VERSION DATE: JULY 2022

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.

Policy Number:

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 • 1800 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
Reinstatement • 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	All outstanding premiums, (including current month) Annual premium required for third reinstatement within a two-year period	Additional requirements as determined by the Underwriter
Change to non-smoker rates If policy is based on Single Equivalent Age, we require information for both Life Insureds.	I, 2.2, the applicable question set in section 8*, 9, 10 and 11	none	 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. Additional requirements as determined by the Underwriter
Life Insured is now insurance age 18, change to non-smoker rates 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.	I, 2.2, 9 and II	none none	
Exercise Guaranteed Insurability (GI) Option	I, 2.4, 9 and II	Premium for new coverage plus any outstanding premiums	Illustration
Add Life Insured or additional coverage Note: All medical questions must be completed.	I, 2.5, 6, the applicable question set in section 8*, 9, 10 and II	Premium for new coverage plus any outstanding premiums	 Illustration Additional requirements as determined by the Underwriter D-0017 to appoint a beneficiary for the new Life Insured D-0011 if adding Solution 100 coverage to a term policy.
Decrease existing coverage	I, 2.7, (4.3 and 4.4 if changing Planned Premium or Waiver of Planned Premium), 9 and II	none	none
Delete benefits or riders	I, 2.8, 9 and II	none	none
Add benefits or riders Note: 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. Children's Life/CI Rider and Guaranteed Insurability are not available on policies issued prior to January 1, 2017 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).	I, 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	Illustration Additional requirements as determined by the Underwriter
Review policy rating If the policy is based on Single Equivalent Age, we require information for both Life Insureds	I, 2.3, the applicable question set in section 8*, 9, 10 and II	none	Additional requirements as determined by the Underwriter
Change Dividend Option Note: 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.	I, 2.10, the applicable question set in section 8*, 9, 10 and 11	none	 Refer to the policy contract for a description of the Dividend Options. Additional requirements as determined by the Underwriter
Change to reduced paid-up policy	I, 2.12, 9 and II	none	none
Change Trilogy Universal Life Policy Options	I, 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

D. II. Al I	
Policy Number	
1.2 Life Insured(s)	Life Insured I
	First name Middle initial Last name
Only required if the Life	Address (number, street) (If using a PO Box, also provide your physical address)
nsured is the Owner and pplying for coverage other	
han term insurance.	City Province Postal code
*For Life Insureds less	
han insurance age 18,	Sex at birth Date of birth SIN*
uvenile or smoker rates vill apply depending on	○ Male ○ Female d d - m m m - y y y
he plan. Refer to smoker	Country of birth Marital status: omarried osingle ocommon-law
definition in section 2.2.	
***Email address will only	smoker** Preferred contact number Alternate contact number
e used to contact you	O non-smoker
regarding this application and any policy issued or	Contact email address***
hanged based on this	
pplication, unless you consent otherwise.	Name of Employer
	Occupation
	Please specify if your occupational duties include any of the following:
	Military/armed forces Aviation Forestry Offshore fishing Offshore oil & gas
	O Professional sports/entertainment O Professional underwater diver O None of the above
	Details of occupation
	Life Insured 2
	First name Middle initial Last name
	Address (number, street) (If using a PO Box, also provide your physical address)
	City Province Postal code
	Sex at birth Date of birth SIN*
	○ Male ○ Female □ d d - m m m - y y y y
	Country of birth Marital status: O married O single O common-law
	○ widowed ○ separated ○ divorced
	○ smoker** Preferred contact number Alternate contact number
	O non-smoker
	Contact email address***
	Name of Employer
	Occupation
	Please specify if your occupational duties include any of the following:
	Military/armed forces Aviation Forestry Offshore fishing Offshore oil & gas
	Professional sports/entertainment Professional underwater diver None of the above
	Details of accuration
	Details of occupation

1. POLICY INFORMATION CONT'D

1.3	Residency		Life Insured I	Life Insured 2
	Status	A) What is your residency status?	Canadian citizen	○ Canadian citizen
			Permanent resident Other	Other
			How long have you lived in Canada? less than 12 months greater than 12 months	How long have you lived in Canada? Oless than 12 months Ogreater than 12 months
		B) Are you a Canadian resident for Canadian income tax purposes?	○ yes ○ no	○ yes ○ 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.

2.1 Reinstatement	Reinstate Policy The reinstatement effective day we receive all overdue premius pre-authorized debits for the p C-0170 – Pre-authorized Debi	ms and other in premium payme	debtedness. Exis	ting ba	nking informati	on will be use	ed for tl	he monthly
2.2 Change in Smoking Status	A smoker is considered some tobacco, cigarette, e-cigarette	one who, in the	past 12 month					
	○ Change from smoker to	non-smoker			○ Life Insu	ed I	O Life	e Insured 2
	Date you last used any tobacco	o or nicotine pr	oducts		Date:	- y y	Date:	n m - y y
	C Life Insured is now insurance	e age 18, change	to non-smoker i	rates.	○ Life Insu	ed I	○ Lif	e Insured 2
2.3 Review Policy Rating	○ Life Insured I ○ Li	fe Insured 2						
2.4 Exercise GI Option	Coverage type		Amount			Life Insure	ed I	Life Insured 2
•			\$			0		0
			\$			0		0
2.5 Add Life Insured or Additional	○ Add Life Insured ○ A	Add additional	l coverage					-
Coverage	Coverage type	Current am	ount Ir	Increase to		Life Insured I		Life Insured 2
Additional coverage cannot be added to a		\$	\$			\circ		0
Trilogy policy.		\$	\$			\bigcirc		0
Participating product cannot be added to an		\$	\$			0		0
existing policy.		\$	\$			0		0
2.6 Add Additional Deposit Option	Only available on EstateMax Coverage dividend option (p Amount \$	or Optimax Norovided the Po	Wealth 10 Pay, olicy Date is O	20 Pay ctober	or Life Pay w	ith Paid-up <i>i</i> er).	Additio	ns or Enhanced
2.7 Decrease Existing Coverage	Coverage type	Current An	nount	ecrea	se to			
Any cash value or dividends		\$	\$			0		0
released upon cancellation of a participating product		\$	\$			0		0
will be sent to the Owner(s).		\$	\$			0		0
2.8 Delete Coverage or	Coverage type or Benefit	Coverage/B	enefit amount t	o be de	eleted			
Benefit/Rider		\$				0		0
		\$				0		0
		\$				0		0

2. POLICY CHANGE DETAILS CONT'D

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

2.9 Add Benefits/			Life Insured I	Life Insured 2	
	Waiver of Premium (Disability Waiver) (maximum issue age	○ yes	○ yes		
Additional benefits/riders are not available if the	Payor Death and Disability (Child's Waiver) (maximum issue (Solution 100, EstateMax and Optimax Wealth only)	○ yes	○ yes		
base plan is Empire Life CI Protect.	Empire Life CI Protect Plus Return of Premium on Surrend (only available if adding an Empire Life CI Protect Plus rider	○ yes	○ yes		
For Juvenile Life Insured(s), the Owner can select Waiver of Premium OR	Empire Life CI Protect Plus Return of Premium on Death (only available if adding an Empire Life CI Protect Plus rider	○ yes	○ yes		
Payor Death and Disability, but not both.	Accidental Death and Dismemberment (maximum issue age	ccidental Death and Dismemberment (maximum issue age 55)			
Children's Life/CI Rider and Guaranteed	Children's Life Rider (maximum issue age 17) (complete the Children's Life/Critical Illness Rider Ques	\$	\$		
Insurability are not available on policies issued prior to January 1, 2017.	Children's Critical Illness Rider (maximum issue age 17) (complete the Children's Life/Critical Illness Rider Ques	\$	\$		
prior to january 1, 2017.	Guaranteed Insurability (maximum issue age 40)	\$	\$		
2.10 Change Dividend Option	Optimax dividend options: Cash Paid-up Additions Deposit to Tax-Exempt Investment Account Extender plus Paid-up Additions — 10 year Guarantee Extender plus Paid-up Additions — Lifetime Guarantee Reduction of Premiums (annual premium only) Note: Paid-up Addition dividend option is not available for Life Insured who has been rated substandard by E The dividend option cannot be changed to Enhance If the policy has an Additional Deposit Option (ADditional Deposit Option (ADditi	mpire Life. ed Coverage for any I O) rider, the dividen	n Reduction (annual pre nax Wealth 8 Pay c EstateMax/Optimax d option must be E	overage on a Wealth product.	
	Coverage or Paid-up Additions. Requesting any oth Additional Deposit Option (ADO) rider.	er dividend option w	vill result in the ter	mination of the	
2.11 Change to Reduced Paid-up policy	Coverage type		New face amount (if	applicable)	
i aid up poncy	If the policy has an investment component, what are your	instructions for the in	vestment componen	t?	

3. ADDITIONAL INFORMATION

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

Question #	Life Insured	Details

4. TRILOGY UNIVERSAL LIFE POLICY OPTIONS

4.1	Change Death Benefit Option	Change death benefit option to: O Increasing Sun If there is more than one Life Insured, the death be Note: Changing the death benefit option from the policy to lose its tax exempt status.					
	Change TaxGuard Plus rd Plus is not available cies with Maximizer.	TaxGuard Plus to maintain exempt status through: increases in coverage only (subject to underwrit increases and decreases in coverage (subject to remove TaxGuard Plus					
4.3	Change in Planned Premium	the date of the policy change.	rance, specify the new Planned Premium amount that will take effect Change frequency to				
		\$	○ Monthly Pre-Authorized Debit (PAD) ○ Annual billing				
4.4	Change Waiver of Planned Premium	The Waiver of Planned Premium cannot exceed the The maximum Waiver of Planned Premium amount	Planned Premium. is \$1,500 monthly, even if the Planned Premium exceeds this amount.				
		Waiver of Planned Premium is to match Planned Premium in section 4.3 is this amount \$					

5. PREMIUM PAYMENT INFORMATION

5.1 Premium Payment	What is the premium amount submitted with this application? \$
All cheques must be payable to Empire Life .	Who will pay the premiums? Owner Life Insured Third Party - complete Third Party Determination, Section 11.6, if the policy contains participating life insurance. Add any additional premiums to the existing Pre-Authorized Debit (PAD) agreement on this policy
	Change my premium payment information as per below
	How will premiums be paid? Monthly Pre-authorized Debit (PAD) Annual Billing
	For EstateMax or Optimax Wealth plans, the PAD amount cannot include payments to the Side Account. The monthly PAD amount is equal to the annual premium multiplied by a factor of 0.09.
5.2 Pre-Authorized Debit (PAD)	For monthly PAD withdraw premiums from: Account shown on the attached void cheque - ATTACH A VOID CHEQUE
Complete only if you are starting a new PAD agreement.	Account shown on the attached pre-authorized transaction form from my financial institution Same account as Empire Life policy number:

6. FINANCIAL INFORMATION

Personal Financial Information

6.1 Purpose of Insurance		n (other than m	ortgage on pr		ervation, mortgag		nses, children's loan collateral	
6.2 Financial Information	A) Life Insure	ed I			A) Life Insure	ed 2		'
Information	Annual earned	income			Annual earned	income		
For insurance amounts	\$				\$			
equal to or greater than \$3,000,001, a Personal					Annual income from other sources*			
Financial Questionnaire must also be completed.	\$	() ()			\$	() ()		
·	List other sour	ce(s) of income			List other sour	ce(s) of income		
*If "nil" provide family income.	B) Approximates	e net worth (ass	sets minus liab	ilities)	B) Approximate net worth (assets minus liabilities) \$			
		eclared bankrup ast 5 years? O		r business,		eclared bankrupt ast 5 years? O		r business,
	If yes, provide o	late of discharge			If yes, provide	date of discharge		
	dd-	m m m -	у у у	У	dd-	m m m -	у у у	У
6.3 Insurance In Force	Life Insured I				Life Insured 2			
If a coverage being applied for is intended to replace		individual life (L n and dismembe nce (DI)			List all in force individual life (Life), critical illness (CI), accidental death and dismemberment (AD&D), or disability insurance (DI)			
an existing insurance coverage, or a coverage	O No coverag	ge in force			O No covera	ge in force		
that has been terminated in the last 6 months, complete a provincial	Coverage Type	Amount	Personal or Busine		Coverage Type	Amount	Personal or Busine	
replacement form.	○ Life ○ CI ○ AD&D ○ DI	\$	O Perso O Busine	~ <i>'</i>	○ Life ○ CI ○ AD&D ○ DI	\$	O Person	\sim /
	○ Life ○ CI ○ AD&D ○ DI	\$	O Perso O Busine	\sim /	○ Life ○ CI ○ AD&D ○ DI	\$	O Person	\sim /
	○ Life ○ CI ○ AD&D ○ DI	\$	O Perso O Busine	U /	○ Life ○ CI ○ AD&D ○ DI	\$	O Person	\sim /
6.4 Insurance Pending		individual life (L n and dismembe nce (DI)				individual life (L h and dismember ince (DI)		
If a coverage being applied for is intended to replace	O No coverag	ge pending			○ No coverag	ge pending		
an existing insurance coverage, or a coverage that has been terminated	Coverage Type	Amount	Personal or Business	Company	Coverage Type Amount Personal or Business Co		Company	
in the last 6 months, complete a provincial replacement form.	○ Life ○ CI ○ AD&D ○ DI	\$	O Personal Business		○ Life ○ CI ○ AD&D ○ DI	\$	O Personal O Business	
	○ Life ○ CI ○ AD&D ○ DI	\$	O Personal O Business		○ Life ○ CI ○ AD&D ○ DI	\$	O Personal O Business	
	Total amount all companies	of coverage y	ou intend to	place with	Total amount all companies	t of coverage yes:	ou intend to	place with
	Life	CI	DI	AD&D	Life	CI	DI	AD&D
	\$	\$	\$	\$	\$	\$	\$	\$

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.

6.5	Type of corporation	○ Corporation ○ Partners	ship Sole p	roprietorsh		
	or other entity	Nature of business			Year busi	ness established
6.6	Value of corporation or other entity	Assets \$		Liabilities \$		% of shares held by the Life Insured:
	o. co,	Net worth \$		Business fa	air market value	
equal to	urance amounts o or greater than 001, a Business	Gross annual revenue \$		Net annua	al after tax income	
	Il Questionnaire so be completed.	Do any other executives or par corporation/entity? yes If no, provide reason why:		rporation/entity have life or critical illness insurance related to the ovide details below.		
		Name			Name	
		Title	% of	ownership	Title	% of ownership
		Life Insurance in force \$	Life Insurance pe \$	nding	Life Insurance in force \$	Life Insurance pending \$
		Critical Illness in force \$	Critical Illness pe	ending	Critical Illness in force \$	Critical Illness pending \$
6.7	Bankruptcy	Has the corporation/other entity	ever declared bar	kruptcy?	○ yes ○ no	
		If yes, date of discharge:				
		d d - m m m -)	/			

7. LANGUAGE DECLARATION

This section must be completed by the Owner(s) and Life Insured(s).

	Life Insured I	Life Insured 2	Owner(s) (if not a Life Insured)	
A) Do you read, speak, and understand English?	○ yes ○ no	○ yes ○ no	○ yes ○ no	
B) Were all questions asked and answered in English? If you answer "yes" to A and B, don't answer C, D, E, F and G.	○ yes ○ no	○ yes ○ no	○ yes ○ no	
C) If no, what language was used to ask and answer the questions?				
D) Have all details and questions of this application been fully explained to you in a language you understand?	○ yes ○ no	○ yes ○ no	○ yes ○ no	
E) Who asked you the questions?	○ interpreter○ other	interpreter other	○ interpreter○ other	
F) Name of individual who asked you the questions:	Phone number of indi	vidual who asked you th	ne questions:	
G) What is the relationship between you and the individual who asked you the questions?				
Note: The individual who asked you the questions cannot be an Owner or a ben	eficiary of the policy.			

8. PERSONAL AND HEALTH INFORMATION

This section contains four question sets for collecting personal and health information of the Life Insured(s).

Each Life Insured is to fully complete the appropriate question set below. Please see each question set for detailed instructions. PHI is not available for policy changes. Do not provide any genetic test information when completing this application.

The Life Insured may be contacted for additional information if the incorrect question set is used for this policy change.

8.1 ADULT-FULL QUESTION SET

Use this question set for adult life insureds (insurance age 18+) in the following instances:

- If the original application was completed prior to October 2016
- · If your original application was after October 2016 and completed on an Adult Full Question Set
- If the life insured is insurance age 46+
- If the total life insurance amount for all Empire Life policies is greater than \$300,000
- · If applying for Empire Life CI Protect Plus; or
- If an Owner is applying for additional benefits in Section 2.9

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

Health Information	Life Insured I	Life Insured 2
I. I understand I must answer all questions truthfully.	○ yes	○ yes
2. What is your height?		
What is your weight?		

8.1 ADULT-FULL QUESTION SET cont'd

Hea	alth Information (cont'd)	Life In	sured I	Life Ins	sured 2	
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.						
3. H	ave you ever had, been told you had, or received treatment or advice for:					
,	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?	○ yes	O no	○ yes	O no	
	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?	○ yes	○ no	○ yes) no	
	Cancer, tumour, polyp, cyst, growth, malignancy, dysplastic nevus syndrome or a mole that changed in appearance, colour or size?	○ yes	○ no	○ yes	\bigcirc no	
,	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?	○ yes	○ no	○ yes	○ no	
	Diabetes, high blood sugar, sugar in the urine, or any disorder of the endocrine or thyroid glands?	○ yes	○ no	○ yes	○ no	
	Blood clot, circulation disorder, peripheral vascular disease, high blood pressure, high cholesterol, swollen ankles or legs, anemia, hemophilia or any blood disorder?	○ yes	○ no	○ yes	○ no	
	Multiple sclerosis, amyotrophic lateral sclerosis (ALS), muscle weakness, tingling or numbness of the extremities, or any motor neuron disease?	○ yes	○ no	○ yes	○ no	
	Sleep apnea, emphysema, tuberculosis, asthma, chronic bronchitis, or any other lung disease or disorder?	○ yes	○ no	○ yes	○ no	
	Hepatitis, hepatitis carrier, cirrhosis, pancreatitis, or any disorder of the liver, bladder, kidney, pancreas or gall bladder?	○ yes	O no	○ yes	O no	
	Arthritis, rheumatoid arthritis, osteoarthritis, Lupus, muscular dystrophy, paralysis, or any other disease or disorder of the joints, muscles, or connective tissue (not including injuries)?	○ yes	O no	○ yes	○ no	
	Acquired Immunodeficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?	○ yes	O no	○ yes	○ no	
4. In	the past 5 years, have you had, been told you had, or received treatment or advi	ce for:				
	An abnormal mammogram or breast imaging test, abnormal Pap test, abnormal PSA test, or any prostate disorder?	○ yes	O no	○ yes	○ no	
	Ulcer, ulcerative colitis, Crohn's disease, diverticulitis, intestinal or rectal bleeding, jaundice, or any disorder of the stomach, bowel or digestive system?	○ yes	O no	○ yes	○ no	
	Chronic pain, chronic fatigue, fibromyalgia, or any injury of the back, spine, neck or musculoskeletal system?	○ yes	O no	○ yes	○ no	
5. In	5. In the past 5 years, excluding genetic tests, have you:					
	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?	○ yes	○ no	○ yes	O no	
	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?	○ yes	○ no	○ yes	○ no	
Note pipe,	What best describes your tobacco and nicotine history? i: nicotine and tobacco includes use of cigarette, e-cigarette, cigarillo, small cigar, large cigar, chewing tobacco, nicotine patch or gum, betel nut, any other co or nicotine products?	0 12-24 0 2-15	t 12 months months ago yrs ago than 15 yrs ago	○ 12-24 ○ 2-15 y	t 12 months months ago yrs ago than 15 yrs ago	
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 I	Life Insured 2			
7. Alcohol and drug use					
a) How many drinks of alcohol do you consume per week? Note: I drink of alcohol is considered to be I glass of wine, I bottle/can of beer or 1.5 oz of hard liquor.	○ less than I ○ I-14 ○ I5-2I ○ 22-28 ○ 29-35 ○ more than 35 ○ None	less than I			
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? Note: If yes, provide frequency of use (number of times per day/week/month).	○ yes ○ no	○ yes ○ no			
c) In the past 10 years have you been prescribed marijuana by a health care provider? Note: If yes, provide frequency of use (number of times per day/week/month).	○ yes ○ no	○ yes ○ 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?	○ yes ○ no	○ yes ○ no			
Family History Information	Life Insured I	Life Insured 2			
8. 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)? If you answer "yes" to this question, provide details below, but do not provide any genetic test information.	○ yes ○ no○ unknown	yes ○ nounknown			
Related to:					
Relationship to Insured Illness (if cancer, indicate type)	Age at onset of Age illness	if living Age at death			
Related to:					
Relationship to Insured Illness (if cancer, indicate type)	Age at onset of llness	if living Age at death			
Related to:					
	Age at onset of illness Age	if living Age at death			
Personal Information	Life Insured I	Life Insured 2			
9. 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?	○ yes ○ no	○ yes ○ no			
10. In the past 3 years, have you:					
a) had more than I moving violations while driving a motor vehicle?	○ yes ○ no	○ yes ○ no			
b) flown as a private pilot, student pilot or crew member, or do you have plans to do so?	○ yes ○ no	○ yes ○ 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 an other hazardous activities?		○ yes ○ no			
II. a) Do you intend to travel outside of Canada or the United States in the next 12 months?	○ yes ○ no	○ yes ○ no			
b) Do you have any plans to change your country of residency in the next 12 months?	○ yes ○ no	○ yes ○ no			
12. Other than previously mentioned, have you ever been charged with any criminal offense, or are there any charges pending?	○ yes ○ no	○ yes ○ no			
13. In the past 5 years, have you been off work for more than 2 weeks due to a medical condition of injury and/or have you applied for or received disability benefits?	yes O no	○ yes ○ no			

8.1 ADULT-FULL QUESTION SET cont'd

Additional Details

Use this section to provide details of the Health and Personal questions, including 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 racincic		
Question	Life Insured	Details
	L	i e e e e e e e e e e e e e e e e e e e

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

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

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

8.2 ADULT-SHORT QUESTION SET cont'd

Health Information	(cont'd)	Life Insured I	Life Insured 2
	s, have you: e cigars, or used any other tobacco, cigarette, e-cigarette, cigarillo, nicotine patches or gum, or betel nuts?	○ yes ○ no	○ yes ○ no
b) How many drinks of alco Note – I unit of alcohol is	onone less than I I-14 15-21 22-28 29-35 more than 35	○ none ○ less than I ○ 1-14 ○ 15-21 ○ 22-28 ○ 29-35 ○ more than 35	
7. Have you been advised to awaiting the result of any	○ yes ○ no	○ yes ○ no	
	nptoms for which you have not yet consulted a health care provider, medical condition or disease not mentioned above?	○ yes ○ no	○ yes ○ no
60th birthday with cancer diabetes, polycystic kidney If you answer "yes" to the genetic test information.	Il mother, father, sister(s) or brother(s) been diagnosed before their heart attack, coronary artery disease, stroke, cardiomyopathy, disease, Huntington's disease, or Parkinson's disease? s question, provide details below, but do not provide any	○ yes ○ no ○ unknown	○ yes ○ no ○ unknown
Related to:		A	
Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Fliving Age at death
Related to: O Life Insure	ed I O Life Insured 2		
Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of llness Age if	Fliving Age at death
Related to:	d I O Life Insured 2		
Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age at death
have you engaged in SCI	you flown as a private pilot, student pilot or crew member, or JBA diving, sky diving, hang gliding, motor vehicle racing, mountain k country skiing, or extreme sports?	○ yes ○ no	○ yes ○ no
II. a) Do you intend to tra	vel outside of Canada or the United States in the next 12 months?	○ yes ○ no	○ yes ○ no
b) Do you have any plan	s to change your country of residency in the next 12 months?	○ yes ○ no	○ yes ○ no
Additional Details			
Use this section to provide of date(s) and result(s) of any to Question Life Insured	letails of questions 3 to 11, including date(s) of event(s), duration, treatesting (excluding genetic testing) and the names and address of all me Details	tment, diagnosis, if reso dical advisors and facilit	lved or continuing, ies.

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 I					
Name and address of the personal physician/nurse practitioner for juvenile 2					
Health Information	Juvenile I	Juvenile	2		
I. I understand I must answer all questions truthfully.	○ yes	○ yes			
If the child to be insured is between age 0 and 2, please answer question 2, otherw	vise proceed to qu	uestion 3.			
2. Was the child born prematurely (at less than 37 weeks gestation)? If yes, provide birth weight.	○ yes ○ no ○ kg ○	O yes	○ no _ ○ kg ○ lb		
If the proposed insured is between age 2 and 17, please answer question 3.					
3. What is the proposed insured's height? What is the proposed insured's weight?			○ cm ○ ft/in ○ kg ○ lb		
If you answer "yes" to any questions asked in questions 4 to 6, please provide detapage 14. Please include date(s) of event(s), duration, treatment, diagnosis, if resolv any testing (excluding genetic testing) and the names and address of all medical A	ed or continuing,	, date(s) and r			
4. Has the proposed insured ever been treated for or had any indication of:		Juvenile I	Juvenile 2		
a) heart murmur or any disease or disorder of the heart or blood vessels?		○ yes ○ no	○ yes ○ no		
b) cancer, tumour, sarcoma, leukemia, or any growth or malignancy?	○ yes ○ no	○ yes ○ no			
c) diabetes, or any endocrine disease or disorder?	○ yes ○ no	○ yes ○ no			
d) hemophilia, bleeding disorder or any blood disease or disorder?	○ yes ○ no	○ yes ○ no			
e) Crohn's disease, ulcerative colitis, hepatitis or any disease or disorder of the bowel, stom	○ yes ○ no	○ yes ○ no			
f) asthma, cystic fibrosis, or any respiratory disease or disorder?		○ yes ○ no	○ yes ○ no		
g) depression, anxiety, attention deficit hyperactivity disorder (ADHD/ADD), or any psychia nervous disease or disorder?	atric, emotional or	○ yes ○ no	○ yes ○ no		
h) disease or disorder of the kidney or urinary tract?		○ yes ○ no	○ yes ○ no		
i) muscular dystrophy, multiple sclerosis, paralysis, or any neurological disease or disorder?		○ yes ○ no	○ yes ○ no		
j) down syndrome, physical or mental developmental delay, autism, Asperger's disorder, cere congenital disease or disorder?	ebral palsy, or any	○ yes ○ no	○ yes ○ no		
k) epilepsy, seizure, or any disease or disorder of the brain?		○ yes ○ no	○ yes ○ no		
l) blindness or deafness?		○ yes ○ no	○ yes ○ no		
m) Acquired Immunodeficiency Syndrome (AIDS) or tested positive for the Human Immunodef	iciency Virus (HIV)?	○ yes ○ no	○ yes ○ 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)?					

8.3 JUVENILE QUESTION SET cont'd

Health Information (cont'd)	Juvenile I	Juvenile 2		
6. Are there any medical conditions or symptoms (excluding colds, flu, chicken pox, tonsillectomy, appendectomy, hernia repair or ear infections), not already mentioned, for which the proposed insured (exclude any genetic testing):				
a) has been treated or is awaiting treatment?	○ yes ○ no	○ yes ○ no		
b) is under observation or is awaiting investigation?	○ yes ○ no	○ yes ○ no		
c) has not yet seen a physician?	○ yes ○ no	○ yes ○ no		
7. Have any of the proposed insured's biological mother, father, sister(s) or brother(s) been diagnosed before their 60th birthday with cancer, heart attack, coronary artery disease, stroke, cardiomyopathy, diabetes, polycystic kidney disease, Huntington's disease, or Parkinson's disease or cystic fibrosis? If you answer "yes" to this question, provide details below, but do not include any genetic information.	○ yes ○ no ○ unknown	○ yes ○ no ○ unknown		
Related to: O Juvenile 1 O Juvenile 2				
Relationship to Insured Illness (if cancer, indicate type) Age at onset of illness	Age if living	Age at death		
Related to: O Juvenile 1 O Juvenile 2				
Relationship to Insured Illness (if cancer, indicate type) Age at onset of illness	Age if living	Age at death		
Related to: O Juvenile 1 O Juvenile 2				
Relationship to Insured Illness (if cancer, indicate type) Age at onset of illness	Age if living	Age at death		
8. Are all other children in the family insured or applying? O yes O no				
a) If yes, is the amount on the sibling(s) basically equal (same face amount or same premium)? yes ono – if not equal, please indicate the type of coverage and amount(s) on sibling(s) and the reason why the amounts are not equitable:				
b) If no, please provide the reason why the other siblings do not have coverage in force or pending, or indicate if no siblings:				
9. a) Total insurance in force on the parent(s) of Juvenile 1 and Juvenile 2:				
Parent I: Life \$ Critical Illness \$				
Parent 2: Life \$ Critical Illness \$				
b) Parent I: Occupation Annual Income: \$				
c) Parent 2: Occupation Annual Income: \$ _				

8.3 JUVENILE QUESTION SET cont'd

Additional Details

Use this section to provide details of questions 4 to 6, including date(s) of event(s), duration, treatment, diagnosis, if resolved or continuing, date(s) and result(s) of any testing (excluding any genetic testing) and the names and address of all medical advisors and facilities.

Question	Life Insured	Details

8.4 CHILDREN'S LIFE/CRITICAL ILLNESS RIDER QUESTION SET Important information for the Advisor:

- Complete this section for children to be covered under a Children's Life Rider and/or a Children's Critical Illness (CI) Rider. For children who are the primary Life Insureds, complete Section 8.3. The maximum issue age for a Children's Life and/or CI Rider is the child's age 17.
- Children's Life/CI Riders are not available if the base plan is Empire Life CI Protect (10 or 20).
- PHI is not available for Children's Life/CI Rider.

Children's Information				
Child I first name Middle initial Last name				
Relationship to Life Insured Date of birth d d - m m m - y y y y	Sex at birth male female			
If the child to be insured is between age 0 and 2, please answer the following: Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weight:	○ lb ○ kg			
Child 2 first name Middle initial Last name				
Relationship to Life Insured Date of birth d d - m m m - y y y y	Sex at birth male female			
If the child to be insured is between age 0 and 2, please answer the following: Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weight:	○ lb ○ kg			
Child 3 first name Middle initial Last name				
Relationship to Life Insured Date of birth d d - m m m - y y y y	Sex at birth male female			
If the child to be insured is between age 0 and 2, please answer the following: Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weight:	○ lb ○ kg			
Child 4 first name Middle initial Last name				
Relationship to Life Insured Date of birth	Sex at birth male female			
If the child to be insured is between age 0 and 2, please answer the following: Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weight:	○ lb ○ kg			
Health Information	Any child applying for a Life/CI Rider			
I. I understand I must answer all questions truthfully.	○ yes			
If you answer "yes" to any questions asked in questions 2-6, please provide details in the Additional Details section, on page 16. Please include date(s) of event(s), duration, treatment, diagnosis, if resolved or continuing, date(s) and result(s) of any testing (excluding genetic testing) and the names and address of all medical Advisors and facilities.				
2. Has the child ever been treated for or had any indication of:	Any child applying for a Life/CI Rider			
 a) developmental, psychological, or neurological disorders (includes speech, auditory, visual, motor function delays or impairments)? 	○ yes ○ no			
b) cancer, tumour, or any other growth or malignancy?	○ yes ○ no			
c) diabetes?	○ yes ○ no			
d) cardiac disease or malformation?	○ yes ○ no			
e) kidney disease or malformation?	○ yes ○ no			
f) cystic fibrosis?	○ yes ○ no			

8.4 CHILDREN'S LIFE/CRITICAL ILLNESS RIDER QUESTION SET cont'd

Health I	nformation	(cont'd)				Any child applying for a Life/CI Rider
listed or	3. Does the child require ongoing care by a pediatrician, general practitioner and/or a specialist for any condition listed or not listed in question 2? Please do not include routine pediatric exams, annual health exams or consults for skin conditions, asthma or allergies.					○ yes ○ no
4. Has the child ever been hospitalized for more than 3 consecutive days or required surgery (other than tonsillectomy, appendectomy, hernia repair, simple bone fracture or tubes in the ears)?					○ yes ○ no	
			used any medications on a daily basis for periods conditions, inhalers for asthma or allergies.	over 21 days? Ple	ease exclude	○ yes ○ no
6. Are there any symptoms for which the child has not yet consulted a physician, is currently under observation or awaiting investigation (excluding genetic testing)? Please exclude cold, flu, chicken pox, tonsillectomy, appendectomy, hernia repair or ear infections.					○ yes ○ no	
birthday Huntingt	with cancer, heart on's disease, Parki	attack, cor nson's dise	iological mother, father, sister(s) or brother(s) beer ronary artery disease, stroke, cardiomyopathy, dialase or cystic fibrosis? 1, provide details below, but do not provide a	petes, polycystic k	idney disease,	○ yes ○ no ○ unknown
Relationship			Illness (if cancer, indicate type)	Age at onset of illness		Age at death
Relationship	to child		Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Relationship	to child		Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Addition	nal Details					
Use this sed	ction to provide d result(s) of any te	etails of qu sting (excl	nestions 2 to 6, including date(s) of event(s), duration uding genetic testing) and the names and address	on, treatment, dia of all medical adv	gnosis, if resolved sors and facilities	d or continuing,
Question	Life Insured	Details				



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;
- · 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
- 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, Ontario K7L 3A8 Phone: I 800 561-1268 Fax: I 800 920-5868 insurance@empire.ca

Banking Authorization

I authorize Empire Life to withdraw monthly premium payments, as required and as per my instructions in Section 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

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

9. DECLARATION, ACKNOWLEDGEMENT, AGREEMENT AND CONSENT CONTR.

9.1	Province of Residence	This application was completed and signed in the Owner's province of residence. If not, it was signed in the province/territory of:					
9.2	Signatures of Life Insured(s) or parent/legal guardian if minor	By signing below, I confirm that I have read, understood, and agree to the statements in the Declaration, Acknowledgement, Agreement and Consent and consent to the use of my personal information as described. If an Owner is also a Life Insured, the Owner signs this section as Owner and as Life Insured, including for Waiver of Premium and/or Payor Death and Disability, if applied for.					
			Signature of Life Insured 2				
9.3	Signatures of Owner(s) IF NOT LIFE INSURED(S)	By signing below, I confirm that I have read, understood and agree to the statements in the Declaration, Acknowledgement, Agreement and Consent and consent to the use of my personal information as described. 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.					
	vner is a Life Insured	Signature of Owner I (or 1st authorized signature for corpo	orate/entity Owner)				
	parent or legal for a minor Life	First name of Owner I Last name	Title, if signing for corporation/entity				
	and only signs this the Owner is also						
signing a	s Life Insured and/	Only one signing authority to bind corporation or er	ntity (copy of signing authority required).				
or on b	ehalf of the minor.	Signature of Owner 2 (or 2nd authorized signature for corp.	, , , , , , , , , , , , , , , , , , ,				
		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 nan	ne:				
		The desired in the last of the					
9.4	Irrevocable beneficiary(ies)/ assignee(s)	The undersigned irrevocable beneficiary(ies)/assignee(s) hereby consent to the policy changes and acknowledge that they may affect the benefits under the policy. Signature of irrevocable beneficiary(ies) (if applicable) Signature of assignee(s) (if applicable)					
	3 ()		X				
9.5	Monthly PAD and corporate accounts	If monthly PAD and using a corporate account or the account of the account signs below. By signing below, I confirm I have re Agreement and Banking Authorization.	of someone who is not the Life Insured or Owner, the owner ead, understood and agree to the statements in the PAD				
		Signature					
		Signing authority first name Last	name				
9.6	Authorization to disclose personal information to Advisor(s) (and Agency)	Empire Life to disclose to the Advisor(s) (and Agency) personal evaluation or underwriting process that may affect the rating or Medical testing or laboratory results; Illness, diseases, medical conditions, medications, use of druother health related issues; Civil or criminal court records or other personal or finance in understand and agree that: I am authorizing Empire Life to release personal information.	r issuance of the policy, including information relating to: lgs or alcohol and/or rehabilitation; cial facts.				
		this authorization by writing to Empire Life.	visor(s) (and Agency) even though I have signed this authorization.				
		to the disclosure of my personal information as describ	ed.				
	Signature of Life Insured I X Signature of Owner (if not a Life X						
			Signature of Owner (if not a Life Insured)				
9.7	Signature of witness	All signatures must be witnessed by a person of legal age who is not stand to benefit from the insurance applied for.	unrelated to the Life Insured(s) and Owner(s) and does				
Witness Advisor	s should be the	Signature of witness	Date				
		X	d d - m m m - y y y y				
		First name of witness	Last name				

10. AUTHORIZATION TO RELEASE INFORMATION

COMPLETE ONE AL	JTHORIZATION PER LIFE INSURED OR OWNER.										
Authorization to release information If you need additional forms, please use Form D-0018 or a photocopy of this page.	I authorize any individual or public or private organization (include and any public or private health or social services institution, any Institution, MIB, Inc., any investigation and credit reporting agencies intermediary, my current or my former employers, and provincial required by provincial authorities)) that has personal information excluding genetic test information) about me and any of my minor to The Empire Life Insurance Company, its reinsurers, agents or reapplication. I understand the above purpose for this authorization disclosure of my health information under this authorization. A photocopy or an image of the signed authorization to disclose This authorization will be valid until revoked in writing.	es, my A Motor (includ or childi represer n and th	Advison Vehice Vehice Ventative Ventative	ompar or and le De nancia o be in es for cs and	ny or I his/h partn I and nsure the p	finan ner A nents med d to ourpo efits o	cial gency, s (unlestical inf disclostics oses of of cons	firm ss ot form se th f asse senti	or ther atio is in essir ing t	mark wise n bu form o the	ket it nation is e
10.2 Signature of	First name of Life Insured or parent/legal guardian if a minor Middle	initial	Last r	name							
Life Insured or parent/legal guardian for a minor										<u></u>	
	Last name(s) used in medical/legal records, if different										
	Signature of Life Insured or parent/legal guardian			Date							
	X			d	d -	m	mm	1 -	У	у	уу
	Signature of witness			Date							
	X			d	d -	m	mm	1 -	У	У	УУ
	First name of witness Last na	ame 									
	Name of minor child to be insured Middle name			Last	name						
	Signed at (city and province)										
								\perp			
			• • • • • •								
Authorization to release information If you need additional forms, please use Form D-0018 or a photocopy of this page.	I authorize any individual or public or private organization (include and any public or private health or social services institution, any Institution, MIB, Inc., any investigation and credit reporting agencies intermediary, my current or my former employers, and provincial required by provincial authorities)) that has personal information excluding genetic test information) about me and any of my mino to The Empire Life Insurance Company, its reinsurers, agents or reapplication. I understand the above purpose for this authorization disclosure of my health information under this authorization. A photocopy or an image of the signed authorization to disclose This authorization will be valid until revoked in writing.	es, my A Motor (includor childing represent and the	Adviso Vehic ing fir ren to ntativo ne risl	ompar or and le De nancia o be in es for as and tion v	ny or I his/h partn I and nsure the p	finan ner A nents med d to ourpo efits o	gency, s (unlestical inf disclostics oses of of cons	firm ss of form se th asse senti	or ther atio is in essir ing t	mark wise n bu form o the	ket It nation is e
10.2 Signature of Life Insured or	First name of Life Insured or parent/legal guardian if a minor Middle	initial	Last r	name							
parent/legal guardian for	Last name(s) used in medical/legal records, if different										
a minor											
	Signature of Life Insured or parent/legal guardian			Date							
	X				d -	m	m m	_	У	У	УУ
	Signature of witness			Date	d -	m	lm lm		l ,,	 _V	v v
	First name of witness Last na	ame		u	u -				<u> </u>	У	у у
	Name of minor child to be insured Middle name			Last	name						
	Signed at (city and province)										



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11. ADVISOR'S REPORT

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

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.

	· · · · · · · · · · · · · · · · · · ·	Office or processing will be delayed until received.					
	Servicing Advisor name (first, middle, last)	Advisor code Valid E&O on file? Split %					
		○ yes ○ no					
	Advisor name (first, middle, last)	Advisor code Split %					
	Advisory manage (firms maiddle lass)						
	Advisor name (first, middle, last)	Advisor code Split %					
I.2 GA/AGA/MGA/ National	Name of GA, AGA, MGA or national account						
Account Information	Contact at GA, AGA, MGA or national account						
	Contact at GA, AGA, 11GA or national account						
	Course have subse						
	Contact phone number						
	Contact e-mail address						
	Was this sale made through national accounts? yes						
	Did this sale originate from empirelife.ca? yes						
		st name					
	Advisor code Business phone is						
	Business phone i						
How was the sale made?	○ In person						
Jaic Made.	○ Video conferencing/screen-sharing software — specify type:						
Underwriting Requirements	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.						
	Life Insured I						
Only available for Solution 0, 20, 25 and 30 products	○ Medshare - Company: Requirements available to share:						
n a single coverage	Life Insured 2						
\$1,000,000	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.						
		fe Insured 2: O Blood Profile/Vitals or Preferred/Elite risk class consideration)					

11. ADVISOR'S REPORT CONT'D

Determination of Third Party Interests	If adding Solution I 00 coverage to a term policy, complete form D-00 I I 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.											
	In making this application, is the Owner acting on behalf of a third party? Oyes ono											
You must answer 'Yes' or	First name Last name or legal name or corporation/entity											
No' for all plans. If yes, complete entire section. For the purposes of this												
	Date of birth Address (number, street)											
section, a "third party" is a person or entity (other	City	Province Postal code										
chan 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.												
	Name of employer											
	Job title(s)											
	Occupation											
	Type of Business											
	District to O											
	Relationship to Owner											
	Jurisdiction of registration (i.e. country, province, territory)	ncorporation number										
Advisor(s)	jurisdictions, the companies I represent, the fact I receive compensation for the sale of life and health insurance company products (including the possibility I may receive additional compensation in the form of bonuses, conference programs or other incentives) and any conflicts or potential conflicts of interest. I have provided to the Owner(s) and Life Insured(s) the names of all Advisors who will have access to their personal information and to the policy and they are listed in section II.1. To the best of my knowledge and belief, the information provided in the application and in this Advisor's Report is current, correct and complete. I am not aware of any additional information that is material to the underwriting and acceptance of this Policy Change and/or Reinstatement Application that has not been disclosed in the application or Advisor's Report. 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. I am aware that Empire Life may contact the Owner(s) and/or Life Insured(s) directly. Advisor certification for "non-face-to-face" completion (if there is no in-person witness in Section 9.7): To the best of my knowledge and belief, each Owner, Life Insured, Irrevocable Beneficiary/Assignee and Third Party Payor (if applicable) signed this application as required.											
	Signature of Advisor	Date										
	X											
	Signature of training supervisor (where required in Quebec only)	d d - m m m - y y y y										
	Signature of servicing Advisor (if different from above). I have reviewed the application and Advisor's Report.	d d - m m m - y y y y										
Signature of licensed administrative assistant who completed the application (if applicable)	This must be completed if a licensed administrative assistant completed the application but did not provide any advice.											
	I, the licensed administrative assistant, confirm that to the best of my knowledge and belief, the information provided in the application is current, correct and complete. I am not aware of any additional information that is material to the underwriting and acceptance of the application that has not been disclosed in the application or Advisors Report.											
	Signature of licensed administrative assistant X	Date										
	First name of licensed administrative assistant Last name											

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.

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 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

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 for more information, including current ratings and financial results.

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