement and Consent and consent to the use Person(s) signing must provide their name(s) and	of my pers	sonal information as des	scribed.	
If an Owner is a Life Insured and/or a parent or legal guardian for a minor Life		Signature of Owner I (or 1st authorized signal X	ature for co	orporate/entity Owner)		
Insured section,	and only signs this the Owner is also as Life Insured and/	First name Last name	me		Title - if signing for corporation/entity	
	ehalf of the minor.	Only one signing authority to bind corp	oration o	r entity (copy of sign	ing authority required).	
		Signature of Owner 2 (or 2nd authorized sign	nature for c	orporate/entity Owner		
		First name Last name	me		Title - if signing for corporation/entity	
		If the Owner is a corporation or other entity, pr	int its legal	name:		
	Irrevocable beneficiary(ies)/	To be completed if this is an application for conv to the new policy and acknowledge that the bene				
	assignee(s) \	Signature of irrevocable beneficiary/assigned			cable beneficiary/assignee	
	Monthly PAD and corporate accounts	If monthly PAD and using a corporate account o of the account signs below. By signing below, I co Agreement and Banking Authorization.				
		Signature X				
		Signing authority first name		ast name		
9.6	Authorization to disclose personal information to Advisor(s) (and Agency)	I authorize: Empire Life to disclose to the Advisor(s) (and Age evaluation or underwriting process that may affect • Medical testing or laboratory results; • Illness, diseases, medical conditions, medication • Other health related issues;	t the rating	or issuance of the polic	y, including information relating to:	
	OPTIONAL	 Civil or criminal court records or other personal or financial facts. I understand and agree that: I am authorizing Empire Life to release personal information, as described above, to the Advisor(s) (and Agency). I do not need to give this authorization in order to apply for insurance with Empire Life and I can withdraw or cancel this authorization by writing to Empire Life. Empire Life can choose not to disclose information to the Advisor(s) (and Agency) even though I have signed this authorization. 				
		By signing below, I confirm that I understa to the disclosure of my personal information	nd and ag	ree to the statemen		
		Signature of Life Insured I		Signature of Owner X	(if not a Life Insured)	
		Signature of Life Insured 2		Signature of Owner	(if not a Life Insured)	
9.7	Signature of witness	All signatures must be witnessed by a person of l stand to benefit from the insurance applied for.	egal age wh	no is unrelated to the Li	fe Insured(s) or Owner(s) and does not	
	person" sales,	Signature of witness		Dat	te	
the witr	ness should be isor.	X		d	d - m m m - y y y y	
		First name of witness		Last name		

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10. AUTHORIZATION TO RELEASE INFORMATION

it is signed and may	be revoked by the person who provided the authorization at a	ny t	ime	e in	wri	ting		C W	iici	•		
Authorization to release information If you need additional forms, please use form D-0018 or a photocopy of this page.	I authorize any individual or public or private organization (including any land any public or private health or social services institution, any insurance any investigation and credit reporting agencies, my Advisor and his/her Agency current or my former employers, and provincial Motor Vehicle Depart provincial authorities)) that has personal information (including financial a genetic test information) about me and any of my minor children to be in Empire Life Insurance Company, its reinsurers, agents or representatives for understand the above purpose for this authorization and the risks and be my health information under this authorization. A photocopy or an image of the signed authorization to disclose this info	ce co ency men nd m sure or th	mpa , firm ts (unedication d to ne polits o	ny on or	r fin mar s oth form lose ses o	ancia ket in herw hatio this of ass ting	al Ins nterivise r in bu info sessi to th	med requ t ex rma ng t	ition diary uired xclud ation this disclo	n, MI /, I by ding n to appl osur	The ication	on
	This authorization will be valid until revoked in writing.			******	, c u	, , , , , ,				5····a		
10.2 Signature of Life Insured or parent/legal guardian for a minor	First name of Life Insured or parent/legal guardian if a minor Middle initial Last name(s) used in medical/legal records, if different	ast na	ame							<u> </u>		
<u> </u>	Signature of Life Insured or parent/legal guardian		Date							<u> </u>		
	X		l d	= d	_ _	n l n	n I m	_	_V	_V	_V	lv
	Signature of witness		Date								J	J
	x		d	d	- I	m n	n m	-	у	У	У	У
	First name of witness Last name											
	First name of minor child to be insured Middle name		Last	nam	e							
	Signed at (city and province)											
Authorization to release information If you need additional forms, please use form D-0018 or a photocopy of this page.	I authorize any individual or public or private organization (including any and any public or private health or social services institution, any insurance any investigation and credit reporting agencies, my Advisor and his/her Agency current or my former employers, and provincial Motor Vehicle Depart provincial authorities)) that has personal information (including financial a genetic test information) about me and any of my minor children to be in Empire Life Insurance Company, its reinsurers, agents or representatives of I understand the above purpose for this authorization and the risks and be health information under this authorization. A photocopy or an image of the signed authorization to disclose this informis authorization will be valid until revoked in writing.	ency ency men nd m sure or th	mpa firm ts (unedicated de to ne po its o	iny or inlestal in discurpo f cor	r fin mar s otl form lose ses o	ancia ket in herw natio this of ass ting	al Institute of the contract o	med requ it ex rma ing t ne d	ition diary uired xclud ation this disclo	n, MI /, d by ding n to appl osur	The ication	on
10.2 Signature of Life Insured	First name of Life Insured or parent/legal guardian if a minor Middle initial Li	ast na	ame									
or parent/legal guardian for	Last name(s) used in medical/legal records, if different							<u> </u>	<u> </u>	<u></u>		
a minor												
	Signature of Life Insured or parent/legal guardian		Date	2								
	X		d	d	- r	n m	n m		У	У	У	У
	Signature of witness		Date	. 1	ı	ı	ı	ı	ı	ı		
	X		d	d	- r	n m	n m		У	У	У	У
	First name of witness Last name								<u></u>			
	First name of minor child to be insured Middle name		Last	nam	e 							
	Signed at (city and province)											

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11. ADVISOR'S REPORT

In this report, "you" and "your" refer to the Advisor who solicited the application. The person who solicited the application, the training supervisor (if any) and the servicing Advisor, if different than the person who solicited the application, must sign section 11.10.

If a licensed administrative assistant completed the application without providing any advice, the assistant signs section 11.11.

The first Advisor named will be the Servicing Advisor. *The servicing Advisor must receive a percentage of the commission split.

11.1	Disclosure Information	Do you know of any information not disclosed in this application that could impact the insurability of a Life Insured? yes on o – if yes, provide details:							
		Did you meet with any Owner(s) and Life Insured(s) in person? Oyes ono - if yes, specify who you met with in person:							
		Did you complete the application with the Owner/Life Insured(s)? O yes O no – if yes, where were you located at the time of completion?							
		If no, who completed the application with the Owner/Life Insured?							
		Where were they located at the time of completion?							
		Where were you located when you solicited the application?							
		How was the application completed? In person Video conferencing/screen-sharing software – specify type:							
		Have you completed an analysis of the purchaser's needs to support this application? O yes O no In Quebec, the collected information must be provided to the client no later than the date the policy is delivered.							
11.2	Advisor Information	Errors & Omissions insurance (E&O) must be valid in the province where the application was solicited and signed. A valid licence must be on file at Empire Life Head Office or processing will be delayed until received.							
		Servicing Advisor name (first, last) Advisor code Valid E&O on file? Split % yes o no							
		Advisor name (first, last)							
		Advisor name (first, last)							
11.3	GA/AGA/ MGA/National Account Information	Name of GA, AGA, MGA or national account							
		Contact at GA, AGA, MGA or national account							
		Contact phone number Contact e-mail address							
		Was this sale made through national accounts? yes							
		Did this sale originate from empirelife.ca?							
		First name of insurance specialist/Advisor Last name							
		Advisor code Business phone number							
11.4	Information of Purchase	Does this sale meet the large case rule?* yes – have you received head office approval? yes *Application will not be processed until head office approval is received for sales that meet the large case rule.							
		Who initiated this application?							
		Servicing Advisor Owner(s) Other Advisor Insured(s) Other:							
		Is this policy being purchased with the intent of transferring Ownership in the policy? yes – provide details:							
		Please specify which of our insurance sales team members assisted with this sale (if applicable)							

11. ADVISOR'S REPORT CONT'D

II.5 Relationship to Life Insured		Life Insured I	Life Insured 2								
	How many years have you known the Life Insured(s)?										
	If you are related, state the relationship.										
11.6 Advisor Notes											
Underwriting Requirements	Empire Life will order requirements for each Life Insured as determined by the age and amount chart*±. Please note: Additional requirements may be ordered on any Life Insured at the underwriter's discretion and, for										
*Requirements will not be	Life Insureds aged 18 to 50 applying for total life insural selection or predictive analytics.	ince coverage of \$500,000 to \$	\$2,000,000, based on random								
ordered for Trial applications (the proposed Life Insured	Requirements will be ordered through Dynacare. Alternatively, if you are requesting a medshare please specify the company.										
has been previously declined or rated, or is ineligible for	Life Insured I										
temporary insurance for reasons other than the	Medshare - Company: Requirements available to share:										
maximum age 65 restriction).	Life Insured 2 Medshare - Company:	Requirements available to	share:								
±PHI is not available for Children's Life/CI Rider.	If PHI & Vitals is an age and amount requirement and you wish to replace them with a paramedical, please indicate below.										
**Only available for Solution	Life Insured I: O Paramedical in lieu of PHI & Vitals	Life Insured 2: O Parame	edical in lieu of PHI & Vitals								
10, 20, 25 and 30 products on a single coverage	For Life Insureds aged 18 to 50 with coverage amounts from \$1,000,001 to \$2,000,000, please indicate if blood profile/										
>\$1,000,000.		vitals should be completed for the Life Insured(s) to be considered for Preferred/Elite rates.** If blood profile/vitals are not completed, the Life Insured(s) will be considered at Standard rates.									
	Life Insured I: ○ Blood Profile/Vitals (For Preferred/Elite risk class consideration)	Life Insured I: O Blood I (For Preferred/Elite risk clas									
II.8 Issue		e issued with the following:	s consideration)								
Instructions	Policy number First name of prop										
			<u>-</u> 								
11 9 Determination	In making this application, is the Owner acting or	n behalf of a third party?	ves O no								
of Third Party Interests	First name	Last name or legal name o									
You must answer 'Yes' or											
'No' for all plans. If yes, complete entire section.		(number, street)									
For the purposes of this section, a "third party" is	City		Province Postal code								
a person or entity (other											
than the Life Insured or Owner) who instructs	Name of employer										
the Owner to take actions on the policy, or for											
participating life insurance plans, is paying the premiums.	Job title(s)										
plans, is paying the premiums.	Occupation										
	Type of business										
	Relationship to Owner										
	Jurisdiction of registration (i.e. country, province, territor	ry) Incorpora	ation number								

11. ADVISOR'S REPORT CONT'D



I provided to the Owner(s) and Life Insured(s) a statement of disclosure outlining the licences I have and in which jurisdictions, the companies I represent, the fact I receive compensation for the sale of life and health insurance products, including the possibility I may receive additional compensation in the form of bonuses, conference programs or other incentives, and any conflicts, or potential conflicts of interest.

I have provided to the Owner and Life Insured the names of all Advisors who have access to their personal information and to the policy and they are listed in section 11.2.

To the best of my knowledge and belief, the information provided in the application and in this Advisor's Report is current, correct and complete.

I am not aware of any additional information that is material to the underwriting and acceptance of the application that has not been disclosed in the application or Advisors Report.

I have checked for any indication the Owner(s) may be a U.S. Person or tax resident of a country outside of Canada or the U.S., performed a determination of third-party interests as completed in the Advisor's Report and if an in person sale, I have verified the identity of the Owner(s).

I am aware that Empire Life may contact the proposed Owner(s) and/or Life Insured(s) directly.

Advisor certification for "non-face-to-face" completion (if there is no in-person witness in section 9.7): To the best of my knowledge and belief, each Owner and Life Insured, Irrevocable Beneficiary, Assignee and Payor (if applicable) signed this Application as required.

Signature of Advisor	Date				
X	d d - m m m - y y y y				
Signature of training supervisor (where required in Quebec only)	Date				
X	d d - m m m - y y y y				
Signature of servicing Advisor (if different from above). I have reviewed	Date				
the application and Advisor's Report.	d d - m m m - y y y y				

Signature of licensed administrative assistant who completed the application (if applicable)

This must be completed if a licensed administrative assistant completed the application but did not provide any advice.

I, the licensed administrative assistant, confirm that to the best of my knowledge and belief, the information provided in the application is current, correct and complete.

I am not aware of any additional information that is material to the underwriting and acceptance of the application that has not been disclosed in the application or Advisors Report.

Signature of licensed administrative assistant	Date					
X		dd-	mm	m -	У	у у у
First name of licensed administrative assistant	Last name					

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DETACH AND LEAVE WITH THE POLICY OWNER AND LIFE INSURED(S)

12. IMPORTANT CONSUMER INFORMATION

Your personal information and your privacy

Respecting your privacy is important to us at Empire Life. We will maintain your personal information in a confidential file in our offices for the purpose of providing you with Empire Life products and services. Information contained in your file will be used by Empire Life, its reinsurers and their agents and representatives, on a continuing basis, to assess your application; to appraise risk and assess any claim under your policy; to administer your policy and answer your questions; to provide you with information concerning Empire Life products and services; and to help us continually improve service and develop programs for our customers.

We collect your Social Insurance Number (SIN) when it is required for income tax reporting purposes and we will not use it for any other purpose without your consent.

Access to your file is restricted to Empire Life employees, agents, representatives and third party service providers as required to perform their duties. Empire Life may use third party service providers located inside or outside of Canada to process and store your personal information. Personal information that is processed or stored in another jurisdiction may be subject to the laws of that jurisdiction, which may allow disclosure to courts, law enforcement or other government authorities of that jurisdiction under certain circumstances.

You, or a person authorized by you, are entitled to access your file and, when applicable, to have it corrected. You may also ask us not to provide you with information about other Empire Life products and services. To do either of these things, or to ask questions about the collection of your personal information, please write to Empire Life at the address set out below. To access a copy of our most recent privacy policy, please visit our website at www.empire.ca.

Pre-Notice MIB, LLC

Except as required by law, information regarding your insurability will be treated as confidential. Empire Life or its reinsurers may, however, make a brief report thereon to MIB, LLC (MIB), a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB by emailing Canadadisclosure@mib.com or calling 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is:

MIB, LLC 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734

Empire Life or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Notice of Consumer Report or Personal Investigation

As part of its underwriting process, Empire Life may request a consumer report on you or conduct a personal investigation of you in connection with this application for insurance. If a consumer report or personal investigation is required, you will receive a telephone call from an authorized person to obtain your personal and financial information. This information will be used only to assess an application for insurance. The interview will be conducted at a time that is convenient to you. All personal information received by Empire Life will be treated as strictly confidential and will only be used and disclosed for the purposes indicated or as required by applicable privacy laws or with your consent.

You can request access to your personal information collected in the consumer report or personal investigation by writing to:

Chief Privacy Officer
The Empire Life Insurance Company
259 King St East, Kingston ON K7L 3A8

DETACH AND LEAVE WITH THE POLICY OWNER

13. TEMPORARY INSURANCE AGREEMENT (TIA)

For "IN PERSON" sales only. TIA is not available for Empire Life Disability Credit Protect coverage or "non-face-to-face" sales

This Temporary Insurance Agreement ("agreement") is effective only if all terms and conditions stated below and in the application for Temporary Insurance bearing the same application number as this agreement have been met.

The Temporary Insurance Agreement provides a limited amount of insurance for a limited period of time if all its conditions are met. No Advisor has the right to waive or change the terms of this agreement. Any insurance The Empire Life Insurance Company (Empire Life) provides under this agreement will be governed by the standard policy provisions, including definitions and exclusions, that would have been applicable to the insurance if the policy you applied for had been issued and taken effect on the date the application was signed. However, where any provision of this agreement is inconsistent with any provision of the policy, the provisions of this agreement will prevail.

The maximum liability for each proposed Life Insured under this, and all current Temporary Insurance Agreements, will be the lesser of:

- for each coverage, the total amount of the insurance applied for; or
- \$1,000,000 in the aggregate for all coverages, including life insurance, Accidental Death and Dismemberment (AD&D) and critical illness insurance, subject to a maximum liability for critical illness insurance of \$500,000, but excluding Empire Life Disability Credit Protect. If a benefit is paid under this Temporary Insurance Agreement with respect to a Life Insured and the amount of any insurance coverage applied for on that Life Insured is higher than the benefit paid for that coverage, Empire Life will refund the portion of any premium paid for the coverage amounts in excess of the benefit paid.

There will be no coverage for any proposed Life Insured under this agreement if:

- · a proposed Life Insured is over age 65; or
- · a proposed Life Insured is less than 15 days old; or
- · any question on the application for Temporary Insurance has been answered "Yes" or left blank; or
- there is a material misrepresentation or non-disclosure of a material fact in this agreement, or the application of which it is a part; or
- · a proposed Life Insured is diagnosed with cancer under the critical illness definition; or
- · a proposed Life Insured is diagnosed with any other defined critical illness and death occurs from this illness within 30 days of diagnosis; or
- · a cheque for the premium payment submitted with the application and agreement is not honoured on presentation; or
- · any portion of the coverage applied for is a full or partial conversion or to exercise a Guaranteed Insurability option from an existing D-0082-EN-07/22 Empire Life policy; or
- · any portion of the coverage applied for is intended to replace an existing Empire Life coverage or policy.

Limitations

- There will be no coverage for Empire Life Disability Credit Protect under this agreement.
- If the death or any insured critical illness of any proposed Life Insured is caused directly or indirectly by a drug or alcohol-related condition, suicide or by self-inflicted injury or sickness, whether sane or insane, while this agreement is in effect, the liability of Empire Life will only be for the return of the total premiums paid.
- Critical Illness coverage, if any, under this agreement will not apply for cancer, benign brain tumour, multiple sclerosis, Alzheimer's Disease, Parkinson's Disease, major organ transplantation, Waiver of Premium, or any Return of Premium benefits.
- For joint second death policies, this coverage will apply only on the death of the last proposed Life Insured to die.
- For joint first death policies, this coverage will apply only on the death of the first proposed Life Insured to die.

When Temporary Insurance Begins

The Temporary Insurance provided under this agreement will begin on the date the following occur provided they occur simultaneously:

- the application, including the application for Temporary Insurance, with the same application number as this agreement is completed in full and signed; and
- this agreement is given in exchange for payment of an amount equal to at least one monthly premium for the policy applied for (including all coverages, riders and benefits).

When Temporary Insurance Ends

Temporary Insurance under this agreement will end on the earliest of the following dates:

- · the date insurance begins on the policy applied for;
- the date a policy other than that applied for is offered by Empire Life to the Owner;
- · the date Empire Life mails a notice to the Owner terminating Temporary Insurance;
- the date Empire Life mails a notice to the Owner declining to issue the policy applied for and refunding any money paid under this agreement;
- the date the Owner requests withdrawal of the application;
- ninety (90) days from the date insurance under this agreement begins.

Receipt

This Receipt is to be completed only when a valid premium payment is made for a Temporary Insurance Agreement ("agreement") in accordance with the terms and conditions stated in the agreement above and in the application for Temporary Insurance bearing the same application number as the agreement.

Amount of payment received with this application :

Do NOT complete this Receipt if any question in the application for Temporary Insurance bearing the same application number as the agreement has been answered "YES" or left blank.

Payment Conditions

In order for a payment to be valid for any Temporary Insurance Agreement, in addition to the terms and conditions stated in the Temporary Insurance Agreement, the following conditions must be met:

- the amount of payment received must be equal to, or more than, one monthly premium for the policy applied for (including all coverages, riders and benefits);
- the payment acknowledged in this Receipt must be made on or before the date the application and the Application for Temporary Insurance is completed and signed as required by the Owner(s) and each proposed Life Insured;
- any post-dated payment, pre-authorized debit payment or payment made later than the date the application was signed is not valid for any Temporary Insurance; and
- any cheque submitted with this application must be honoured the first time Empire Life presents it for payment.

Registered trademark of The Empire Life Insurance Company. TMTrademark of The Empire Life Insurance Company. Policies are issued by **The Empire Life Insurance Company**.

