

# 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 30®  
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

- The initial premium payment has been submitted with the application (if applicable).
- 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 • 1 800 561-1268



## 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 CONT'D

<b>1.7 Life Insured(s) cont'd</b>  *Only required if the Life Insured is the Owner and applying for Solution 100, EstateMax or Optimax Wealth.  **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.  ***Email address may be used to contact you about this application. Each Owner and Life Insured must provide a different email address. For juvenile Life Insureds, the email address of the parent or legal guardian who signs the application should be provided.	<b>Life Insured 2</b>		
	First name	Middle initial	Last name
	Address (number, street) (If using a PO Box, also provide your physical address)		
	City	Province	Postal code
	Sex at birth <input type="radio"/> Male <input type="radio"/> Female	Date of birth   d   d   -   m   m   m   -   y   y   y   y	SIN*
	Country of birth	Marital status: <input type="radio"/> married <input type="radio"/> single <input type="radio"/> common-law <input type="radio"/> widowed <input type="radio"/> separated <input type="radio"/> divorced	
	<input type="radio"/> smoker** <input type="radio"/> non-smoker	Preferred contact number     -   -	Alternate contact number     -   -
	Contact email address***		
	Name of Employer		
	Occupation		
Please specify if your occupational duties include any of the following: <input type="radio"/> Military/armed forces <input type="radio"/> Aviation <input type="radio"/> Offshore fishing <input type="radio"/> Offshore oil & gas <input type="radio"/> Professional sports/entertainment <input type="radio"/> Professional underwater diver <input type="radio"/> Forestry <input type="radio"/> None of the above			
Details of occupation			
<b>1.8 Residency Status</b>	<b>Life Insured 1</b>		<b>Life Insured 2</b>
	<b>A) What is your residency status?</b>	<input type="radio"/> Canadian citizen	<input type="radio"/> Canadian citizen
		<input type="radio"/> Permanent resident	<input type="radio"/> Permanent resident
		<input type="radio"/> Other _____	<input type="radio"/> Other _____
	How long have you lived in Canada? <input type="radio"/> less than 12 months <input type="radio"/> greater than 12 months	How long have you lived in Canada? <input type="radio"/> less than 12 months <input type="radio"/> greater than 12 months	
<b>B) Are you a Canadian resident for Canadian income tax purposes?</b>	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	

# 1. POLICY INFORMATION CONT'D

## 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.

<input type="radio"/> Life Insured 1 <input type="radio"/> Life Insured 2 <input type="radio"/> Joint – are joint Owners spouses? <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Corporation or other entity – complete form C-0044 <input type="radio"/> Other _____			
Owner 1 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		Province	Postal code
Sex at birth* <input type="radio"/> Male <input type="radio"/> Female	Date of birth   d   d   -   m   m   m   -   y   y   y   y		SIN**
<input type="radio"/> smoker* <input type="radio"/> non-smoker	Preferred contact number       -       -	Alternate contact number       -       -	
Contact email address***			
Relationship to Life Insured			
Name of Employer			
Occupation			
Please specify if your occupational duties include any of the following: <input type="radio"/> Military/armed forces <input type="radio"/> Aviation <input type="radio"/> Forestry <input type="radio"/> Offshore fishing <input type="radio"/> Offshore oil & gas <input type="radio"/> Professional sports/entertainment <input type="radio"/> Professional underwater diver <input type="radio"/> None of the above			
Owner 2 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		Province	Postal code
Sex at birth* <input type="radio"/> Male <input type="radio"/> Female	Date of birth   d   d   -   m   m   m   -   y   y   y   y		SIN**
<input type="radio"/> smoker* <input type="radio"/> non-smoker	Preferred contact number       -       -	Alternate contact number       -       -	
Contact email address***			
Relationship to Life Insured			
Name of Employer			
Occupation			
Please specify if your occupational duties include any of the following: <input type="radio"/> Military/armed forces <input type="radio"/> Aviation <input type="radio"/> Forestry <input type="radio"/> Offshore fishing <input type="radio"/> Offshore oil & gas <input type="radio"/> Professional sports/entertainment <input type="radio"/> Professional underwater diver <input type="radio"/> None of the above			



## 1. POLICY INFORMATION CONT'D

### 1.13 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/common-law 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, International Criminal Court.

1. 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?±±

For questions 1 and 2:

Owner 1  yes  no If yes, provide details: \_\_\_\_\_

Owner 2  yes  no 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  Family Trust  Employment Income  Investments  Real Estate  Inheritance  
 Other: \_\_\_\_\_

## 2. FINANCIAL INFORMATION

### Personal Financial Information

2.1 Financial Information	A) Life Insured 1	A) Life Insured 2
For insurance amounts equal to or greater than \$3,000,001, a Personal Financial Questionnaire must also be completed.  *If "nil" provide family income.	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? <input type="radio"/> yes <input type="radio"/> no	C) Have you declared bankruptcy, personal or business, within the last 5 years? <input type="radio"/> yes <input type="radio"/> no
	If yes, provide date of discharge   d   d   -   m   m   m   -   y   y   y   y	If yes, provide date of discharge   d   d   -   m   m   m   -   y   y   y   y





### 3. ADDITIONAL INFORMATION

Use this section to provide additional details of answers in sections 1 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.**

Beneficiary(ies) for Life Insured I for Benefits payable upon death of the Life Insured (including under any Critical Illness coverage)			
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y   OR <input type="text"/> %	<input type="radio"/> equal shares <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y   OR <input type="text"/> %	<input type="radio"/> equal shares <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y   OR <input type="text"/> %	<input type="radio"/> equal shares <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y   OR <input type="text"/> %	<input type="radio"/> equal shares <input type="radio"/> Revocable <input type="radio"/> Irrevocable

\*Relationship to the Life Insured, except in Quebec, specify relationship to the Owner.

4. BENEFICIARY INFORMATION CONT'D

Beneficiary(ies) for Life Insured 2 for Benefits payable upon death of the Life Insured (including under any Critical Illness coverage)			
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/>   <input type="text"/>   <input type="text"/>   % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/>   <input type="text"/>   <input type="text"/>   % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/>   <input type="text"/>   <input type="text"/>   % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/>   <input type="text"/>   <input type="text"/>   % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
Beneficiary(ies) for Life Insured 1 for Critical Illness Benefits payable while the Life Insured is alive**			
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/>   <input type="text"/>   <input type="text"/>   % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/>   <input type="text"/>   <input type="text"/>   % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
Beneficiary(ies) for Life Insured 2 for Critical Illness Benefits payable while the Life Insured is alive**			
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/>   <input type="text"/>   <input type="text"/>   % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/>   <input type="text"/>   <input type="text"/>   % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
Trustee for minor beneficiary(ies) named above:			
First name	Middle initial	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 base product per Life Insured, per application.

#### Permanent Participating Life Insurance

Only one participating product is allowed per policy.

\*Payable to age 100

\*\*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.

**Select one:**  EstateMax **OR**  Optimax Wealth

Life Insured 1 **OR**  Life Insured 2 **OR**  Joint first death **OR**  Joint last death

Base

\$

8 Pay

10 Pay

20 Pay

Life Pay\*

Enhanced

\$

Total

\$

**Dividend Option - Select one:**

Cash Payment

Paid-up Additions (PUA)\*\*

Cash Accumulation

Annual Premium Reduction (annual premium only)

Enhanced Coverage (Lifetime Guarantee)\*\*

Additional Deposit Option\*\*\* - Amount \$ \_\_\_\_\_

**OPTIONAL** - Initial Deposit to Side Account (non-exempt)

\$ \_\_\_\_\_ (Payment must be made by cheque to Empire Life.)

#### Term and Critical Illness Insurance

Solution ART  Solution 10  Solution 20  
 Solution 25  Solution 30  Solution 100

**Life Insured 1 amount**  
\$

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

**Life Insured 1 amount**  
\$

Solution ART  Solution 10  Solution 20  
 Solution 25  Solution 30  Solution 100

**Life Insured 2 amount**  
\$

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

**Life Insured 2 amount**  
\$

**Joint Coverage –**  Joint first death **OR**  Joint last death

Solution ART  Solution 10  Solution 20  
 Solution 25  Solution 30  Solution 100

\$

### 5.2 Riders

Solution ART  Solution 10  Solution 20  
 Solution 25  Solution 30  Solution 100

**Life Insured 1 amount**  
\$

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

**Life Insured 1 amount**  
\$

Solution ART  Solution 10  Solution 20  
 Solution 25  Solution 30  Solution 100

**Life Insured 2 amount**  
\$

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

**Life Insured 2 amount**  
\$

## 5. PRODUCT SELECTION CONT'D

## Additional Benefits

5.3 Additional Benefits for Life Insured(s)		Life Insured 1	Life Insured 2
<p>*The maximum Waiver of Premium benefit is \$24,000 per year, per Life Insured.</p> <p>**If applying for an Empire Life Disability Credit Protect rider, complete the Empire Life Disability Credit Protect Screening Questionnaire (form INS-2853). <b>Do not submit the questionnaire if the answer to any of the questions is "yes".</b> The Maximum Monthly 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.</p> <p>***If applying for a Children's Life/CI Rider, complete the <b>Children's Life/CI Rider Question Set</b> in section 6.</p>	Waiver of Premium* (Disability Waiver) (maximum issue age 55)	<input type="radio"/> yes	<input type="radio"/> yes
	Empire Life CI Protect Plus Return of Premium on Surrender or Maturity	<input type="radio"/> yes	<input type="radio"/> yes
	Empire Life CI Protect Plus Return of Premium on Death	<input type="radio"/> yes	<input type="radio"/> yes
	Guaranteed Insurability (maximum issue age 40)	\$	\$
	Accidental Death and Dismemberment (maximum issue age 55)	\$	\$
	Empire Life Disability Credit Protect rider** (Available on EstateMax, Optimax Wealth and Solution plans only)	<input type="radio"/> 12-month benefit <input type="radio"/> 24-month benefit Maximum Monthly Benefit: \$ _____	<input type="radio"/> 12-month benefit <input type="radio"/> 24-month benefit Maximum Monthly Benefit: \$ _____
	Children's Life Rider*** (maximum issue age 17)	\$	\$
Children's Critical Illness Rider*** (maximum issue age 17)	\$	\$	
5.4 Additional Benefits for Owner(s)	<b>If the Owner(s) are not Life Insured(s), which additional benefits would you like for the Owner(s)?</b> <b>Note: For Juvenile Life Insured(s), the Owner can select ONLY ONE of the additional benefits below.</b>		
<p>*The maximum Waiver of Premium benefit is \$24,000 per year, per Life Insured.</p>	Waiver of Premium* (Disability Waiver) (maximum issue age 55)	<input type="radio"/> Owner 1	<input type="radio"/> Owner 2
	Payor Death and Disability (Child's Waiver) (maximum issue age 45) (Solution 100, EstateMax and Optimax Wealth only)	<input type="radio"/> Owner 1	<input type="radio"/> Owner 2
<b>The Owner(s) must complete Form D-0060 - Adult-Full Question Set</b>			

If you selected Empire Life Disability Credit Protect rider in section 5.3, please complete the following [Empire Life Disability 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".**



Screening Questions (cont'd)	Life Insured 1	Life Insured 2
<b>Answering "yes" to the Screening Question below means the Life Insured cannot apply for the Empire Life Disability Credit Protect rider. Do not submit this questionnaire to Empire Life if the answer to any Screening Question is "yes".</b>		
6. Are any of the following your current occupation?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<ul style="list-style-type: none"> <li>• Acrobats/aerialists/stunt person</li> <li>• Animal handler or groomer</li> <li>• Athletes (professional)</li> <li>• Auto mechanic</li> <li>• Aviation – other than as a passenger on a regularly scheduled airline</li> <li>• Carnival employee</li> <li>• Construction - includes ALL construction workers involved in the construction and deconstruction, maintenance and repair of residential and commercial buildings, roads etc. See Appendix for further details. <b>Answer "No" if 100% of the time is spent on strictly administrative duties and would not participate in any construction tasks.</b></li> <li>• Divers - Scuba, Sky</li> <li>• Equestrian - jockey, rodeo performers, horse handler, trainers, stable help</li> <li>• Firefighters - includes volunteer</li> <li>• Fishing - offshore</li> <li>• Labourers - includes ALL labourers who work in manual labour jobs such as mineral and metal processing; metal fabrication; chemical products processing and utilities; wood, pulp and paper processing; rubber and plastic products manufacturing; textile processing; food, beverage and associated products processing; fish and seafood processing, and other labourers in processing, manufacturing, warehouse, automotive, railway, roadwork, factory and utilities.</li> <li>• Law enforcement/corrections/security - includes police-undercover, Narcotics, Vice or Bomb squad; Correctional officer. <b>Answer "No" if 100% of the time is spent on strictly administrative duties.</b></li> <li>• Military – <b>Answer "no" if your duties are administrative only within Canada, with no history of any active duty/deployment or any possibility of this in future.</b></li> <li>• Search and Rescue workers - includes Coast Guard; Divers</li> <li>• Racers – all types (car, boats, motorcycle, snowmobile etc.)</li> <li>• Transportation - includes occupations that involve operating a vehicle to transport passengers or commercial goods (including couriers using bicycle, motorcycle or scooter), or those which utilize drivers to operate various types of heavy machinery.</li> </ul>		

<p><b>I declare that the above answers are true and correct.</b>  <b>I acknowledge and agree that:</b>            (i) I am not eligible to apply for Empire Life Disability Credit Protect if the answer to any Screening Question is "yes"; and            (ii) if the answer to all Screening Questions is "no", this questionnaire shall form part of the application for the policy number noted above.</p>		
<b>Signature of Life Insured 1</b> <b>X</b>	<b>Signature of Life Insured 2</b> <b>X</b>	Date   d   d   -   m   m   m   -   y   y   y   y
<b>Signature of Owner</b> (or first authorized signature for a corporate Owner) <b>X</b>		Date   d   d   -   m   m   m   -   y   y   y   y
First name 	Last name 	Title, if signing for a corporation 
<b>Signature of Owner 2</b> (for corporate or joint Owner) <b>X</b>		Date   d   d   -   m   m   m   -   y   y   y   y
First name 	Last name 	Title, if signing for a corporation 
<b>Signature of witness</b> <b>X</b>		Date   d   d   -   m   m   m   -   y   y   y   y

**EXCEPTIONS TABLE for Questions 4 a, b, c & d**

Answer "No" to questions 4 a, b, c and d if client's impairment(s) and condition(s) are as described the table below.

<b>Impairments</b>	<b>Conditions</b>
Actinic Keratosis	Treated and removed with no recurrence
Alopecia	With no underlying disorder
Angioedema	One episode only and compliant with avoidance and prophylaxis
Appendicitis	Surgically treated with Appendectomy, no evidence of tumour or Crohn's, and full recovery and returned 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.





## 7. PREMIUM PAYMENT INFORMATION

<p><b>7.1 Premium Payment Information</b></p> <p><b>*If selected, Temporary Insurance is not available.</b></p> <p>Cheques must be payable to <b>Empire Life.</b></p>	<p><input type="radio"/> Initial premium submitted with this application</p> <p><input type="radio"/> Initial premium will be collected upon delivery of the policy*</p> <p><input type="radio"/> Draw initial premium by pre-authorized debit (PAD)*</p> <p>If applying for EstateMax or Optimax Wealth, PAD amount cannot include payments to the Side Account.</p> <hr/> <p>Who will pay the premiums? <input type="radio"/> Owner <input type="radio"/> Life Insured</p> <p><input type="radio"/> Third Party - please complete Third Party Determination, Section 11.9, if applying for EstateMax or Optimax Wealth.</p> <hr/> <p>How will premiums be paid?</p> <p><input type="radio"/> Monthly Pre-authorized Debit (PAD)* <input type="radio"/> Annual Billing</p> <p>*The monthly PAD amount is equal to the annual premium multiplied by a factor of 0.09.</p>
<p><b>7.2 Pre-Authorized Debit (PAD)</b></p>	<p><b>For monthly PAD, withdraw premiums from:</b></p> <p><input type="radio"/> Account shown on the initial premium cheque</p> <p><input type="radio"/> Account shown on the attached void cheque or pre-authorized transaction form from my financial institution.</p> <p><input type="radio"/> Same account as Empire Life policy number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <hr/> <p>Automatic withdrawal day <input type="text"/> <input type="text"/> (1st to 28th of the month)</p> <p>If no date is indicated, the same day as the issue (effective) date of the policy will be used.</p>
<p><b>7.3 Backdating</b></p>	<p><b>If not specified, the Policy Date will be the date the policy is issued.</b></p> <p><input type="radio"/> Policy to be backdated to save age</p> <p>If backdating, specify date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>Note: The Policy Date can only be backdated a maximum of 6 months on life insurance and 3 months on critical illness insurance.</b></p>

## 8. APPLICATION FOR TEMPORARY INSURANCE ON PROPOSED LIFE INSURED(S)

(NOT available for Empire Life Disability Credit Protect coverage or "non-face-to-face" sales)

Your Advisor and/or representatives of Empire Life are not authorized to modify this agreement in any way.

<p><b>8.1</b></p> <p>Temporary insurance will only be provided if all of these questions are 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.</p> <p>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.</p> <p>Advisors cannot complete the premium receipt in the Temporary Insurance Agreement if any question is answered "YES" or left blank.</p>	<p><b>A) Is any proposed Life Insured over age 65 or less than 15 days old?</b> <input type="radio"/> yes <input type="radio"/> no</p> <p><b>Has any proposed Life Insured:</b></p> <p><b>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?</b> <input type="radio"/> yes <input type="radio"/> no</p> <p><b>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?</b> <input type="radio"/> yes <input type="radio"/> no</p> <p><b>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?</b> <input type="radio"/> yes <input type="radio"/> no</p> <p><b>E) Been advised to have any tests (other than a genetic test), investigations, or surgery not yet done?</b> <input type="radio"/> yes <input type="radio"/> no</p> <p><b>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?</b> <input type="radio"/> yes <input type="radio"/> no</p> <p>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.</p>
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**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](http://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](http://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: 1 800 561-1268 Fax: 1 800 920-5868  
[insurance@empire.ca](mailto: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 of this signed Declaration, Acknowledgement, Agreement and Consent will be as valid as the original.

9.1 Province of residence	This application was completed and signed in the Owner's province of residence. If not, it was signed in the province/territory of:	
9.2 Signatures of Life Insured(s) or parent/legal guardian if minor	By signing below, I confirm that I have read, understood and agree to the statements in the Declaration, Acknowledgement, Agreement and Consent and consent to the use of my personal information as described. If an Owner is also a Life Insured, the Owner signs this section as Owner and as Life Insured, including for Waiver of Premium and/or Payor Death and Disability, if applied for.	
Signature of Life Insured 1 X		Signature of Life Insured 2 X
9.3 Signatures of Owner(s)	By signing below, I confirm that I have read, understood and agree to the statements in the Declaration, Acknowledgement, Agreement and Consent and consent to the use of my personal information as described. Person(s) signing must provide their name(s) and title(s) and proof of authority to bind the corporation or entity.	
If an Owner is a Life Insured and/or a parent or legal guardian for a minor Life Insured and only signs this section, the Owner is also signing as Life Insured and/or on behalf of the minor.	Signature of Owner 1 (or 1st authorized signature for corporate/entity Owner) X	
	First name	Last name
	Title - if signing for corporation/entity	
	<input type="radio"/> Only one signing authority to bind corporation or entity (copy of signing authority required).	
	Signature of Owner 2 (or 2nd authorized signature for corporate/entity Owner) X	
First name		Last name
Title - if signing for corporation/entity		
If the Owner is a corporation or other entity, print its legal name:		
9.4 Irrevocable beneficiary(ies)/ assignee(s)	To be completed if this is an application for conversion. Each undersigned irrevocable beneficiary/assignee hereby consents to the new policy and acknowledge that the benefits under the new policy may be different.	
Signature of irrevocable beneficiary/assignee X		Signature of irrevocable beneficiary/assignee X
9.5 Monthly PAD and corporate accounts	If monthly PAD and using a corporate account or the account of someone who is not the Life Insured or Owner, the owner of the account signs below. By signing below, I confirm I have read, understood and agree to the statements in the PAD Agreement and Banking Authorization.	
Signature X		
Signing authority first name		Last name
9.6 Authorization to disclose personal information to Advisor(s) (and Agency)	<b>I authorize:</b> Empire Life to disclose to the Advisor(s) (and Agency) personal information collected on my application or during the evaluation or underwriting process that may affect the rating or issuance of the policy, including information relating to: <ul style="list-style-type: none"> <li>• Medical testing or laboratory results;</li> <li>• Illness, diseases, medical conditions, medications, use of drugs or alcohol and/or rehabilitation;</li> <li>• Other health related issues;</li> <li>• Civil or criminal court records or other personal or financial facts.</li> </ul>	
<b>OPTIONAL</b>	<b>I understand and agree that:</b> <ul style="list-style-type: none"> <li>• I am authorizing Empire Life to release personal information, as described above, to the Advisor(s) (and Agency).</li> <li>• 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.</li> <li>• Empire Life can choose not to disclose information to the Advisor(s) (and Agency) even though I have signed this authorization.</li> </ul>	
	<b>By signing below, I confirm that I understand and agree to the statements in the sections above and consent to the disclosure of my personal information as described.</b>	
	Signature of Life Insured 1 X	Signature of Owner (if not a Life Insured) X
	Signature of Life Insured 2 X	Signature of Owner (if not a Life Insured) X
	9.7 Signature of witness	All signatures must be witnessed by a person of legal age who is unrelated to the Life Insured(s) or Owner(s) and does not stand to benefit from the insurance applied for.
Signature of witness X		Date
First name of witness		d   d   -   m   m   m   -   y   y   y   y
Last name		

For "in person" sales, the witness should be the Advisor.

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## 10. AUTHORIZATION TO RELEASE INFORMATION

**COMPLETE ONE AUTHORIZATION PER LIFE INSURED OR OWNER.** The Authorization takes effect when it is signed and may be revoked by the person who provided the authorization at any time in writing.

<b>10.1 Authorization to release information</b>	I authorize any individual or public or private organization (including any health care professional or practitioner and any public or private health or social services institution, any insurance company or financial Institution, MIB, LLC, any investigation and credit reporting agencies, my Advisor and his/her Agency, firm or market intermediary, my current or my former employers, and provincial Motor Vehicle Departments (unless otherwise required by provincial authorities)) that has personal information (including financial and medical information but excluding genetic test information) about me and any of my minor children to be insured to disclose this information to The Empire Life Insurance Company, its reinsurers, agents or representatives for the purposes of assessing this application. I understand the above purpose for this authorization and the risks and benefits of consenting to the disclosure of my health information under this authorization.		
	A photocopy or an image of the signed authorization to disclose this information will be as valid as the original. This authorization will be valid until revoked in writing.		
<b>10.2 Signature of Life Insured or parent/legal guardian for a minor</b>	First name of Life Insured or parent/legal guardian if a minor	Middle initial	Last name
	Last name(s) used in medical/legal records, if different		
	<b>Signature of Life Insured or parent/legal guardian</b>		Date
	X		d   d   -   m   m   m   -   y   y   y   y
	<b>Signature of witness</b>		Date
	X		d   d   -   m   m   m   -   y   y   y   y
	First name of witness	Last name	
	First name of minor child to be insured	Middle name	Last name
Signed at (city and province)			

<b>10.1 Authorization to release information</b>	I authorize any individual or public or private organization (including any health care professional or practitioner and any public or private health or social services institution, any insurance company or financial Institution, MIB, LLC, any investigation and credit reporting agencies, my Advisor and his/her Agency, firm or market intermediary, my current or my former employers, and provincial Motor Vehicle Departments (unless otherwise required by provincial authorities)) that has personal information (including financial and medical information but excluding genetic test information) about me and any of my minor children to be insured to disclose this information to The Empire Life Insurance Company, its reinsurers, agents or representatives for the purposes of assessing this application. I understand the above purpose for this authorization and the risks and benefits of consenting to the disclosure of my health information under this authorization.		
	A photocopy or an image of the signed authorization to disclose this information will be as valid as the original. This authorization will be valid until revoked in writing.		
<b>10.2 Signature of Life Insured or parent/legal guardian for a minor</b>	First name of Life Insured or parent/legal guardian if a minor	Middle initial	Last name
	Last name(s) used in medical/legal records, if different		
	<b>Signature of Life Insured or parent/legal guardian</b>		Date
	X		d   d   -   m   m   m   -   y   y   y   y
	<b>Signature of witness</b>		Date
	X		d   d   -   m   m   m   -   y   y   y   y
	First name of witness	Last name	
	First name of minor child to be insured	Middle name	Last name
Signed at (city and province)			



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11. ADVISOR'S REPORT CONT'D

<b>11.5 Relationship to Life Insured</b>		<b>Life Insured 1</b>	<b>Life Insured 2</b>
	How many years have you known the Life Insured(s)?		
	If you are related, state the relationship.		
<b>11.6 Advisor Notes</b>			
<b>11.7 Underwriting Requirements</b>	<p><b>Empire Life will order requirements for each Life Insured as determined by the age and amount chart*±.</b> Please note: Additional requirements may be ordered on any Life Insured at the underwriter's discretion and, for Life Insureds aged 18 to 50 applying for total life insurance coverage of \$500,000 to \$2,000,000, based on random selection or predictive analytics.</p> <p><b>Requirements will be ordered through Dynacare. Alternatively, if you are requesting a medshare please specify the company.</b></p> <p><b>Life Insured 1</b>  <input type="radio"/> Medshare - Company: _____ Requirements available to share: _____</p> <p><b>Life Insured 2</b>  <input type="radio"/> Medshare - Company: _____ Requirements available to share: _____</p> <p><b>If PHI &amp; Vitals is an age and amount requirement and you wish to replace them with a paramedical, please indicate below.</b></p> <p><b>Life Insured 1:</b> <input type="radio"/> Paramedical in lieu of PHI &amp; Vitals      <b>Life Insured 2:</b> <input type="radio"/> Paramedical in lieu of PHI &amp; Vitals</p> <p>For Life Insureds aged 18 to 50 with coverage amounts from \$1,000,001 to \$2,000,000, please indicate if blood profile/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.</p> <p><b>Life Insured 1:</b> <input type="radio"/> Blood Profile/Vitals (For Preferred/Elite risk class consideration)      <b>Life Insured 2:</b> <input type="radio"/> Blood Profile/Vitals (For Preferred/Elite risk class consideration)</p>		
<p>*Requirements will not be ordered for Trial applications (the proposed Life Insured has been previously declined or rated, or is ineligible for temporary insurance for reasons other than the maximum age 65 restriction).</p> <p>±PHI is not available for Children's Life/CI Rider.</p> <p>**Only available for Solution 10, 20, 25 and 30 products on a single coverage &gt;\$1,000,000.</p>			
<b>11.8 Issue Instructions</b>	<input type="radio"/> Issue policy as approved <input type="radio"/> Hold policy to be issued with the following:		
	Policy number	First name of proposed Owner	Last name
<b>11.9 Determination of Third Party Interests</b>	<p><b>In making this application, is the Owner acting on behalf of a third party?</b> <input type="radio"/> yes <input type="radio"/> no</p> <p>First name _____ Last name or legal name or corporation/entity _____</p> <p>Date of birth _____ Address (number, street) _____</p> <p>City _____ Province _____ Postal code _____</p> <p>Name of employer _____</p> <p>Job title(s) _____</p> <p>Occupation _____</p> <p>Type of business _____</p> <p>Relationship to Owner _____</p> <p>Jurisdiction of registration (i.e. country, province, territory) _____ Incorporation number _____</p>		
<p><b>You must answer 'Yes' or 'No' for all plans. If yes, complete entire section.</b></p> <p>For the purposes of this section, a "third party" is a person or entity (other than the Life Insured or Owner) who instructs the Owner to take actions on the policy, or for participating life insurance plans, is paying the premiums.</p>			

11. ADVISOR'S REPORT CONT'D

<b>11.10</b> Signature(s) of licenced Advisor(s)	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>I am aware that Empire Life may contact the proposed Owner(s) and/or Life Insured(s) directly.</p> <p><b>Advisor certification for "non-face-to-face" completion (if there is no in-person witness in section 9.7):</b> 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.</p>	
	<b>Signature of Advisor</b> X	Date <input type="text" value="d"/> <input type="text" value="d"/> - <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="m"/> - <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
	<b>Signature of training supervisor</b> (where required in Quebec only) X	Date <input type="text" value="d"/> <input type="text" value="d"/> - <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="m"/> - <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
	<b>Signature of servicing Advisor</b> (if different from above). I have reviewed the application and Advisor's Report. X	Date <input type="text" value="d"/> <input type="text" value="d"/> - <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="m"/> - <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
<b>11.11</b> Signature of licensed administrative assistant who completed the application (if applicable)	<p><b>This must be completed if a licensed administrative assistant completed the application but did not provide any advice.</b></p> <p>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.</p> <p>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.</p>	
	<b>Signature of licensed administrative assistant</b> X	Date <input type="text" value="d"/> <input type="text" value="d"/> - <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="m"/> - <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
	First name of licensed administrative assistant <input type="text"/>	Last name <input type="text"/>

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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](http://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](mailto: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](http://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 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.