

# LIFE AND HEALTH POLICY CHANGE AND/OR REINSTATEMENT APPLICATION

Use this form to make changes to or to apply for reinstatement of Life and Critical Illness policies. Advisors may meet "in person" or "non-face-to-face" with clients when completing this form.

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Policy Number:

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## Do not use this form:

- If you are applying for a new policy – use form D-0082 Life and Health Insurance Application or the Fast & Full Life Application process.
- For ownership changes – use form C-0050 Transfer of Ownership and Appointment of Contingent/Successor Owner or Subrogated Policyholder.
- For beneficiary changes – use form D-0017 Beneficiary Designation Form.
- For a policy split – use the Application for Policy Split.
- For a conversion - use form INS-872 Conversion Application.

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, "Life Insured(s)" means the individual(s) proposed for insurance coverage, "Empire Life", "us" and "we" mean The Empire Life Insurance Company and "Advisor" means the insurance agent that assisted with the completion of this application. "Genetic Test" means a test that analyzes DNA, RNA, or Chromosomes for purposes such as prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis and "Genetic Testing" has a similar meaning.

**Do not provide any information about genetic tests in this application or on other questionnaires or forms.**

Each Policy Change and/or Reinstatement Application can be used for one policy and two lives.

Please do not send the policy contract in with this Policy Change and/or Reinstatement Application.

The Advisor's Report (Section 11) must be completed.

### **Completing this application "non-face-to-face" (NFTF)**

- The Advisor must use video conferencing with the Owner(s), Life Insured(s) and Third Party Payor (if any) while the application is being completed and signed.
- To protect personal information recorded in this application, it must be sent to and from the Owner(s) and Life Insured(s) by secure means, at the Advisor's expense.
- An independent third party of legal age must sign Section 9.7 as the witness to all signature(s). The independent third party must be present "in person" when this application is signed.

Temporary Exception\*: If an independent third party is not available, no "in person" witness is required to sign Section 9.7. However, the Advisor must see all parties sign the application via video conferencing, complete Section 11.3 of the Advisor's Report and certify in Section 11.7 that to the best of the Advisor's knowledge and belief, each Owner, Life Insured, Irrevocable Beneficiary/Assignee and Third Party Payor (if any) signed this application, as required.

\*temporary change due to COVID-19 pandemic

## TYPE OF CHANGE (SELECT ALL THAT APPLY)

The following chart outlines the requirements necessary to complete all policy change and reinstatement requests:

Change type	Sections to be completed	Premium required	Additional requirements
<b>Reinstatement</b> • more than 90 days past due for Life coverage • more than 30 days past due for policies that include Critical Illness coverage	1, 2.1, (4 if applicable), 6, the applicable question set in section 8*, 9, 10 and 11	<ul style="list-style-type: none"> <li>All outstanding premiums, (including current month)</li> <li>Annual premium required for third reinstatement within a two-year period</li> </ul>	Additional requirements as determined by the Underwriter
<b>Change to non-smoker rates</b> If policy is based on Single Equivalent Age, we require information for both Life Insureds.	1, 2.2, the applicable question set in section 8*, 9, 10 and 11	none	<ul style="list-style-type: none"> <li>Urine specimen may be required – refer to the Underwriting Requirements guide. Where a UHIV or Blood Profile is indicated, Empire Life will order only a UHIV for a non-smoker change.</li> <li>Additional requirements as determined by the Underwriter</li> </ul>
<b>Life Insured is now insurance age 18, change to non-smoker rates</b> If this is the only change to the policy, please complete the Deferred Non-Smoker Rate Change Request form. This form can be found on empire.ca or this change can be done online through the Advisor Portal.	1, 2.2, 9 and 11	none	none
<b>Exercise Guaranteed Insurability (GI) Option</b>	1, 2.4, 9 and 11	Premium for new coverage plus any outstanding premiums	Illustration
<b>Add Life Insured or additional coverage</b> <b>Note:</b> All medical questions must be completed.	1, 2.5, 6, the applicable question set in section 8*, 9, 10 and 11	Premium for new coverage plus any outstanding premiums	<ul style="list-style-type: none"> <li>Illustration</li> <li>Additional requirements as determined by the Underwriter</li> <li>D-0017 to appoint a beneficiary for the new Life Insured</li> <li>D-0011 if adding Solution 100 coverage to a term policy.</li> </ul>
<b>Decrease existing coverage</b>	1, 2.7, (4.3 and 4.4 if changing Planned Premium or Waiver of Planned Premium), 9 and 11	none	none
<b>Delete benefits or riders</b>	1, 2.8, 9 and 11	none	none
<b>Add benefits or riders</b> <b>Note:</b> If adding Children's Life/CI Rider complete the applicable question set for the Life Insured who is applying for the rider, in addition to the Children's Life/Children's Critical Illness Rider Question Set. <b>Children's Life/CI Rider and Guaranteed Insurability are not available on policies issued prior to January 1, 2017</b> If adding an Additional Deposit Option rider and this is the only change to the policy, please complete the Application for Change, Addition or Reinstatement of Additional Deposit Option (ADO) form (INS-2741).	1, 2.6 and/or 2.9, the applicable question set in section 8*, 9, 10 and 11	Premium for new coverage plus any outstanding premiums	<ul style="list-style-type: none"> <li>Illustration</li> <li>Additional requirements as determined by the Underwriter</li> </ul>
<b>Review policy rating</b> If the policy is based on Single Equivalent Age, we require information for both Life Insureds	1, 2.3, the applicable question set in section 8*, 9, 10 and 11	none	Additional requirements as determined by the Underwriter
<b>Change Dividend Option</b> <b>Note:</b> Paid-up Addition dividend option is not available for EstateMax/Optimax Wealth 8 Pay coverage, on a Life Insured who has been rated substandard by Empire Life.	1, 2.10, the applicable question set in section 8*, 9, 10 and 11	none	<ul style="list-style-type: none"> <li>Refer to the policy contract for a description of the Dividend Options.</li> <li>Additional requirements as determined by the Underwriter</li> </ul>
<b>Change to reduced paid-up policy</b>	1, 2.12, 9 and 11	none	none
<b>Change Trilogy Universal Life Policy Options</b>	1, 4, (6 and 8 if changing death benefit option from level to increasing sum insured) 9, 10 and 11	none	Additional requirements as determined by the Underwriter

\*Refer to Section 8, page 7 for a description of which question set should be used based on the policy change being requested.



## 1. POLICY INFORMATION CONT'D

<b>1.3 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"/> Other _____	<input type="radio"/> Permanent resident <input type="radio"/> Other _____
	<b>How long have you lived in Canada?</b> <input type="radio"/> less than 12 months <input type="radio"/> greater than 12 months	<b>How long have you lived in Canada?</b> <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	

## 2. POLICY CHANGE DETAILS

Complete applicable sections only. See chart on page i for requirements.

Making changes to the policy will not affect the beneficiary designation. To change the beneficiary(ies), use form D-0017.

### IMPORTANT NOTE FOR POLICIES WITH A POLICY DATE PRIOR TO JANUARY 1, 2017:

**Adding additional coverage or a Life Insured may cause the policy to lose its original tax status.**

<b>2.1 Reinstatement</b>	<input type="radio"/> <b>Reinstate Policy</b> The reinstatement effective date will be the later of the underwriting approval date (when required) and the date we receive all overdue premiums and other indebtedness. Existing banking information will be used for the monthly pre-authorized debits for the premium payments once the policy is reinstated. To change banking information, use form C-0170 – Pre-authorized Debit (PAD) Authorization Form.			
<b>2.2 Change in Smoking Status</b>	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.			
	<input type="radio"/> <b>Change from smoker to non-smoker</b>	<input type="radio"/> <b>Life Insured 1</b>	<input type="radio"/> <b>Life Insured 2</b>	
	Date you last used any tobacco or nicotine products	Date:   m   m   m   -   y   y	Date:   m   m   m   -   y   y	
	<input type="radio"/> Life Insured is now insurance age 18, change to non-smoker rates.	<input type="radio"/> <b>Life Insured 1</b>	<input type="radio"/> <b>Life Insured 2</b>	
<b>2.3 Review Policy Rating</b>	<input type="radio"/> <b>Life Insured 1</b> <input type="radio"/> <b>Life Insured 2</b>			
<b>2.4 Exercise GI Option</b>	Coverage type	Amount	<b>Life Insured 1</b>	<b>Life Insured 2</b>
		\$	<input type="radio"/>	<input type="radio"/>
		\$	<input type="radio"/>	<input type="radio"/>
<b>2.5 Add Life Insured or Additional Coverage</b>	<input type="radio"/> <b>Add Life Insured</b> <input type="radio"/> <b>Add additional coverage</b>			
	Coverage type	Current amount	<b>Increase to</b>	<b>Life Insured 1</b> <b>Life Insured 2</b>
		\$	\$	<input type="radio"/> <input type="radio"/>
		\$	\$	<input type="radio"/> <input type="radio"/>
		\$	\$	<input type="radio"/> <input type="radio"/>
	\$	\$	<input type="radio"/> <input type="radio"/>	
<b>2.6 Add Additional Deposit Option</b>	<b>Only available on EstateMax or Optimax Wealth 10 Pay, 20 Pay or Life Pay with Paid-up Additions or Enhanced Coverage dividend option (provided the Policy Date is October 1, 2019 or later).</b> Amount \$ _____			
<b>2.7 Decrease Existing Coverage</b>	Coverage type	Current Amount	<b>Decrease to</b>	
		\$	\$	<input type="radio"/> <input type="radio"/>
		\$	\$	<input type="radio"/> <input type="radio"/>
		\$	\$	<input type="radio"/> <input type="radio"/>
<b>2.8 Delete Coverage or Benefit/Rider</b>	Coverage type or Benefit	Coverage/Benefit amount to be deleted		
		\$		<input type="radio"/> <input type="radio"/>
		\$		<input type="radio"/> <input type="radio"/>
		\$		<input type="radio"/> <input type="radio"/>





## 6. FINANCIAL INFORMATION

### Personal Financial Information

<b>6.1 Purpose of Insurance</b>	<input type="radio"/> Personal needs (such as income replacement, estate preservation, mortgage loan, final expenses, children's coverage, etc.) <input type="radio"/> Personal loan (other than mortgage on primary residence) <input type="radio"/> Key person <input type="radio"/> Business loan collateral <input type="radio"/> Buy-sell agreement <input type="radio"/> Other _____							
<b>6.2 Financial Information</b>  For insurance amounts equal to or greater than \$3,000,001, a Personal Financial Questionnaire must also be completed.  *If "nil" provide family income.	<b>A) Life Insured 1</b>				<b>A) Life Insured 2</b>			
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>B) Approximate net worth (assets minus liabilities)</b> \$				<b>B) Approximate net worth (assets minus liabilities)</b> \$				
<b>C) Have you declared bankruptcy, personal or business, within the last 5 years?</b> <input type="radio"/> yes <input type="radio"/> no				<b>C) Have you declared bankruptcy, personal or business, within the last 5 years?</b> <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				
<b>6.3 Insurance In Force</b>  If a coverage being applied for is intended to replace an existing insurance coverage, or a coverage that has been terminated in the last 6 months, complete a provincial replacement form.	<b>Life Insured 1</b>				<b>Life Insured 2</b>			
List all in force individual life ( <b>Life</b> ), critical illness ( <b>CI</b> ), accidental death and dismemberment ( <b>AD&amp;D</b> ), or disability insurance ( <b>DI</b> )				List all in force individual life ( <b>Life</b> ), critical illness ( <b>CI</b> ), accidental death and dismemberment ( <b>AD&amp;D</b> ), or disability insurance ( <b>DI</b> )				
<input type="radio"/> No coverage in force				<input type="radio"/> No coverage in force				
<b>Coverage Type</b>	<b>Amount</b>	<b>Personal or Business</b>	<b>Replacing?</b>	<b>Coverage Type</b>	<b>Amount</b>	<b>Personal or Business</b>	<b>Replacing?</b>	
<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI	\$	<input type="radio"/> Personal <input type="radio"/> Business	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI	\$	<input type="radio"/> Personal <input type="radio"/> Business	<input type="radio"/> yes <input type="radio"/> no	
<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI	\$	<input type="radio"/> Personal <input type="radio"/> Business	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI	\$	<input type="radio"/> Personal <input type="radio"/> Business	<input type="radio"/> yes <input type="radio"/> no	
<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI	\$	<input type="radio"/> Personal <input type="radio"/> Business	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI	\$	<input type="radio"/> Personal <input type="radio"/> Business	<input type="radio"/> yes <input type="radio"/> no	
<b>6.4 Insurance Pending</b>  If a coverage being applied for is intended to replace an existing insurance coverage, or a coverage that has been terminated in the last 6 months, complete a provincial replacement form.	List all pending individual life ( <b>Life</b> ), critical illness ( <b>CI</b> ), accidental death and dismemberment ( <b>AD&amp;D</b> ), or disability insurance ( <b>DI</b> )				List all pending individual life ( <b>Life</b> ), critical illness ( <b>CI</b> ), accidental death and dismemberment ( <b>AD&amp;D</b> ), or disability insurance ( <b>DI</b> )			
<input type="radio"/> No coverage pending				<input type="radio"/> No coverage pending				
<b>Coverage Type</b>	<b>Amount</b>	<b>Personal or Business</b>	<b>Company</b>	<b>Coverage Type</b>	<b>Amount</b>	<b>Personal or Business</b>	<b>Company</b>	
<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI	\$	<input type="radio"/> Personal <input type="radio"/> Business		<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI	\$	<input type="radio"/> Personal <input type="radio"/> Business		
<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI	\$	<input type="radio"/> Personal <input type="radio"/> Business		<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI	\$	<input type="radio"/> Personal <input type="radio"/> Business		
<b>Total amount of coverage you intend to place with all companies:</b>				<b>Total amount of coverage you intend to place with all companies:</b>				
<b>Life</b>	<b>CI</b>	<b>DI</b>	<b>AD&amp;D</b>	<b>Life</b>	<b>CI</b>	<b>DI</b>	<b>AD&amp;D</b>	
\$	\$	\$	\$	\$	\$	\$	\$	



## 6. FINANCIAL INFORMATION CONT'D

### Business Financial Information

Complete all questions if insurance is for business purposes or if a business is the Owner or beneficiary.

<b>6.5</b>	<b>Type of corporation or other entity</b>	<input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Sole proprietorship <input type="radio"/> Other													
	Nature of business	<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"/>								Year business established				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>6.6</b>	<b>Value of corporation or other entity</b>	Assets \$				Liabilities \$				% of shares held by the Life Insured:					
		Net worth \$				Business fair market value \$								<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Gross annual revenue \$				Net annual after tax income \$									
		Do any other executives or partners in the corporation/entity have life or critical illness insurance related to the corporation/entity? <input type="radio"/> yes <input type="radio"/> no — if yes, provide details below. If no, provide reason why: _____													
Name								Name							
<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"/> <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"/>							
Title				% of ownership				Title				% of ownership			
<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"/> <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"/> <input type="text"/> <input type="text"/>			
Life Insurance in force \$				Life Insurance pending \$				Life Insurance in force \$				Life Insurance pending \$			
<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"/> <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"/> <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"/>			
Critical Illness in force \$				Critical Illness pending \$				Critical Illness in force \$				Critical Illness pending \$			
<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"/> <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"/> <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"/>			
<b>6.7</b>	<b>Bankruptcy</b>	Has the corporation/other entity ever declared bankruptcy? <input type="radio"/> yes <input type="radio"/> no													
		If yes, date of discharge:													
<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"/> <input type="text"/> <input type="text"/> <input type="text"/>															

For insurance amounts equal to or greater than \$3,000,001, a Business Financial Questionnaire must also be completed.



## 8.1 ADULT–FULL QUESTION SET cont'd

Health Information (cont'd)	Life Insured 1	Life Insured 2
<p>If you answer “yes” to any of the following questions, please provide details in the Additional Details section, on page 9. Please include date(s) of event(s), duration, treatment, diagnosis, if resolved or continuing, date(s) and result(s) of any testing (excluding genetic testing) and the names and address of all medical Advisors and facilities.</p>		
<p><b>3. Have you ever had, been told you had, or received treatment or advice for:</b></p>		
a) Heart attack, heart surgery, heart murmur, heart valve disorder, cardiomyopathy, irregular heart rhythm, a pacemaker, chest pain, shortness of breath or any other disease or disorder of the heart?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
b) Aneurysm, stroke, transient ischemic attack (TIA), Alzheimer’s disease, dementia, cognitive impairment, memory loss, tremor, Parkinson’s disease, Huntington disease, seizures, convulsions, cerebral palsy, head injury, hydrocephalus, loss of consciousness, loss of speech, loss of hearing, or loss of vision?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
c) Cancer, tumour, polyp, cyst, growth, malignancy, dysplastic nevus syndrome or a mole that changed in appearance, colour or size?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
d) Depression, anxiety disorder, post-traumatic stress disorder, bipolar disease, psychosis, eating disorder, been hospitalized for these or any other psychological/nervous disorders, and/or have you ever contemplated or attempted suicide?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
e) Diabetes, high blood sugar, sugar in the urine, or any disorder of the endocrine or thyroid glands?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
f) Blood clot, circulation disorder, peripheral vascular disease, high blood pressure, high cholesterol, swollen ankles or legs, anemia, hemophilia or any blood disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
g) Multiple sclerosis, amyotrophic lateral sclerosis (ALS), muscle weakness, tingling or numbness of the extremities, or any motor neuron disease?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
h) Sleep apnea, emphysema, tuberculosis, asthma, chronic bronchitis, or any other lung disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
i) Hepatitis, hepatitis carrier, cirrhosis, pancreatitis, or any disorder of the liver, bladder, kidney, pancreas or gall bladder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
j) Arthritis, rheumatoid arthritis, osteoarthritis, Lupus, muscular dystrophy, paralysis, or any other disease or disorder of the joints, muscles, or connective tissue (not including injuries)?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
k) Acquired Immunodeficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<p><b>4. In the past 5 years, have you had, been told you had, or received treatment or advice for:</b></p>		
a) An abnormal mammogram or breast imaging test, abnormal Pap test, abnormal PSA test, or any prostate disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
b) Ulcer, ulcerative colitis, Crohn’s disease, diverticulitis, intestinal or rectal bleeding, jaundice, or any disorder of the stomach, bowel or digestive system?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
c) Chronic pain, chronic fatigue, fibromyalgia, or any injury of the back, spine, neck or musculoskeletal system?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<p><b>5. In the past 5 years, excluding genetic tests, have you:</b></p>		
a) had surgery, been admitted to a hospital (other than for childbirth), been referred to a physician or other health care provider, or had any clinical test for which the results are not yet known?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
b) been advised to have any diagnostic test or receive treatment or surgery that has not yet been completed, or had any symptoms for which you have not yet consulted a health care provider?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<p><b>6. a) What best describes your tobacco and nicotine history?</b>  <b>Note:</b> nicotine and tobacco includes use of cigarette, e-cigarette, cigarillo, small cigar, large cigar, pipe, chewing tobacco, nicotine patch or gum, betel nut, any other tobacco or nicotine products?</p>	<p>Last used :</p> <input type="radio"/> in past 12 months <input type="radio"/> 12-24 months ago <input type="radio"/> 2-15 yrs ago <input type="radio"/> more than 15 yrs ago <input type="radio"/> no past usage	<p>Last used :</p> <input type="radio"/> in past 12 months <input type="radio"/> 12-24 months ago <input type="radio"/> 2-15 yrs ago <input type="radio"/> more than 15 yrs ago <input type="radio"/> no past usage
b) If used within the last 12 months please specify product and frequency/amount of usage:		

## 8.1 ADULT–FULL QUESTION SET cont'd

Health Information (cont'd)	Life Insured 1	Life Insured 2		
<b>7. Alcohol and drug use</b>				
a) How many drinks of alcohol do you consume per week? <b>Note:</b> 1 drink of alcohol is considered to be 1 glass of wine, 1 bottle/can of beer or 1.5 oz of hard liquor.	<input type="radio"/> less than 1 <input type="radio"/> 1-14 <input type="radio"/> 15-21 <input type="radio"/> 22-28 <input type="radio"/> 29-35 <input type="radio"/> more than 35 <input type="radio"/> None	<input type="radio"/> less than 1 <input type="radio"/> 1-14 <input type="radio"/> 15-21 <input type="radio"/> 22-28 <input type="radio"/> 29-35 <input type="radio"/> more than 35 <input type="radio"/> None		
b) In the past 10 years have you used marijuana, cocaine, heroin, unprescribed opiates, ecstasy, amphetamines, or any other drug not prescribed to you, other than over the counter medication? <b>Note:</b> If yes, provide frequency of use (number of times per day/week/month).	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		
c) In the past 10 years have you been prescribed marijuana by a health care provider? <b>Note:</b> If yes, provide frequency of use (number of times per day/week/month).	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		
d) Have you ever had, sought, or been advised to seek treatment or counselling for alcohol or drug use and/or have you been admitted to any facility because of alcohol or drug use?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		
Family History Information	Life Insured 1	Life Insured 2		
<b>8.</b> Have any of your biological mother, father, sister(s) or brother(s) been diagnosed before their 65th birthday with cancer, tumour, leukemia, lymphoma, Hodgkin's disease, heart disease, heart attack, coronary artery disease, stroke, cardiomyopathy, diabetes, polycystic kidney disease, Alzheimer's disease, dementia, Huntington's disease, Parkinson's disease, multiple sclerosis, motor neuron disease or Amyotrophic Lateral Sclerosis (ALS/Lou Gehrig's disease)? <b>If you answer "yes" to this question, provide details below, but do not provide any genetic test information.</b>	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> unknown	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> unknown		
<b>Related to:</b> <input type="radio"/> Life Insured 1 <input type="radio"/> Life Insured 2				
Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
_____	_____	_____	_____	_____
<b>Related to:</b> <input type="radio"/> Life Insured 1 <input type="radio"/> Life Insured 2				
Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
_____	_____	_____	_____	_____
<b>Related to:</b> <input type="radio"/> Life Insured 1 <input type="radio"/> Life Insured 2				
Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
_____	_____	_____	_____	_____
Personal Information	Life Insured 1	Life Insured 2		
<b>9.</b> In the past 10 years, have you been charged with driving a vehicle while impaired, or with reckless or careless driving, or have you had your driver's license suspended?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		
<b>10. In the past 3 years, have you:</b>				
a) had more than 1 moving violations while driving a motor vehicle?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		
b) flown as a private pilot, student pilot or crew member, or do you have plans to do so?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		
c) participated in SCUBA diving, sky diving, hang gliding, motor vehicle racing, mountain climbing, heli-skiing, back country skiing, extreme sports, or do you have plans to engage in these or any other hazardous activities?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		
<b>11. a)</b> Do you intend to travel outside of Canada or the United States in the next 12 months?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		
b) Do you have any plans to change your country of residency in the next 12 months?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		
<b>12.</b> Other than previously mentioned, have you ever been charged with any criminal offense, or are there any charges pending?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		
<b>13.</b> In the past 5 years, have you been off work for more than 2 weeks due to a medical condition or injury and/or have you applied for or received disability benefits?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no		



## 8.2 ADULT–SHORT QUESTION SET

Use this question set **ONLY** if the original application was completed using the Adult-Short Question Set. Please do **NOT** use this question set:

- If this question set was not used on the original application
- If the Life Insured is now insurance age 46 or older
- If applying for Empire Life CI Protect Plus; or
- If adding or increasing coverage results in a total life insurance amount greater than \$300,000 for the Life Insured

Name and address of the personal physician/nurse practitioner for Life Insured 1
Name and address of the personal physician/nurse practitioner for Life Insured 2

Health Information	Life Insured 1	Life Insured 2
1. I understand I must answer all questions truthfully.	<input type="radio"/> yes	<input type="radio"/> yes
2. What is your height? What is your weight?	_____ <input type="radio"/> cm <input type="radio"/> ft/in _____ <input type="radio"/> kg <input type="radio"/> lb	_____ <input type="radio"/> cm <input type="radio"/> ft/in _____ <input type="radio"/> kg <input type="radio"/> lb
<b>If you answer “yes” to any questions asked in questions 3 to 11, please provide details in the Additional Details section, on page 11. Please include date(s) of event(s), duration, treatment, diagnosis, if resolved or continuing, date(s) and result(s) of any testing (excluding genetic testing) and the names and address of all medical Advisors and facilities.</b>		
<b>3. Have you ever had, or been told that you had:</b>		
a) a heart attack, heart surgery, arrhythmia, coronary artery surgery, stroke, TIA (transient ischemic attack), cardiomyopathy or any other disease or disorder of the heart?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
b) cancer, tumour, or any growth or malignancy (other than basal cell carcinoma)?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
c) lung or respiratory disease?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
d) diabetes?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
e) liver, kidney, bladder, bowel or digestive system disease?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
f) bi-polar disease, psychosis, eating disorder, or been hospitalized for any psychiatric illness?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
g) arthritis, lupus, muscular dystrophy, multiple sclerosis, or amyotrophic lateral sclerosis (ALS)?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
h) Acquired Immunodeficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
i) been charged with a criminal offense?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<b>4. In the past 5 years, have you:</b>		
a) been admitted to any hospital or rehabilitation center for more than 2 consecutive days (other than for childbirth)?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
b) used marijuana, cocaine, heroin, unprescribed opiates, ecstasy, amphetamines, or any other drug not prescribed to you, other than over the counter medication? <b>Note:</b> If yes, provide frequency of use (number of times per day/week/month).	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
c) used marijuana prescribed by a health care provider? <b>Note:</b> If yes, provide frequency of use (number of times per day/week/month).	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<b>5. In the past 2 years, have you:</b>		
a) had an abnormal mammogram or breast imaging test?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
b) had an abnormal PSA test?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
c) had depression for which you were prescribed medication?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
d) had chronic pain, chronic fatigue, fibromyalgia, paralysis, or an injury of the back, spine or neck?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
e) had your driver’s license suspended?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
f) been charged with driving while impaired?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
g) had more than 3 moving violations while driving?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no



## 8.3 JUVENILE QUESTION SET

Use this question set for juvenile Life Insureds (insurance age 0-17).

For a Children's Life/CI Rider, complete section 8.4.

Name and address of the personal physician/nurse practitioner for juvenile 1		
Name and address of the personal physician/nurse practitioner for juvenile 2		
Health Information	Juvenile 1	Juvenile 2
1. I understand I must answer all questions truthfully.	<input type="radio"/> yes	<input type="radio"/> yes
<b>If the child to be insured is between age 0 and 2, please answer question 2, otherwise proceed to question 3.</b>		
2. Was the child born prematurely (at less than 37 weeks gestation)? If yes, provide birth weight.	<input type="radio"/> yes <input type="radio"/> no _____ <input type="radio"/> kg <input type="radio"/> lb	<input type="radio"/> yes <input type="radio"/> no _____ <input type="radio"/> kg <input type="radio"/> lb
<b>If the proposed insured is between age 2 and 17, please answer question 3.</b>		
3. What is the proposed insured's height? What is the proposed insured's weight?	_____ <input type="radio"/> cm <input type="radio"/> ft/in _____ <input type="radio"/> kg <input type="radio"/> lb	_____ <input type="radio"/> cm <input type="radio"/> ft/in _____ <input type="radio"/> kg <input type="radio"/> lb
<b>If you answer "yes" to any questions asked in questions 4 to 6, please provide details in the Additional Details section, on page 14. Please include date(s) of event(s), duration, treatment, diagnosis, if resolved or continuing, date(s) and result(s) of any testing (excluding genetic testing) and the names and address of all medical Advisors and facilities.</b>		
4. Has the proposed insured ever been treated for or had any indication of:	Juvenile 1	Juvenile 2
a) heart murmur or any disease or disorder of the heart or blood vessels?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
b) cancer, tumour, sarcoma, leukemia, or any growth or malignancy?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
c) diabetes, or any endocrine disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
d) hemophilia, bleeding disorder or any blood disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
e) Crohn's disease, ulcerative colitis, hepatitis or any disease or disorder of the bowel, stomach or liver?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
f) asthma, cystic fibrosis, or any respiratory disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
g) depression, anxiety, attention deficit hyperactivity disorder (ADHD/ADD), or any psychiatric, emotional or nervous disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
h) disease or disorder of the kidney or urinary tract?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
i) muscular dystrophy, multiple sclerosis, paralysis, or any neurological disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
j) down syndrome, physical or mental developmental delay, autism, Asperger's disorder, cerebral palsy, or any congenital disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
k) epilepsy, seizure, or any disease or disorder of the brain?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
l) blindness or deafness?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
m) Acquired Immunodeficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
5. Has the proposed insured been admitted to hospital (other than for birth), or had surgery (other than for tonsillectomy, appendectomy, hernia repair or tubes in the ears)?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no











## 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 and any supplementary forms submitted as part of this application (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 the 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 (or about the minor Life Insured) (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, as of the date I signed this application, and my answers may be relied on by Empire Life;
- If any of my answers change between the date of this application and the effective date of the reinstatement or policy change, I have a duty to and will disclose those changes to 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 contract or coverage;
- The Owner is responsible for paying premiums. Cheques must be payable to Empire Life;
- If I have selected the Equity Dividend Option for my participating policy, I acknowledge receipt of the Information Folder for the Equity Dividend Option.

### Agreement

#### I understand and agree that:

- I will notify Empire Life if there is a change in my tax residency status;
- Empire Life may change my policy indicated in Section 1.1 as requested in this application and when I take delivery of the changed policy or any document endorsing the change, I agree to its terms, including any changes Empire Life has made to the terms of my policy and I confirm that any reinstatement and/or change to my policy will not affect the current beneficiary designation on my policy;
- This application and all of the answers and statements recorded on the application will form part of my policy, together with the statements, representations and warranties provided in the original application for insurance;
- Empire Life is not under any obligation with regard to the reinstatement unless all outstanding premiums and other indebtedness have been paid, or for a policy change, unless the full premium required is paid, and, if evidence of insurability is required:
  - **In all provinces except Quebec:** 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:** 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;

### 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, Ontario 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 5. 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, Inc.
  - 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 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 continue to administer my policy and may therefore 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 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 the application and policy, as required, to provide the Owner with service and advice in relation to the 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.**

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

<b>9.1</b>	<b>Province of Residence</b>	This application was completed and signed in the Owner's province of residence. If not, it was signed in the province/territory of:		
<b>9.2</b>	<b>Signatures of Life Insured(s) or parent/legal guardian if minor</b>	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.		
		<b>Signature of Life Insured 1</b> X	<b>Signature of Life Insured 2</b> X	
<b>9.3</b>	<b>Signatures of Owner(s) IF NOT LIFE INSURED(S)</b>	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 the Owner is a corporation or entity, the 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.				
		<b>Signature of Owner 1</b> (or 1st authorized signature for corporate/entity Owner) X		
		First name of Owner 1	Last name	Title, if signing for corporation/entity
<input type="radio"/> <b>Only one signing authority to bind corporation or entity (copy of signing authority required).</b>				
		<b>Signature of Owner 2</b> (or 2nd authorized signature for corporate/entity Owner) X		
		First name of Owner 2	Last name	Title, if signing for corporation/entity
If the Owner is a corporation or other entity, print its legal name:				
<b>9.4</b>	<b>Irrevocable beneficiary(ies)/ assignee(s)</b>	The undersigned irrevocable beneficiary(ies)/assignee(s) hereby consent to the policy changes and acknowledge that they may affect the benefits under the policy.		
		<b>Signature of irrevocable beneficiary(ies)</b> (if applicable) X	<b>Signature of assignee(s)</b> (if applicable) X	
<b>9.5</b>	<b>Monthly PAD and corporate accounts</b>	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.		
		<b>Signature</b> X		
		Signing authority first name	Last name	
<b>9.6</b>	<b>Authorization to disclose personal information to Advisor(s) (and Agency)</b>  <b>OPTIONAL</b>	<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>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>		
		<b>Signature of Life Insured 1</b> X	<b>Signature of Owner</b> (if not a Life Insured) X	
		<b>Signature of Life Insured 2</b> X	<b>Signature of Owner</b> (if not a Life Insured) X	
<b>9.7</b>	<b>Signature of witness</b>	All signatures must be witnessed by a person of legal age who is unrelated to the Life Insured(s) and Owner(s) and does not stand to benefit from the insurance applied for.		
Witness should be the Advisor.		<b>Signature of witness</b> X		<b>Date</b>
				d   d   -   m   m   m   -   y   y   y   y
		First name of witness	Last name	

# 10. AUTHORIZATION TO RELEASE INFORMATION

COMPLETE ONE AUTHORIZATION PER LIFE INSURED OR OWNER.

<p><b>10.1 Authorization to release information</b></p> <p>If you need additional forms, please use Form D-0018 or a photocopy of this page.</p>	<p>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, Inc., 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.</p> <p>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.</p>		
	<p><b>10.2 Signature of Life Insured or parent/legal guardian for a minor</b></p>	<p>First name of Life Insured or parent/legal guardian if a minor</p>	<p>Middle initial</p>
<p>Last name(s) used in medical/legal records, if different</p>			
<p><b>Signature of Life Insured or parent/legal guardian</b></p> <p>X</p>			<p>Date</p> <p>d d - m m m - y y y y</p>
<p><b>Signature of witness</b></p> <p>X</p>			<p>Date</p> <p>d d - m m m - y y y y</p>
<p>First name of witness</p>		<p>Last name</p>	
<p>Name of minor child to be insured</p>	<p>Middle name</p>	<p>Last name</p>	
<p>Signed at (city and province)</p>			

<p><b>10.1 Authorization to release information</b></p> <p>If you need additional forms, please use Form D-0018 or a photocopy of this page.</p>	<p>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, Inc., 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.</p> <p>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.</p>		
	<p><b>10.2 Signature of Life Insured or parent/legal guardian for a minor</b></p>	<p>First name of Life Insured or parent/legal guardian if a minor</p>	<p>Middle initial</p>
<p>Last name(s) used in medical/legal records, if different</p>			
<p><b>Signature of Life Insured or parent/legal guardian</b></p> <p>X</p>			<p>Date</p> <p>d d - m m m - y y y y</p>
<p><b>Signature of witness</b></p> <p>X</p>			<p>Date</p> <p>d d - m m m - y y y y</p>
<p>First name of witness</p>		<p>Last name</p>	
<p>Name of minor child to be insured</p>	<p>Middle name</p>	<p>Last name</p>	
<p>Signed at (city and province)</p>			

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# 11. ADVISOR'S REPORT

In this report, "you" and "your" refer to the Advisor who solicited the application. The person who solicited the application, the training supervisor (if any) and the servicing Advisor, if different than the person who solicited the application, must sign section 11.7.

If a licensed administrative assistant completed the application without providing any advice, the assistant signs section 11.8.

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

<b>11.1</b>	<b>Advisor Information</b>	<b>Errors &amp; Omissions insurance (E&amp;O) must be valid in the province where the application was solicited and signed. A valid licence must be on file at Empire Life Head Office or processing will be delayed until received.</b>																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%;">Servicing Advisor name (first, middle, last)</td> <td style="width:15%;">Advisor code</td> <td style="width:15%;">Valid <b>E&amp;O</b> on file?</td> <td style="width:15%;">Split %</td> </tr> <tr> <td></td> <td></td> <td><input type="radio"/> yes <input type="radio"/> no</td> <td></td> </tr> <tr> <td>Advisor name (first, middle, last)</td> <td>Advisor code</td> <td><input type="radio"/> yes <input type="radio"/> no</td> <td>Split %</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Advisor name (first, middle, last)</td> <td>Advisor code</td> <td><input type="radio"/> yes <input type="radio"/> no</td> <td>Split %</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Servicing Advisor name (first, middle, last)	Advisor code	Valid <b>E&amp;O</b> on file?	Split %			<input type="radio"/> yes <input type="radio"/> no		Advisor name (first, middle, last)	Advisor code	<input type="radio"/> yes <input type="radio"/> no	Split %					Advisor name (first, middle, last)	Advisor code	<input type="radio"/> yes <input type="radio"/> no	Split %							
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Advisor name (first, middle, last)	Advisor code	<input type="radio"/> yes <input type="radio"/> no	Split %																									
<b>11.2</b>	<b>GA/AGA/MGA/ National Account Information</b>	Name of GA, AGA, MGA or national account																										
		Contact at GA, AGA, MGA or national account																										
		Contact phone number																										
		Contact e-mail address																										
		Was this sale made through national accounts? <input type="radio"/> yes																										
		Did this sale originate from empirelife.ca? <input type="radio"/> yes																										
		First name of insurance specialist/Advisor	Last name																									
		Advisor code	Business phone number																									
<b>11.3</b>	<b>How was the sale made?</b>	<input type="radio"/> In person <input type="radio"/> Video conferencing/screen-sharing software – specify type: _____																										
<b>11.4</b>	<b>Underwriting Requirements</b>	<b>Complete the appropriate Question Set in Section 8. Additional requirements as determined by the Underwriter will be ordered by Empire Life through Dynacare. Alternatively, if you are requesting a medshare please specify the company.</b>																										
		<b>Life Insured 1</b>																										
		<input type="radio"/> Medshare - Company: _____ Requirements available to share: _____																										
		<b>Life Insured 2</b>																										
		<input type="radio"/> Medshare - Company: _____ Requirements available to share: _____																										
		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.																										
		<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)																									
<b>11.5</b>	<b>Advisor Notes</b>																											

\*Only available for Solution 10, 20, 25 and 30 products on a single coverage >\$1,000,000

11. ADVISOR'S REPORT CONT'D

<b>11.6</b> Determination of Third Party Interests	<p><b>If adding Solution100 coverage to a term policy, complete form D-001   Verification of Identity of Owners/ Determination of Politically Exposed Persons and Third Party Interests and submit with this application, instead of completing this section. For all other changes, complete the section below.</b></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>	<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 <input type="text"/> Last name or legal name or corporation/entity <input type="text"/></p> <p>Date of birth <input type="text"/> Address (number, street) <input type="text"/></p> <p>City <input type="text"/> Province <input type="text"/> Postal code <input type="text"/></p> <p>Name of employer <input type="text"/></p> <p>Job title(s) <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Type of Business <input type="text"/></p> <p>Relationship to Owner <input type="text"/></p> <p>Jurisdiction of registration (i.e. country, province, territory) <input type="text"/> Incorporation number <input type="text"/></p>						
<b>11.7</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 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.</p> <p>I have provided to the Owner(s) and Life Insured(s) the names of all Advisors who will have access to their personal information and to the policy and they are listed in section 11.1.</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 this Policy Change and/or Reinstatement Application that has not been disclosed in the application or Advisor's Report.</p> <p>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 this Advisor's Report.</p> <p>I am aware that Empire Life may contact the 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></p> <p>To the best of my knowledge and belief, each Owner, Life Insured, Irrevocable Beneficiary/Assignee and Third Party Payor (if applicable) signed this application as required.</p> <table border="1" data-bbox="354 1436 1559 1688"> <tr> <td data-bbox="354 1436 1130 1507"> <b>Signature of Advisor</b> X         </td> <td data-bbox="1130 1436 1559 1507">           Date  <input type="text"/> </td> </tr> <tr> <td data-bbox="354 1507 1130 1579"> <b>Signature of training supervisor</b> (where required in Quebec only) X         </td> <td data-bbox="1130 1507 1559 1579">           Date  <input type="text"/> </td> </tr> <tr> <td data-bbox="354 1579 1130 1688"> <b>Signature of servicing Advisor</b> (if different from above). I have reviewed the application and Advisor's Report. X         </td> <td data-bbox="1130 1579 1559 1688">           Date  <input type="text"/> </td> </tr> </table>	<b>Signature of Advisor</b> X	Date <input type="text"/>	<b>Signature of training supervisor</b> (where required in Quebec only) X	Date <input type="text"/>	<b>Signature of servicing Advisor</b> (if different from above). I have reviewed the application and Advisor's Report. X	Date <input type="text"/>
<b>Signature of Advisor</b> X	Date <input type="text"/>						
<b>Signature of training supervisor</b> (where required in Quebec only) X	Date <input type="text"/>						
<b>Signature of servicing Advisor</b> (if different from above). I have reviewed the application and Advisor's Report. X	Date <input type="text"/>						
<b>11.8</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> <table border="1" data-bbox="354 1864 1559 2009"> <tr> <td data-bbox="354 1864 1130 1936"> <b>Signature of licensed administrative assistant</b> X         </td> <td data-bbox="1130 1864 1559 1936">           Date  <input type="text"/> </td> </tr> <tr> <td data-bbox="354 1936 889 2009">           First name of licensed administrative assistant <input type="text"/> </td> <td data-bbox="889 1936 1559 2009">           Last name <input type="text"/> </td> </tr> </table>	<b>Signature of licensed administrative assistant</b> X	Date <input type="text"/>	First name of licensed administrative assistant <input type="text"/>	Last name <input type="text"/>		
<b>Signature of licensed administrative assistant</b> X	Date <input type="text"/>						
First name of licensed administrative assistant <input type="text"/>	Last name <input type="text"/>						

**DETACH AND LEAVE WITH THE LIFE INSURED AND THE POLICY OWNER**

## 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 a jurisdiction outside Canada 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 shown in the notice of Consumer Report section. To access a copy of our most recent Privacy Policy, please visit our website at [www.empire.ca](http://www.empire.ca).

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### Pre-Notice MIB, Inc.

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, Inc. (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, Inc.**  
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).

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### 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

The Empire Life Insurance Company (Empire Life) is a proud Canadian company that has been in business since 1923. We offer individual and group life and health insurance, investment and retirement products, including mutual funds through our wholly-owned subsidiary Empire Life Investments Inc.

Our mission is to make it simple, fast and easy for Canadians to get the products and services they need to build wealth, generate income, and achieve financial security.

Follow us on social media @EmpireLife or visit [empire.ca](http://empire.ca) for more information, including current ratings and financial results.

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Policies are issued by **The Empire Life Insurance Company**.

**Insurance & Investments – Simple. Fast. Easy.®**  
[www.empire.ca](http://www.empire.ca) [info@empire.ca](mailto:info@empire.ca)

