

CONVERSION APPLICATION

THIS APPLICATION IS TO BE USED FOR FULL
OR PARTIAL CONVERSIONS.

Do not use this form:

- To apply for a conversion with a face amount increase, a change or increase in Additional Benefits or a change of risk class (e.g. smoker to non-smoker or standard to preferred), use the Policy Change and/or Reinstatement Application form C-0048.
- For ownership changes—use the Transfer of Ownership and Appointment of Contingent/Successor Owner or Subrogated Policyholder form C-0050.
- For life insurance or critical illness beneficiary changes, use the Beneficiary Designation form D-0017.
- For Children's Life Rider conversions, use the Life and Health Insurance Application form D-0082.

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



CONVERSION GUIDELINES

- For conversions and term exchanges, issue age limits for the new plans must be met.
- Each Conversion Application can be used for one policy and two lives. For conversions involving more than two lives, use a separate Conversion Application and make a note in the "Special Instructions" section.
- Only one participating coverage is allowed per policy.
- For a partial conversion, the minimum amount of insurance requirement must be met for both the existing and converted plan. If the partial conversion changes the rate band for the existing coverage, the cost of insurance will be adjusted to the new amount.
- Policies (other than Trilogy) issued prior to 2017 cannot be converted within the existing policy. A new policy must be issued. Regular policy fees will apply.

Eligible conversion options:

The following current Empire Life products are available as conversion options for inforce life insurance policies with a conversion privilege:

- Solution 100®
- Optimax Wealth® 100, 8 Pay, 10 Pay or 20 Pay*
- EstateMax® 100, 8 Pay, 10 Pay or 20 Pay*

*Participating products are available for face amounts of \$25,000 or greater. Amounts less than \$25,000 can only be converted to Solution 100.

Term Exchange Program**

Exchanges under the Term Exchange Program must occur within 5 years of the original coverage issue date.

Existing Plan Type:	Exchange to:
Solution 10® or Solution ART®	Solution 20®, Solution 25™ or Solution 30® (new policy)
Trilogy 10 YRT	Trilogy 20 YRT (existing policy)

** Program can be modified by Empire Life at any time.

Trilogy®

Existing Plan Type:	Convertible to:
Annual Renewable Term to 85/15 (ART85)	Level COI*
Annual Renewable Term to 100 (ART100)	10YRT, 20YRT, ART85, Level COI or Solution 100**
Ten Year Renewable Term (10YRT)	ART85, Level COI or Solution 100**
10YRT (Term Exchange Program)	20YRT
Twenty Year Renewable Term (20YRT)	ART85, Level COI or Solution 100**

*ART85 can only be converted to Level COI after the 2nd policy anniversary. Commissions are not payable on the Level COI and a 2-year age setback will apply.

**Only plans with Increasing Sum Insured death benefit option can be converted to Solution 100.

Additional Notes:

- Trilogy is convertible to age 85 if converting to a Trilogy plan, or to age 75 if converting to Solution 100.
- Maximizer can only convert to Maximizer.
- Life Plus coverage is not convertible.

Critical Illness

- Vital Link® 10 can be converted to a Vital Link 75 or 100 and Vital Link 75 can be converted to Vital Link 100 with the same contractual definitions. Please contact us for further information and illustrations.
- CI Protect Plus 10 and CI Protect Plus 20 can be converted to CI Protect Plus 75 or CI Protect Plus 100 15-Pay.

For further information, please contact us by phone: 1 800 561-1268 or by email: insurance@empire.ca.

1. POLICY INFORMATION CONT'D

1.4 Politically Exposed Persons and Heads of International Organizations

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 His 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. 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: _____

1.5 Life Insured(s) to be converted

Life Insured 1 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	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	
Preferred contact number		Alternate contact number	
Life Insured 2 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	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	
Preferred contact number		Alternate contact number	

3. PRODUCT SELECTION FOR OPTIMAX WEALTH® OR ESTATEMAX®

3.1	Plan Type	<input type="radio"/> Optimax Wealth <input type="radio"/> EstateMax		
3.2	Person to be Insured	<input type="radio"/> Life Insured 1 <input type="radio"/> Life Insured 2		
	Payable to age 100	Base \$ _____	<input type="radio"/> 8 Pay <input type="radio"/> 10 Pay <input type="radio"/> 20 Pay <input type="radio"/> Life Pay	Enhanced \$ _____
3.3	Dividend Option	<input type="radio"/> Cash Payment <input type="radio"/> Paid-up Additions <input type="radio"/> Enhanced Coverage (Lifetime Guarantee) <input type="radio"/> Cash Accumulation <input type="radio"/> Annual Premium Reduction (annual premium only)		
3.4	Additional Deposit Option	Only available on 10 Pay, 20 Pay or Life Pay options with Paid-up Additions or Enhanced Coverage dividend option. Amount \$ _____		
3.5	Lump Sum Payment to Side Account	Amount of lump sum payment included with this application: (Deposit must be made by cheque – cannot be made by pre-authorized debit payment) \$ _____		

4. PREMIUM PAYMENT INFORMATION

4.1	Premium Payment Information	<input type="radio"/> Initial premium submitted with this application – amount \$ _____ <input type="radio"/> Draw initial premium by pre-authorized debit (PAD) If applying for EstateMax or Optimax Wealth, PAD amount cannot include payments to the Side Account.
	All cheques must be payable to Empire Life .	Who will pay the premiums? <input type="radio"/> Owner <input type="radio"/> Life Insured <input type="radio"/> Third Party - please complete Third Party Determination, Section 6.5, if applying for EstateMax or Optimax Wealth.
		How will the premiums be paid? <input type="radio"/> Monthly Pre-Authorized Debit (PAD) <input type="radio"/> Annual Billing
4.2	Pre-Authorized Debit (PAD)	For monthly PAD withdraw premiums from: <input type="radio"/> Account shown on the initial premium cheque <input type="radio"/> Account shown on the attached void cheque or pre-authorized transaction form from my financial institution. <input type="radio"/> Same account as Empire Life policy number: _____
		Automatic withdrawal date (If date is not indicated, the same day as the issue (effective) date of the policy will be used.): <input type="radio"/> Same draw date as current policy, OR <input type="radio"/> _____ (1st to 28th of the month)
		For Trilogy, you must select a PAD draw date that is the same date or earlier than your monthly anniversary date. (e.g. policy issued on 15th of the month, PAD draw date must be 15th or earlier.)

5. 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 and any supplementary forms submitted as part of this application (collectively the “application”);
- I received satisfactory information concerning the product I am applying for before signing this application, and I understand that my advisor may be paid on a commission basis;
- There are variables (e.g. type and performance of investments, cost of insurance, policy loans, payments and withdrawals, etc.) that can affect my policy’s performance and that 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 (collectively “my answers”) were recorded on the application;
- I have reviewed my answers and confirm them to be full, complete and true to the best of my knowledge and belief, and that my answers may be relied on by Empire Life;
- In the event that any of the answers and statements recorded on the application, including my answers, contain any misrepresentation or non-disclosure of a material fact, Empire Life may void the policy; and
- 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;
- That this application and all of the answers and statements recorded on this application will form part of the policy when issued;
- 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 what I have applied for, Empire Life will make necessary changes to the application in writing before delivering the policy to the Owner for acceptance; and
- I will be deemed to have accepted the policy and any changes to the application 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: 1 800 561-1268 Fax: 1 800 920-5868
insurance@empire.ca

Banking Authorization

I authorize Empire Life to withdraw monthly premium payments, as required and as per my instructions, and I understand that these amounts may be variable and may increase or decrease. I authorize my financial institution to honour any withdrawal (debit) from my account under the PAD agreement as outlined in Section 4.

Personal Information Authorization

I have read and understand the following notice provided to me in the document titled “Important Consumer Information”:

- Your Personal Information and Your Privacy

If I die, I authorize any Owner, contingent Owner, beneficiary or heir, as well as any 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 to the beneficiary entitled to proceeds under the policy.

Service from my 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; and
- To collect from and/or disclose information to the advisor(s) (and agency) regarding my application and policy, as required, to provide me with service and advice in relation to my policy. I understand that I can change the advisor or withdraw this authorization by writing to Empire Life.

A copy of this signed Declaration, Acknowledgement, Agreement and Consent will be as valid as the original.

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

5.1 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:	
5.2 Signatures of Life Insured(s) or parent/legal guardian if minor	Signature of Life Insured 1 X	
	Signature of Life Insured 2 X	
5.3 Signatures of Owner(s) IF NOT LIFE INSUREDS	Signature of Owner X	
	First name	Last name
	Title - if signing for corporation/entity	
	Second authorized signature (for joint or corporate 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:		
5.4 Irrevocable beneficiary(ies) /assignee(s)	The undersigned irrevocable beneficiary(ies)/assignee(s) hereby consent to the policy changes and acknowledge that they may affect the benefits under the policy.	
	Signature of irrevocable beneficiary(ies) (if applicable) X	
	Irrevocable beneficiary first name	Last name
	Signature of assignee(s) (if applicable) X	
Name of assignee		
5.5 New 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
5.6 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 d d - m m m - y y y y
	First name of witness	Last name

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

6. ADVISOR'S REPORT CONT'D

6.5 Determination of Third Party Interests

You must answer 'Yes' or 'No' for all plans. If yes, complete entire section.

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.

In making this application, is the Owner acting on behalf of a third party? yes no

First name		Last name or legal name or corporation/entity	
Date of birth d d - m m m - y y y y		Address (number, street)	
City	Province	Postal code	
Name of employer			
Job title(s)			
Occupation			
Type of business			
Relationship to Owner			
Jurisdiction of registration (i.e. country, province, territory)		Incorporation number	

6.6 Signature of licenced advisor(s)

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 company 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(s) and Life Insured(s) the names of all insurance agents who will have access to their personal information and to the policy and they are listed in section 6.2.

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 material to the acceptance of this application.

I have verified the identity of the Owner(s), 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., and performed a determination of third-party interests as completed in the Advisor's Report.

Advisor certification for "non-face-to-face" completion (if there is no in-person witness in section 5.6):

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

6.7 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 acceptance of this application that has not been disclosed in the application.

Signature of licensed administrative assistant X	Date d d - m m m - y y y y
First name of licensed administrative assistant	Last name

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LEAVE WITH THE POLICY OWNER AND LIFE INSURED

7. 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.

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

Insurance & Investments – Simple. Fast. Easy.[®]
www.empire.ca info@empire.ca



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