Assumption Life

Give this copy to Proposed Insureds and to Owners

NOTICE

RECORDS AND PERSONAL INFORMATION

In order to protect the confidentiality of your personal information, Assumption Life is responsible for ensuring that a file is established and retained according to the applicable rules, in the offices of Assumption Life or third parties acting on our behalf, in Canada or elsewhere, in which the information pertaining to your application for insurance, as well as the information pertaining to any insurance claim, will be placed. This personal information may be medical in nature or related to your lifestyle (driving record, pursuit of a hazardous sport, criminal record, etc.). When reviewing your insurance application or assessing a claim, we, our service providers or our reinsurers may consult any insurance file that we hold or that is held by other insurers or reinsurers with respect to any other insurance application or statement you may have made in the past.

For underwriting purposes, we could request a copy of your credit report. For underwriting purposes or in the event of a claim, we could retain the services of an investigator in order to conduct an investigation in regard to you. This investigation may bear on your reputation, health, finances and lifestyle. In the course of this investigation, family members, friends and neighbors may be questioned about you.

We may also, for medical underwriting purposes, seek the assistance of a physician or a paramedical organization or a clinic in order to have you undergo a medical examination, X-rays, an electrocardiogram or to collect a blood, urine or saliva sample. The analyses will be used to determine the existence of various abnormalities such as diabetes, hepatic, kidney or liver disorders, bone disease, immune disorder, infections caused by the AIDS virus, and the presence of medication, drugs, nicotine or their metabolites and to determine cholesterol and blood lipid levels.

In the event of a claim, we may require a copy of your medical records. We may also require, in the event of a death claim, a copy of the police investigation report, coroner's report, or any other report that provides relevant information explaining the circumstances of your death.

When reviewing your insurance application or for underwriting purposes, your personal and medical information may be disclosed to your insurance agent if this information is necessary for the performance of the agent's duties. Only those employees or agents (including any reinsurer, health care professional or service provider) who need the personal information for the performance of their duties will have access to your file. If necessary, your personal information, including your medical information, may also be shared with your beneficiaries or personal representative in relation to a claim for a death benefit.

Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. We may have to disclose your personal information in response to a request from government authorities or a court order in these countries.

Assumption Life shall not communicate your personal information to a third party without your consent unless required to do so by law or ordered to do so by a court.

You are entitled to consult any personal information held in your file and, if applicable, to have it corrected by submitting a written request to the following address: ASSUMPTION LIFE, c/o Underwriting Department, P.O. Box 160, Moncton NB E1C 8L1.
Telephone: 506-853-6040 or 1-800-455-7337 / Fax: 1-855-230-2500

NOTICE FROM MIB, INC. (MIB)

Information regarding your insurability will be treated as confidential. Assumption Life or its reinsurers may, however, make a brief report thereon to 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 accident and sickness insurance coverage, or a claim for benefits is submitted to such company, MIB, upon request, will supply such company with the information in its files. As a U.S.-based company, MIB is bound by, and such personal information may be disclosed in accordance with, applicable U.S. laws.

Upon receipt of a request from you, MIB will arrange disclosure to you of any information it may have in your file. Please contact MIB at 416-597-0590. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedure set forth in the U.S. federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree MA 02184-8734. To learn more about MIB, visit www.mib.com.

Assumption Life, or its reinsurer(s), may also release any information in its file to other insurance companies to whom you may apply for life or accident and sickness insurance, or to whom a claim for benefits may have been submitted.

Assumption Life

COPY TO BE REMITTED TO HEAD OFFICE

SIGNATURE, DECLARATION & AUTHORIZATION FORM FOR THE ONLINE APPLICATION

APPLICATION NUMBER OR POLICY/CONFIRMATION NUMBER

The application number and policy/confirmation number are found in the Saved Applications section of Lia.

Number: _____ OR saved applications section of Lia : _____

1. PREAUTHORIZED DEBIT (PAD) AGREEMENT	
Withdrawal Arrangements *This preauthorized agreement is considered a variable one.*	1. I authorize Assumption Life to begin deductions, at any time, as per my instructions for regular recurring payments for the amount indicated in the application. 2. If a preauthorized debit is returned due to insufficient funds (NSF) in the account, Assumption Life will withdraw the related $25 fee from that same account, without notice. 3. I agree to the debiting of my account on the regular preauthorized debit (PAD) withdrawal day as indicated on the application or the next business day (Subject to change). 4. I accept that my bank account be debited for the first PAD as of the date of signing of the application, **if all preconditions for the conditional temporary insurance agreement are met**. Check the box if you refuse. ☐
Waiver	I waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of the withdrawal.*
Cancellation	You may cancel this preauthorized debit agreement at any time, subject to providing Assumption Life with 10 days' written notice. Contact your financial institution about your rights regarding cancellation. (A sample cancellation form is available at www.cdnpay.ca.)
Method of Payment	Any cancellation of this preauthorized debit agreement will not affect the agreement between you and Assumption Life whatsoever, so long as payment is provided by an alternate method.
Recourse & Reimbursement	You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.
Exclusive Rights	All amounts transferred from the preauthorized bank account for the premium payment are for the exclusive benefit of the owner of the insurance policy.

* Assumption Life will not increase your preauthorized debit or change your debit date after your insurance contract becomes effective without notifying you.

NOTICE TO THE OWNER OF THE INSURANCE POLICY: Reimbursement of premiums, if any, shall be credited to the bank account from which premium payments were made, unless otherwise specified in the policy.

Underwritten by Assumption Mutual Life Insurance Company, doing business under the name Assumption Life
770 Main Street / P.O. Box 160 Moncton NB E1C 8L1 Tel.: 506-853-6040 / 1-800-455-7337 Fax.: 1-855-430-0591 E-mail: online.services@assumption.ca

2. DECLARATION OF PROPOSED INSUREDS AND OF OWNERS

- I have requested that the application be in English, and I request that all other related documents also be in English.
- I confirm that the information and answers that I have provided in the application and in any related document are complete and true and acknowledge that they constitute the basis for the contract.
- (For all proposed insureds having stated being non-smoker in the application) I hereby confirm that, in the past twelve (12) months I did not use any substance or product containing tobacco, nicotine, marijuana mixed with nicotine or e-cigarettes.
- I acknowledge that any misrepresentation may render the insurance coverage(s) voidable at Assumption Life's discretion within two years from the date of issue of the policy or rider(s) or date of reinstatement and that all fraud or any misrepresentation concerning the use of any substance or product containing tobacco, nicotine, marijuana mixed with nicotine or e-cigarettes shall render this contract automatically void and no claim for the sum insured will be payable.
- I understand that a telephone interview or other means may occasionally be used to complete the declaration of insurability, that such interview could be recorded, and that Assumption Life's acceptance of this application will also be based on those declarations.
- I understand that no insurance agent or person other than Assumption Life is authorized to modify, cancel or waive a question or provision of the application, nor a provision of the contract or of any rider or other document that is part of the contract. I understand that any notice to or knowledge of an insurance agent is not notice to or knowledge of Assumption Life unless stated in writing and made part of the application.
- I understand that the policy and any rider takes effect on the latest of the following dates:

  a. The date the application is approved without amendment or restriction by Assumption Life;

  b. The date of issue specified on the page titled "Policy Specifications" of the insurance contract when the application is approved without amendment or restriction by Assumption Life; or

  c. The date the proposed insured or proposed insureds, as the case may be, sign an amendment or restriction to the application at Assumption Life's request,

  provided that on that date:

  a. The first premium has been paid during the lifetime of all proposed insureds;

  b. No change has occurred with respect to the insurability of any proposed insured since the signing of the application; and

  c. Any information or answer provided in the application remains complete and true.
- I acknowledge and accept that Assumption Life will assume responsibility of the insurance risk only when the policy and rider(s) take effect, subject to the contract's limitations and exclusions.
- I acknowledge receipt of Assumption Life's Notice for Records and personal information and the Notice from MIB, Inc. (MIB).
- In the event that the conditional temporary insurance agreement is available for the submitted application and I satisfy all preconditions, I acknowledge receipt and I accept all its terms and conditions.

Underwritten by Assumption Mutual Life Insurance Company, doing business under the name Assumption Life
770 Main Street / P.O. Box 160 Moncton NB E1C 8L1 Tel.: 506-853-6040 / 1-800-455-7337 Fax.: 1-855-430-0591 E-mail: online.services@assumption.ca

3. AUTHORIZATION OF PROPOSED INSUREDS

I authorize any physician, health care professional, hospital, clinic or other medical or paramedical establishment, as well as any insurance company, MIB, a credit agency, and any other organization, institution or person that holds records or information pertaining to me, my health status, or to my children and their health status (when an insurance application on the life of a child is requested) to exchange such records or information with Assumption Life or its reinsurers for underwriting and claims adjudication purposes. I also authorize Assumption Life to disclose all my personal and medical information to the individuals and organizations identified in this paragraph for the purpose of underwriting and claims adjudication, including a death claim.

I authorize Assumption Life to disclose all personal and medical information obtained about me to my insurance agent when reviewing the insurance application or for underwriting purposes, when this information is necessary for the performance of the agent's duties.

I authorize Assumption Life, or its reinsurers, to make a brief report on my personal health information to MIB.

I consent to medical examinations, X-rays, electrocardiograms, blood, urine and saliva tests to medically underwrite my application, if required. I further consent to Assumption Life releasing the results of these tests, if need be, to its reinsurers, to my attending physician and to MIB.

I authorize Assumption Life to retain the services of an investigator at the time of underwriting and during the claims process. This investigation, when necessary, may consist in obtaining information on my health, finances and lifestyle.

In the event of a claim, I authorize any coroner, police force, or other agency that holds information regarding my death to communicate such information to Assumption Life and its reinsurers.

This authorization remains valid after my death.

I acknowledge that a reproduction of this authorization shall be as valid as the original.

4. NAME AND SIGNATURE OF THE PROPOSED INSUREDS, OWNERS, AND PAYERS

PROPOSED INSUREDS AGED 16 OR OLDER

*The **parent or legal guardian's signature is required** if the proposed insured is* **under 16 years of age**

Proposed Insured 1

Name: _____ Signature: X _____

Signed in province: _____ Date: _____
(day/month/year)

Proposed Insured 2

Name: _____ Signature: X _____

Signed in province: _____ Date: _____
(day/month/year)

OWNERS

*If the owner is an **individual**, complete **section A** below. If the owner is a **body corporate (corporation, partners, etc.)**, complete **section B only**.*

A. Name: _____ Signature: X _____

Signed in province: _____ Date: _____
(day/month/year)

Name: _____ Signature: X _____

Signed in province: _____ Date: _____
(day/month/year)

Underwritten by Assumption Mutual Life Insurance Company, doing business under the name Assumption Life
770 Main Street / P.O. Box 160 Moncton NB E1C 8L1 Tel.: 506-853-6040 / 1-800-455-7337 Fax.: 1-855-430-0591 E-mail: online.services@assumption.ca

B. **Body corporate (corporation, partners, etc.)**
FILL OUT ONLY IF THE OWNER OF THE POLICY IS A BODY CORPORATE

Name of the body corporate: _____

1. Name of person authorized to sign for the body corporate: _____

Title of person authorized to sign: _____

Signature: X_____ Signed in province: _____ Date: _____
(day/month/year)

2. Name of person authorized to sign for the body corporate: _____

Title of person authorized to sign: _____

Signature: X_____ Signed in province: _____ Date: _____
(day/month/year)

PAYERS (ACCOUNT HOLDERS) FOR PAD

*If two signatures are required on the bank account, both must appear in **section A** below. If Payer is a body corporate (corporation, partners, etc.), complete **section B** only.*

A. Name: _____ Signature: X_____ Date: _____
(day/month/year)

Name: _____ Signature: X_____ Date: _____
(day/month/year)

B. **Body corporate (corporation, partners, etc.)**
COMPLETE ONLY IF THE POLICY PAYER (BANK ACCOUNT HOLDER) FOR THE PAD IS A BODY CORPORATE
If two signatures are required on the bank account, both account holders must sign this authorization.

Name of the body corporate: _____

1. Name of person authorized to sign for the body corporate: _____

Title of person authorized to sign: _____

Signature: X_____ Date: _____
(day/month/year)

2. Name of person authorized to sign for the body corporate: _____

Title of person authorized to sign: _____

Signature: X_____ Date: _____
(day/month/year)

5. AGENT CODE, NAME, AND SIGNATURE

- The agent confirms having reviewed this declaration and authorization with the above-mentioned proposed insureds and owners and explained its content.
- The agent confirms having asked the questions listed in the application to the above-mentioned proposed insureds and owners and made sure that these were understood.
- In the case of an in person sale, the agent confirms having witnessed the signature of the proposed insureds, owners, and payers.
- **For sales in New Brunswick**: In the past twelve (12) months, the agent confirms having sold at least three (3) insurance policies for which the proposed insured was not the agent or a member of his/her immediate family (spouse, father, mother, father-in-law, mother-in-law, son, daughter, son-in-law, daughter-in-law, sister, brother, grandfather, grandmother, grandson or granddaughter). (If you are unable to make this declaration, please check the appropriate box, whether the proposed insured in this application (☐ is) or (☐ is not) you or a member of your immediate family.)

Code: _____ Name: _____ Signature: X_____

Date: _____
(day/month/year)

ATTENTION

Please send us a completed copy of this document by: **Fax**: 1-855-430-0591 or **Email**: online.services@assumption.ca

Underwritten by Assumption Mutual Life Insurance Company, doing business under the name Assumption Life
770 Main Street / P.O. Box 160 Moncton NB E1C 8L1 Tel.: 506-853-6040 / 1-800-455-7337 Fax.: 1-855-430-0591 E-mail: online.services@assumption.ca