# 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
- 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\*

### **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 <sup>®</sup> or Solution ART <sup>®</sup>	Solution 20®, Solution 25™ or Solution 30® (new policy)
Trilogy 10 YRT	Trilogy 20 YRT (existing policy)

<sup>\*\*</sup> Program can be modified by Empire Life at any time.

# Trilogy<sup>®</sup>

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**

<sup>\*</sup>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.

### **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.

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

<sup>\*\*</sup>Only plans with Increasing Sum Insured death benefit option can be converted to Solution 100.

## 1 DOLICY INFORMATION

I. POLICY INFO		
Current policy information	Policy i	number 
Not required if converting	Owne	r I first name SIN*
Verification of Owner(s)  I.2 Verification of Owner(s)		
	Last na	me
	Owne	r 2 first name
	Last na	me
	This s	section is only required for policies with cash values. Not required for term policies.
of Owner(s)		Dual Process*
		The advisor has verified the identity of the Owner(s) using the Dual Process method and recorded the required
does not have a valid		information in the D-0011.  Photo Identification**
dentification, or meeting with		O Passport O Driver's Licence O Other
		Individual's first name as shown on the document
dentity by completing section	Owner I	
of Owner(s)  If meeting with an Owner  In person" and the Owner  Idoes not have a valid  Idoes not for its and owner's  Idoes not have a valid  Idoes not have a valid  Idoes not have a valid  Idoes not have  Idoes not have a valid  Idoes not have  Idoes		Last name
		Document # Expiry date
Verification of Owner(s)  If meeting with an Owner in person" and the Owner does not have a valid government issued photo dentification, or meeting with Owner inon-face-to-face", verify each individual Owner's dentity by completing section I.2 of the D-0011 Verification of Identity of Owner(s)/Determination of Politically Exposed Persons and Third Party Interests.		Jurisdiction and country of issue Date of verification
		Dual Process*
ssued photo identification		The advisor has verified the identity of the Owner(s) using the Dual Process method and recorded the required information in the D-0011.
documents in the presence of the Owner and confirming		Photo Identification**
the name and photo are those of the Owner.		O Passport O Driver's Licence O Other
f a using a citizenship card for	Owner	Individual's first name as shown on the document
verification, it must have an issue date prior to January 2012.	2	Last name
f the Owner is a corporation		
or other entity, complete form C-0044.		Document # Expiry date
OIIII C-00 <del>11</del> .		dd-mmm-yyyy
		Jurisdiction and country of issue   Date of verification   Date of
1 2 International Tax		
Information		Where do you reside for tax purposes? (check all that apply)  ○ Canada ○ U.S. (resident or citizen) – Tax Identification Number (TIN)
(FATCA/CRS)		If you do not have a TIN from the U.S. have you applied for one? Other property of the U.S. have you applied for one?
This section is only required for policies with	Owner	Other – specify country TIN TIN
cash values. Not required for term policies.		I will apply or have applied for a TIN but have not yet received it.
n this section, "You" and		Other as a sife manager.
'Your" refer to the Owner.	-	Other – specify reason
		Where do you reside for tax purposes? (check all that apply)  ○ Canada ○ U.S. (resident or citizen) – Tax Identification Number (TIN)
		If you do not have a TIN from the U.S. have you applied for one? O yes O no
	Owner	
	2	If you do not have a TIN energy the recent
	2	If you do not have a TIN, specify the reason:  I will apply or have applied for a TIN but have not yet received it.
	2	If you do not have a TIN, specify the reason:  I will apply or have applied for a TIN but have not yet received it.  My jurisdiction of tax residence does not issue TINs to its residents.  Other – specify reason

### 1. POLICY INFORMATION CONT'D

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

Life Insured(s) to be converted

- I. Have you, any of your close relatives\* or any other persons closely associated\*\* with you: a) held one of the following positions in the last 5 years in Canada?
  - Governor General, lieutenant-governor or head of federal or provincial government;
  - member of the Senate or House of Commons or member of a provincial legislature;
  - deputy minister of federal or provincial government or equivalent rank;

  - head of a federal or provincial government agency;
  - leader or president of a political party represented in a legislature;
  - mayor of a city, town, village, or rural or metropolitan municipality;
  - president of a corporation wholly owned directly by 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;

For questions I and 2:

- 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?±±

Owner I Oyes Ono If yes, provide details:	
Owner 2 Oyes Ono If yes, provide details:	
3. Specify the source(s) of funds for this specific transaction (i.e ☐ Business Income (e.g. dividends, management bonuses) ☐ Employn ☐ Sale of Assets ☐ Inheritance ☐ Other:	
4. Specify the source(s) of wealth (i.e. sources from which the C	Owner(s) accumulated their wealth):
<ul><li>○ Business Undertakings ○ Family Trust ○ Employment Income</li><li>○ Other:</li></ul>	,
Life Insured I first name	Middle initial
Last name	
Address (number, street) (If using a PO Box, also provide your physical physical provide your physical physi	cal address)
City	Province Postal code
Sex at birth Date of birth	Marital status: O married O single O common-law
○ Male         ○ Female         □ d   d   -   m   m   m   -   y   y   y   y	○ widowed ○ separated ○ divorced
Preferred contact number	Alternate contact number
Life Insured 2 first name	Middle initial
Last name	
Last Halle	
Address (number, street) (If using a PO Box, also provide your physi	cal address)
City	Province Postal code
Sex at birth Date of birth	Marital status: O married O single O common-law
○ Male         ○ Female         □	○ widowed ○ separated ○ divorced
Preferred contact number	Alternate contact number

# 2. CONVERSION DETAILS

2.1	Conversion Details	Life Insured I	Life Insured 2
	Decans	Full conversion     Partial conversion	Full conversion     Partial conversion
Guidelir	the Conversion nes page for	Plan to be converted	Plan to be converted
conve	ion options. erting to x Wealth or	Current face amount \$	Current face amount \$
	lax, complete	Amount to be converted \$	Amount to be converted \$
		<ul><li>Converted coverage to be added to existing policy (if applicable)</li><li>Converted coverage to be issued as a new policy</li></ul>	<ul><li>Converted coverage to be added to existing policy (if applicable)</li><li>Converted coverage to be issued as a new policy</li></ul>
		New Plan (attach illustration)	New Plan (attach illustration)
		○ Solution 20 ○ Solution 25 ○ Solution 30 ○ Solution 100	○ Solution 20 ○ Solution 25 ○ Solution 30 ○ Solution 100
		○ Vital Link 75 ○ Vital Link 100	O Vital Link 75 O Vital Link 100
		○ Empire Life CI Protect Plus 75 ○ Empire Life CI Protect Plus 100 15-Pay	○ Empire Life CI Protect Plus 75 ○ Empire Life CI Protect Plus 100 15-Pay
		Optimax Wealth 8 Pay Optimax Wealth 10 Pay Optimax Wealth 100	Optimax Wealth 8 Pay Optimax Wealth 10 Pay Optimax Wealth 100
		○ EstateMax 8 Pay ○ EstateMax 10 Pay ○ EstateMax 20 Pay ○ EstateMax 100	○ EstateMax 8 Pay ○ EstateMax 10 Pay ○ EstateMax 20 Pay ○ EstateMax 100
		<ul><li>○ Trilogy I0YRT ○ Trilogy 20YRT ○ Trilogy ART85</li><li>○ Trilogy Level COI</li></ul>	<ul><li>○ Trilogy I0YRT ○ Trilogy 20YRT ○ Trilogy ART85</li><li>○ Trilogy Level COI</li></ul>
		Joint coverage:  Joint first-to-die  Joint second death	Joint coverage:  ○ Joint first-to-die ○ Joint second death
		<ul> <li>Balance to be retained (balance must meet plan minimum)</li> <li>Balance to be terminated (balance will be terminated on effective date of conversion)</li> </ul>	<ul> <li>Balance to be retained (balance must meet plan minimum)</li> <li>Balance to be terminated (balance will be terminated on effective date of conversion)</li> </ul>
		For conversions that include waiver of premium: Is the Life Insured currently disabled due to injury or sickness?  Oyes Ono	For conversions that include waiver of premium: Is the Life Insured currently disabled due to injury or sickness?  O yes O no
2.2	Additional Benefits	Life Insured I	Life Insured 2
Subjec	t to our	<ul><li>Do not carry over benefits</li><li>Carry over all benefits* (if applicable)</li><li>Carry over only the following benefits*:</li></ul>	<ul><li>Do not carry over benefits</li><li>Carry over all benefits* (if applicable)</li><li>Carry over only the following benefits*:</li></ul>
usines: *Availa	ible before ce age 56.	<ul> <li>○ Waiver of Premium** (Disability Waiver)</li> <li>○ Payor Death and Disability (Child's waiver)</li> <li>○ Guaranteed Insurability</li> <li>○ Accidental Death and Dismemberment**</li> <li>○ Children's Life Rider</li> <li>○ Children's Critical Illness Rider</li> <li>○ Empire Life CI Protect Plus Return of Premium on Surrender or Maturity**</li> <li>○ Empire Life CI Protect Plus Return of Premium on Death**</li> </ul>	<ul> <li>Waiver of Premium** (Disability Waiver)</li> <li>Payor Death and Disability (Child's waiver)</li> <li>Guaranteed Insurability</li> <li>Accidental Death and Dismemberment**</li> <li>Children's Life Rider</li> <li>Children's Critical Illness Rider</li> <li>Empire Life CI Protect Plus Return of Premium on Surrender or Maturity**</li> <li>Empire Life CI Protect Plus Return of Premium on Death**</li> </ul>
		Vital Link Return of Premium**:  Return of Premium on Surrender (Vital Link 100 only)  Policy Anniversary Return of Premium	Vital Link Return of Premium**:  Return of Premium on Surrender (Vital Link 100 only)  Policy Anniversary Return of Premium

# 3. PRODUCT SELECTION FOR OPTIMAX WEALTH® OR ESTATEMAX®

3.1	Plan Type	Optimax Wealth	○ EstateMax		
3.2	Person to be Insured	○ Life Insured I	○ Life Insured 2		
*Povobl	e to age 100	Base	○ 8 Pay ○ 10 Pay	Enhanced	Total
rayabi	e to age 100	\$	○ 20 Pay ○ Life Pay*	\$	\$
3.3	Dividend Option	Cash Payment	O Paid-up Additions O Enha	anced Coverage (Lifetime Guarante	ee)
		Cash Accumulation	O Annual Premium Reduction (a	annual premium only)	
3.4	Additional	Only available on 10 P	ay, 20 Pay or Life Pay options w	ith Paid-up Additions or Enhanc	ed Coverage dividend option.
	Deposit Option	Amount \$		_	
3.5	Lump Sum		payment included with this a		
	Payment to Side Account	1, ,	by cheque – cannot be made by pr	re-authorized debit payment)	
		\$			
4. P	REMIUM P	AYMENT INF	ORMATION		
4.1	Premium Payment	Initial premium subm	itted with this application – amoun	it \$	
	Information	·	by pre-authorized debit (PAD)		<del></del>
		If applying for Estate	Max or Optimax Wealth, PA	D amount cannot include pay	ments to the Side Account.
	ques must be to <b>Empire Life.</b>	Who will pay the premit	ums? Owner Life Insured		
payable	to Empire Life.	Third Party - please c	complete Third Party Determinatio	n, Section 6.5, if applying for Estate	Max or Optimax Wealth.
		How will the premiums	be paid? O Monthly Pre-Author	ized Debit (PAD) — Annual Billi	ng
4.2	Pre-Authorized	For monthly PAD wit	hdraw premiums from:		
	Debit (PAD)		ne initial premium cheque		
		Account shown on th	ne attached void cheque or pre-aut	chorized transaction form from my	financial institution.

○ Same draw date as current policy, OR ○ (1st to 28th of the month)

date. (e.g. policy issued on 15th of the month, PAD draw date must be 15th or earlier.)

Automatic withdrawal date (If date is not indicated, the same day as the issue (effective) date of the policy will be used.):

For Trilogy, you must select a PAD draw date that is the same date or earlier than your monthly anniversary

O Same account as Empire Life policy number:

### 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: I 800 561-1268 Fax: I 800 920-5868 insurance@empire.ca

### **Banking Authorization**

I authorize Empire Life to withdraw monthly premium payments, as required and as per my instructions, 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 provi of:	ince of	resid	ence.	If no	t, it	was s	signe	ed in	the	prov	ince/	territ	tory	
5.2	Signatures of Life Insured(s) or parent/legal	Signature of Life Insured I														
	guardian if minor	Signature of Life Insured 2														
5.3	Signatures of Owner(s)	Signature of Owner														
	IF NOT LIFE INSUREDS	First name	Last n	ame												
		Title - if signing for corporation/entity														_
		Second authorized signature (for joint or corporate Owner	r)													_
		X			-											_
		First name	Last n	ame												
		Title - if signing for corporation/entity														
		If the Owner is a corporation or other entity, print its legal nam	ne:													
5.4	Irrevocable beneficiary(ies)	The undersigned irrevocable beneficiary(ies)/assignee(s) hereby affect the benefits under the policy.	conse	nt to	the p	olicy	char	nges a	and	ackr	owle	edge	that	they	may	
	/assignee(s)	Signature of irrevocable beneficiary(ies) (if applicable)														
		Irrevocable benefiary first name	Last r	name												-
		Signature of assignee(s) (if applicable)		'			'			'				'		
		Name of assignee														
5.5	New Monthly PAD and Corporate	If monthly PAD and using a corporate account or the account of the account signs below. By signing below, I confirm I have read, us and Banking Authorization.														
	Accounts	Signature X														
		Signing authority first name	Last r	name												
5.6	Signature of witness	All signatures must be witnessed by a person of legal age who is stand to benefit from the insurance applied for.	unrela	ted to	the	Life I	nsur	ed(s)	or	Owi	ner(s	and and	doe	not		
		stand to benefit from the insurance applied for.														
	person" sales, ness should be	Signature of witness				Date		-   1	 m	m l	m	-   \	/   v		V	
	ness should be	Signature of witness	Last na	ame				<u>-   1</u>	m	m l	m   	<u>-                                     </u>	/ <u>  y</u>	у 	у 	_

# 6. ADVISOR'S REPORT

In this report, "you" and "your" refer to the Advisor who solicited the application. The person who solicited the application, the training supervisor (if any) and the servicing Advisor, if different than the person who solicited the application, must sign section 6.6.

If a licensed administrative assistant completed the application without providing any advice, the assistant signs section 6.7.

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

6.I	Disclosure Information	Did you meet with any Owner(s) and Life Insured(s) in person? Oyes ono - if yes, specify who you met with in person?	son:
		Did you complete the application with the Owner/Life Insured(s)? Oyes on o – if yes, where were you located at the tinof completion?	me
		If no, who completed the application with the Owner/Life Insured?	
		Where were they located at the time of completion?	
		Where were you located when you solicited the application?	
		How was the application completed?   In person   Video conferencing/screen-sharing software – specify type:	
6.2	Advisor Information	Errors & Omissions insurance (E&O) must be valid in the province where the application was solicited a signed. A valid licence must be on file at Empire Life Head Office or processing will be delayed until rece	
		Servicing advisor Advisor code Valid E&O on file? Split %	
		Advisor name	
		Advisor hame	
		Advisor name yes ono	
	G 2 / 2 G 2 / 2 G 2 /		
6.3	GA/AGA/MGA / National Account	Name of GA, AGA, MGA or national account information  Contact at GA, AGA, MGA or national account	
	Information	Contact phone number Contact email address	
		Was this sale made through national accounts?  yes	
		Did this sale originate from empirelife.ca?	
		First name of insurance specialist/advisor Last name	
		Advisor code Business phone number	
6.4	Advisor Notes		

# 6. ADVISOR'S REPORT CONT'D

Interests	In making this application, is the Owner acting on behalf of a third party?  yes  ono  First name  Last name or legal name or corporation/entity																								
of Third Party Interests	First name Last name or legal i									name or corporation/entity															
u must answer 'Yes' or	Date of	birth							Add	iress	(num	ber, s	street	)											
o' for all plans. If yes, mplete entire section.	d d	- n	n m	m	- )	/ У	У	У																	
r the purposes of this	City																	Pro	vince	9	Post	tal co	de		
ction, a "third party" is																									
erson or entity (other in the Life Insured or	Name o	of empl	oyer																						
vner) who instructs																									
Owner to take actions	Job title	(s)																							
the policy, or for ticipating life insurance																									
is paying the premiums.	Occupa	tion																							
	Type of	busine	SS																						
	Relatio	ship to	o Ow	vner																					
	Jurisdic	ion of	regis	tratio	n (i.e.	coun	try,	provin	ce, te	errito	ry)						li	าсо	rpora	ation	nun	nber			
	1	าcentiv												ion in	the	form	of b	onu	ses, c	confe	eren	ce pr	Ogra		
	I have pinformated in the pinfor	provide attion and best of the awar- verified or cert best of cable) ure of ure of	ed to not to f my e of the le of tificatif	the Co the pknow any acidential Canadation knowed this risor	confidence control con	r(s) a and and in the C the U and icatio	or pland lithey belia form of the second sec	potent Life In y are I ef, the mation er(s), o and per e-to-1 ef, eac s requ	isted information in the control of	onflict d(s) the in second of the second of	ts of the naction on p to the rany determple and in Q	inter inter n 6.2. rovid e acc y indi irmina etion Life I	est. of all ed in ceptar cation c (if ti	the a control the first the control the co	pplic this Own H-par is no	ation appler(s) in-	nts with is critication may therest person before the tendent	rho urre n. be : s as <b>on</b>	will hent, com a U.S com witn ry, As	orred orred orred orred orred plete ness ssign	acce ct ar son ed in in s	or ta the a section of P	o the omplex reAdvisors	ete. esider sor's 5.6):	nt of a Report
of licensed	Information of the lam not lam	best of a war- rerified outside or cert best of cable) ure of ure of	ed to ond to f my e of the le of the signe f adv	the Co the p know any acidentitic Canadation knowed this visor vicing visor's	continued contin	r(s) a and and in the C the U and in a a and in a a and in a a and in a a a a a a a a a a a a a a a a a a	or pland lithey beliated belia	potent Life In y are I ef, the mation er(s), o and per ef, eac s requ	ial cossured information materials continued in formation materials	onflict d(s) the in second of the second of	cs of the national control on p to the rany determined and in Q ove)	internames n 6.2. rovid de accordinames etion Life I	est. of all ed in ceptar cation c (if t) conly	insur the a nce of n the of f third here dd, Irre	pplic this Own II-par is no	age ation appl er(s) in: bin ble  Da  Da	n is continuous in is continuous may be rest pers Benefit te	rho urre in. be: ss as on ficia	will hent, co	orrection of the second of the	son ed in see a	or ta	the	ete. ete. ssider ssor's y y	nt of a Report
	Information To the I am not I have a country Advisor To the (if applied Signate X) Signate X Signate X This not I have a country Advisor To the (if applied I have a country Advisor To the I have a country To the I have a c	best of a war- rerified outsider cert best of cable) ure of ure of ure of tion and	ed to not to f my e of the le of tification of training f series of adv	the Co the particular known and action known and this visor in ing vicing visor's omple vice.  and any action and action known and this visor in in ing vicing visor's omple vice.  any action any action any action and action action and action action action and action act	confidence control con	flicts, r(s) af and and in the Control and in all in and in a a a saist in a a a saist in a	or print of the pr	potent Life In y are I ef, the mation er(s), ound per ef, eac s required where	ial cosurections information matter from m	onflict d(s) the second of the	the national control of the na	internames on 6.2. rovid de acception indirection la cetion la cet	est. of all ed in ceptar cation c (if ti nsure	insur the a nce of the of f third here d, Irre	pplic this Own disparation is no own when the own when th	age ation appler(s) ty in the ble Da	n is companied in the c	rho urre n. be : s as on ficia	will I ent, co	orreconnections of the control of th	acce ct ar son ed in s ee a	or ta the a section of P	the pmpl six respectively the six respectively to the	ete. ete. essider sor's s.6):  y  not	nt of a Report
of licensed administrative assistant who completed the application	Information To the I am not I have a country Advisor To the (if applied Signate X)  Signate X  Signate Applicate X  This is in provice I, the lift applicate I am not	best of aware of cable)  ure of tion and the any center of the any	ed to ond to find the ed to find to find to find the ed to find th	the Co the p know any acidential Canadation knowed this visor's complexice.  aninistratent, co any acidential cany acidential control cany acidential control cany acidential	confidence of co	flicts, r(s) a read and and in the Cothe U rervise rervise resort	or print of the believes believes believes ant, conformation of the believes and the believ	potent Life In y are I ef, the mation er(s), o and per e-to-I ef, eac s requ where different msed	ial cosured issued information in the comment of the comment of the cosured in th	onflict d(s) the second of the	the national control of the na	internames on 6.2. rovid de acception indirection la cetion la cet	est. of all ed in ceptar cation c (if ti nsure	insur the a nce of the of f third here d, Irre	pplic this Own disparation is no own when the own when th	age ation appler(s) ty in the ble Da	nts with is colored in a second in a secon	rho urre n. be : s as on ficia	will I ent, co	orreconnections of the control of th	acce ct ar son ed in s ee a	or ta the a section of P	the pmpl six respectively the six respectively to the	ete. ete. essider sor's s.6):  y  not	nt of a Report

This page left intentionally blank.

### 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

