

INSTANT ISSUE

LIFE INSURANCE



Wawanesa
Life[®]

INSTANT ISSUE PLAN

Our Instant Issue Life Insurance At-A-Glance

Face Amount	\$5,000 - \$50,000 <i>(in increments of \$2,500)</i>
Issue Ages	45 - 75
Premiums	Level, Guaranteed, and payable for 20 years
Features	Death Benefit paid (even if living) after the later of 20 years or age 85* Late Payment protection after 3 years through Automatic Premium Loan
Death Benefit	<ul style="list-style-type: none">• Non-Accidental:<ul style="list-style-type: none">• Return of Premium (ROP) + 10% interest if death in first 2 years• Face Amount if death after 2 years• Accidental:<ul style="list-style-type: none">• 2x Face Amount if death prior to age 75• Face Amount if death at age 75 or older
Simplified Underwriting	5 Qualifying Questions
Company Minimum Annual Premium	\$200
Premium Payment Methods	Annual (Pre-Authorized Debit (PAD) or billing) Semi-Annual (PAD or billing) Monthly (PAD)

*Note: Potential taxable policy gain upon maturity or surrender.

Who needs the protection of Wawanesa Life's Instant Issue Plan?

If you are age 45 to 75 and:

- Concerned about having a medical.
- Wish to leave a small legacy to your church, grandchildren or other worthy cause.
- Wish to ensure there are no unpaid bills left for your loved ones.
- Want to pay for probate fees, legal fees of executor's fees which arise on your death.

Then the Instant Issue Plan is designed especially for you.

Why Wawanesa Life's Instant Issue Plan?

- Select the level of coverage you desire.
- Protection starts as soon as the application and qualifying questions are completed and the first premium is paid.
- Guaranteed level premiums payable for only 20 years.
- Death Benefit paid in full (even if living) after the later of 20 years or age 85.
Note: Potential taxable policy gain upon maturity or surrender.
- Tax-free death benefits to your beneficiary.
- You name the beneficiary, which you can change at any time.
- Choose from 19 levels of protection:
\$5,000; \$7,500; \$10,000; \$12,500;
\$15,000; \$17,500; \$20,000; \$22,500;
\$25,000; \$27,500; \$30,000; \$32,500;
\$35,000; \$37,500; \$40,000; \$42,500;
\$45,000; \$47,500; \$50,000.
- Late payment protection provided after 3 years through Automatic Premium Loan.



What is the Instant Issue Plan?

Wawanesa Life's Instant Issue Life Insurance Plan can be issued with just 5 qualifying questions. No doctor's reports, no fuss. The plan consists of permanent life insurance with guaranteed premiums which cannot be changed by Wawanesa Life so you can take comfort in knowing your premiums will never increase.

If death results from non-accidental causes, the death benefit equals:

- The Return of Premium (ROP) plus 10% interest if death occurs within the first 2 years.
- The Face Amount if death occurs after 2 years.

If death results from accidental causes, the death benefit equals:

- Two times the Face Amount if death occurs prior to age 75.
- The Face Amount if death occurs at age 75 or older.

<i>3 Possible Outcomes for Death Benefit</i>	
<i>Outcome</i>	<i>Results when:</i>
ROP + 10%	non-accidental death occurs within the first 2 years of the policy
Face Value	non-accidental death occurs after the first 2 years of the policy OR accidental death occurs at age 75 or older
2x Face Value	accidental death occurs prior to age 75

INSTANT ISSUE Qualifying Questions

- 1 Within the last two years have you had a stroke, heart attack or been advised to have heart surgery? YES NO
- 2 Within the last three years have you consulted a physician for, or received treatment for cancer? YES NO
- 3 Within the last three years have you been declined for individual life insurance by Wawanesa Life or any other insurer? YES NO
- 4 Have you been diagnosed, treated for or had any indication of AIDS or AIDS related complex? YES NO
- 5 Are you currently restricted to a wheel chair, bedridden, hospitalized or confined to a nursing facility requiring full time care? YES NO

*If you answered 'Yes' to any of the above questions, coverage is not available.
Limit \$50,000 coverage per person.*

Sample Surrender Values for \$10,000 Coverage

END OF YEAR	ISSUE AGE						
	45	50	55	60	65	70	75
3	120	160	200	250	320	340	380
4	250	330	420	520	650	700	770
5	390	500	640	800	990	1,060	1,150
10	1,210	1,550	1,940	2,380	2,930	2,990	3,100
20	3,680	4,650	5,820	7,350	10,000	10,000	10,000

GUARANTEED PREMIUMS*

AGE NEAREST	COVERAGE \$5,000				COVERAGE \$10,000				COVERAGE \$15,000				COVERAGE \$25,000			
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MALE		FEMALE	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
45	201.50	18.14	below minimum	363.00	32.67	604.50	54.41	544.50	49.01	1007.50	90.68	907.50	81.68			
46	206.50	18.59	below minimum	370.50	33.35	619.50	55.76	555.75	50.02	1032.50	92.93	926.25	83.36			
47	211.65	19.05	below minimum	378.20	34.04	634.95	57.15	567.30	51.06	1058.25	95.24	945.50	85.10			
48	216.60	19.52	below minimum	386.00	34.74	650.70	58.56	579.00	52.11	1084.50	97.61	965.00	86.85			
49	222.30	20.01	below minimum	394.00	35.46	666.90	60.02	591.00	53.19	1111.50	100.04	985.00	88.65			
50	227.80	20.50	201.05	402.10	36.19	683.40	61.51	603.15	54.28	1139.00	102.51	1005.25	90.47			
51	235.00	21.15	206.10	412.20	37.10	705.00	63.45	618.30	55.65	1175.00	105.75	1030.50	92.75			
52	242.40	21.82	211.30	422.60	38.03	727.20	65.45	633.90	57.05	1212.00	109.08	1056.50	95.09			
53	250.05	22.50	216.65	433.30	39.00	750.15	67.51	649.95	58.50	1250.25	112.52	1083.25	97.49			
54	257.90	23.21	222.10	444.20	39.98	773.70	69.63	666.30	59.97	1289.50	116.06	1110.50	99.95			
55	266.05	23.94	227.70	455.40	40.99	798.15	71.83	683.10	61.48	1330.25	119.72	1138.50	102.47			
56	275.65	24.81	234.60	469.20	42.23	826.95	74.43	703.80	63.34	1378.25	124.04	1173.00	105.57			
57	285.55	25.70	241.70	483.40	43.51	856.65	77.10	725.10	65.26	1427.75	128.50	1208.50	108.77			
58	295.85	26.63	249.05	498.10	44.83	887.55	79.88	747.15	67.24	1479.25	133.13	1245.25	112.07			
59	306.50	27.59	256.60	513.20	46.19	919.50	82.76	769.80	69.28	1532.50	137.93	1283.00	115.47			
60	317.55	28.58	264.35	528.70	47.58	952.65	85.74	793.05	71.37	1587.75	142.90	1321.75	118.96			
61	331.00	29.79	273.90	547.80	49.30	993.00	89.37	821.70	73.95	1655.00	148.95	1369.50	123.26			
62	344.95	31.05	283.75	567.50	51.08	1034.85	93.14	851.25	76.61	1724.75	155.23	1418.75	127.69			
63	359.55	32.36	294.00	588.00	52.92	1078.65	97.08	882.00	79.38	1797.75	161.80	1470.00	132.30			
64	374.75	33.73	304.60	609.20	54.83	1124.25	101.18	913.80	82.24	1873.75	168.64	1523.00	137.07			
65	390.60	35.15	315.60	631.20	56.81	1171.80	105.46	946.80	85.21	1953.00	175.77	1578.00	142.02			
66	408.35	36.75	326.40	652.80	58.75	1225.05	110.25	979.20	88.13	2041.75	183.76	1632.00	146.88			
67	426.95	38.43	337.60	675.20	60.77	1280.85	115.28	1012.80	91.15	2134.75	192.13	1688.00	151.92			
68	446.35	40.17	349.15	698.30	62.85	1339.05	120.51	1047.45	94.27	2231.75	200.86	1745.75	157.12			
69	466.65	42.00	361.10	722.20	65.00	1399.95	126.00	1083.30	97.50	2333.25	209.99	1805.50	162.50			
70	487.85	43.91	373.45	746.90	67.22	1463.55	131.72	1120.35	100.83	2439.25	219.53	1867.25	168.05			
71	516.00	46.44	391.90	783.80	70.54	1548.00	139.32	1175.70	105.81	2580.00	232.20	1959.50	176.36			
72	545.75	49.12	411.30	822.60	74.03	1637.25	147.35	1233.90	111.05	2728.75	245.59	2056.50	185.09			
73	577.20	51.95	431.65	863.30	77.70	1731.60	155.84	1294.95	116.55	2886.00	259.74	2158.25	194.24			
74	610.50	54.95	453.00	906.00	81.54	1831.50	164.84	1359.00	122.31	3052.50	274.73	2265.00	203.85			
75	645.70	58.11	475.40	950.80	85.57	1937.10	174.34	1426.20	128.36	3228.50	290.57	2377.00	213.93			

Issue Ages: 45 - 75 | Volumes available from \$5,000 - \$50,000 (in increments of \$2,500)

Multiply the annual premium by 0.52 to obtain the semi-annual premium.

The company minimum annual premium for Pre-Authorized Debit is \$200.

*Plus sales tax, if applicable.



SAMPLE Contract Provisions

■ GENERAL PROVISIONS

Policy Owner

While the Life Insured is living, all benefits, rights and privileges under the contract belong to the Policy Owner. If the Life Insured is not the Policy Owner, the Policy Owner may name a Contingent Policy Owner to whom this policy will be transferred upon the death of the Policy Owner. On the death of the Contingent Policy Owner, the executors or the administrators of his or her estate will be the Policy Owner.

Any appointment of a Contingent Policy Owner may be changed or revoked.

A transfer of ownership automatically revokes Contingent Policy Owner designations and revocable beneficiary designations.

Beneficiary

The Policy Owner may appoint a Beneficiary. The Policy Owner may change the Beneficiary unless the appointment was irrevocable. If there is no Beneficiary living when the Life Insured dies, the Policy Owner or the estate of the Policy owner is the Beneficiary.

If beneficiary is designated as irrevocable, all transactions affecting the policy will require consent of both the Policy Owner and the Irrevocable Beneficiary. Where irrevocable beneficiary is incapable of giving consent, Policy Owner can apply for court order permitting the policy owner to deal with the contract without consent.

A beneficiary may disclaim his or her right to proceeds by filing written notice at the Company's Executive Office. This action is irrevocable. Proceeds payable under the contract would be payable as if the beneficiary predeceased the Insured.

Assignment

No assignment of this policy will be recognized until it is received in writing at the Company's Executive Office. The Company is not responsible for the validity of any assignment.

The Contract

The contract consists of this policy, the application for insurance and any amendment agreed upon in writing. Any change in this contract may be made only with the written consent of the Policy Owner and the Company. If the Life Insured reasonably fears for their life or health, they can apply to court to have the policy terminated. Only the President, the Vice President, the Secretary or the Actuary of the Company have authority to waive or agree to change any of the conditions or provisions of this policy. The Company may charge a reasonable fee for a second copy of policy and/or application.

Premiums

Premiums are payable as stated on the policy face on or before their due dates, starting on the Issue Date. Premiums are payable, while the Life Insured is living, for twenty years.

Days of Grace

Except for the first premium, a grace period of thirty days is allowed for payment of any premium due. The policy will remain in force during this period. If the Life Insured dies during the grace period, any premium due but unpaid will be deducted from the Life Insurance Proceeds. If the premium is not paid by the end of the grace period, this policy will lapse unless the Automatic Premium Loan applies.

Reinstatement

This policy will be reinstated while the Life Insured is alive, within two years after the date it lapsed. The requirements to reinstate are:

- Within 30 days after the end of the grace period:
 - payment of all overdue premiums and any indebtedness to the date of reinstatement. The Company may charge an interest rate as outlined in the applicable provincial Judgment Interest Act or similar legislation.
- Beyond 30 days after the end of the grace period, the additional requirements are:
 - a written application for reinstatement;
 - evidence of insurability of all lives insured satisfactory to the Company.

Currency

All payments made to or by the Company will be made in Canadian dollars.

Misstatement of Age & Sex

If the age or sex of the Life Insured is misstated, the benefits provided by this policy will be adjusted to those which the premiums would have purchased at the correct age and sex.

Issue Age

Issue Age is the age of the Life Insured on the birthday nearest the Issue Date of the policy.

Suicide

The Life Insurance Proceeds will not be paid if the Life Insured commits suicide, while sane or insane within two years from the Issue Date or the date of the last reinstatement of this policy. In that event, the amount payable will be the premiums paid for this policy.

Incontestability

In the absence of fraud, the Company will not contest the validity of this policy after it has been in force during the lifetime of the Life Insured for two years from the Issue Date or from the date of the last reinstatement. In issuing or reinstating this policy, the Company has relied on statements made in connection with the application for issue or reinstatement. No statement will be used by the Company to void this policy or to deny a claim unless that statement is a material misrepresentation and is part of the application.

If there is a misrepresentation at time of addition, increase or change in coverage, the Company may void this policy addition, increase or change but cannot void the entire policy.



■ BENEFIT PROVISIONS

Life Insurance Proceeds

If the Life Insured dies while the policy is in force, the Company will pay to the Beneficiary:

- a) If death is from non-accidental causes the death benefit equals:
 - i) the return of premiums with 10% interest if death occurs within the first two years from the Issue Date or the date of the last reinstatement.
 - ii) the face amount if death occurs after two years from the Issue Date or the date of the last reinstatement.
- b) If death is from accidental causes the death benefit equals:
 - i) two times the face amount if death occurs prior to age 75.
 - ii) the face amount if death occurs at age 75 or older.

Insurance proceeds cannot be paid to minor beneficiaries. In order to avoid difficulties with the settlement of a claim, a trustee(s) should be named for all minor children. If a trustee has not been named as of the date of the life insured's death, the proceeds will be paid to the Provincial Public Trustee.

Where the Company admits liability for the payment of proceeds but the person to whom proceeds would be payable is disentitled on public policy or other grounds and there is no person entitled to the proceeds, the Company would be provided with an express discharge for its payment of the proceeds into Court.

In no event shall the Life Insurance Proceeds be payable more than once.

Limitation Period

Every action or proceeding against the Company for a recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

Limitation period can be suspended if the claimant provides satisfactory evidence that their disability prevented them from taking action within the Limitation Period.

Non-Participating

This policy is not eligible for dividends and will not participate in our divisible surplus.

Surrender

This policy may be surrendered for its net surrender value by filing a written request with the Company. The net surrender value is the cash value as determined from the Table of Guaranteed Values less any policy loans and interest outstanding. Upon surrender, the policy will terminate.

Endowment

If the Life Insurance Proceeds have not been paid, the Company will pay the Sum Insured less any policy loans and interest outstanding, to the Policy owner on the Maturity Date. At that time, the policy will terminate.

Automatic Premium Loan

If any premium remains unpaid at the end of the days of grace, the Company will advance the premium as a loan on this policy as at the due date of the premium. If the net surrender value is less than the unpaid premium, the loan will be used to keep the policy in force for a pro-rated part of the premium period. The policy will remain in force until the net surrender value is zero. Policy loans, other than Automatic Premium Loans, are not available on this policy.

Notice of Consent & Disclosure Regarding Personal Information

The Company collects, uses and discloses personal information in order to administer the products and services the Policy Owner has requested. Personal information is collected, used and disclosed for the purposes of: establishing and maintaining communications with the Policy Owner; underwriting risks on a prudent basis; investigating and paying claims; receiving payments of insurance premiums and policy loan repayments; withdrawing premiums from and depositing funds into Payer's account (applicable if PAD Agreement is signed); detecting and preventing fraud; offering and providing products and services to meet the Policy Owner's or the Insured's needs; compiling statistics; and acting as required or authorized by law.

We may share the Policy Owner's or Insured's personal information with the following people, organizations and service providers: the Company's employees and agents who require this information to perform their jobs; third party providers who require this information to provide their services, which may include paramedical agencies, underwriters, claims investigators, investigative agencies, providers of information processing and storage, programming, printing, mailing and distribution services; applicable reinsurance companies to allow them to evaluate and administer any insurance risk that they accept; the Medical Information Bureau as explained in the notice provided; people to whom the Policy Owner has granted access; and people who are legally authorized to view the Policy Owner's or Insured's personal information. These people, organizations and service providers may be in other provinces or jurisdictions outside Canada. The information may be shared as required by the laws of those jurisdictions.

In order to provide services to the Policy Owner or the Life Insured in the future and provide the benefits included in the policy, the Company may need to collect, use and disclose additional personal information about the Policy Owner or the Life Insured. The Company may not require the Policy Owner or the Life Insured to provide consent at that time.

Any restriction or withdrawal of the consent may result in the Company being unable to provide the product or service being applied for or having to terminate the policy. Further information about the Company's Personal Information Protection Policy can be obtained from the Company's Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.

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www.wawanesalife.com
Toll Free: 1-888-997-9965

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INSTANT ISSUE

LIFE INSURANCE



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DECLARATION OF TAX RESIDENCE

a) U.S. CITIZEN OR RESIDENT

INDIVIDUALS:

Are you a U.S. citizen or a U.S. resident for U.S. tax purposes?

If 'Yes', provide your U.S. Taxpayer Identification Number (TIN):

POLICY OWNER	JOINT POLICY OWNER (if applicable)
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

ENTITIES:

Please complete the *Declaration of Tax Residence for Entities* form available on the Broker Forms page of our website.

b) RESIDENT OF A COUNTRY OTHER THAN CANADA OR THE U.S.

INDIVIDUALS:

Are you a tax resident of a jurisdiction other than Canada or the U.S.?

If 'Yes', give your jurisdictions of tax residence and Taxpayer Identification Number (TIN). If you do not have a TIN for a specific jurisdiction, give the reason using one of these choices:

Reason 1: I will apply or have applied for a TIN but have not yet received it.

Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.

Reason 3: Other reason.

POLICY OWNER	JOINT POLICY OWNER (if applicable)
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

	Jurisdiction of tax residence	Taxpayer identification number	If you do not have a TIN, choose reason 1, 2 or 3
Policy Owner			
Joint Policy Owner			

If reason 3 is selected, please specify:

ENTITIES:

Please complete the *Declaration of Tax Residence for Entities* form available on the Broker forms page of our website.

Canadian financial institutions are required under Part XVIII and Part XIX of the Income Tax Act to collect the information you provide on this form to determine if we have to report your financial account to the Canada Revenue Agency (CRA). The CRA may share this information with the government of a foreign jurisdiction that a person identified on this form is a resident of for tax purposes. In the case of the United States, the CRA may also share the information with the U.S. government if the person is a U.S. citizen.

POLICY BENEFITS

Coverage Amount

\$

*Coverage options from \$5,000 - \$50,000.
Must be in increments of \$2,500

PAYMENT OPTIONS (select one)

Monthly Pre-Authorized Debit (PAD)*

Semi-Annual PAD*

Annual PAD*

Semi-Annual Billing

Annual Billing

***Please complete Pre-Authorized Debit Agreement on page 4.**

POLICY REPLACEMENT

Is this policy intended to replace any life insurance currently in effect? YES NO

If 'YES', a Life Insurance Replacement Declaration must be submitted.

POLICY DELIVERY OPTIONS

Policy should be mailed to: Policy Owner (direct delivery) or Broker (personal delivery)

If no preference is indicated, the policy will be sent directly to the policy owner.

QUALIFYING QUESTIONS

1. Within the last two years have you had a stroke, heart attack or been advised to have heart surgery? YES NO

2. Within the last three years have you consulted a physician for, or received treatment for cancer? YES NO

3. Within the last three years have you been declined for individual life insurance by Wawanesa Life or any other insurer? YES NO

4. Have you been diagnosed, treated for or had any indication of AIDS or AIDS related complex? YES NO

5. Are you currently restricted to a wheel chair, bedridden, hospitalized or confined to a nursing facility requiring full time care? YES NO

IF YOU ANSWERED 'YES' TO ANY OF THE ABOVE FIVE QUESTIONS, COVERAGE IS NOT AVAILABLE.

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT (if applicable)

You, the Payor, authorize the Wawanesa Life Insurance Company to debit the bank account identified below for the amount, frequency and on withdrawal day indicated or the next business day. For provisions of this agreement, please see the Pre-Authorized Debit Plan Authorization section.

PAYMENT FREQUENCY (check one)

MONTHLY SEMI-ANNUAL ANNUAL

TOTAL MODAL PREMIUM

\$ _____
plus sales tax, if applicable.

WITHDRAWAL DAY

POLICY DATE or _____ (1ST - 28TH)

PAYOR INFORMATION (please print clearly)

ACCOUNT OWNER NAME(S)* _____ PHONE # (____) _____

STREET ADDRESS _____

CITY & PROVINCE _____ POSTAL CODE _____

BANK ACCOUNT INFORMATION

Use my current Wawanesa Life PAD under policy # _____ or

Establish a new PAD using:

Details from premium cheque (attached) Details from void cheque (attached) Information below:

FINANCIAL INSTITUTION (F.I.) _____

BRANCH ADDRESS _____

CITY & PROVINCE _____ POSTAL CODE _____

TYPE OF ACCOUNT (must allow electronic debits) SAVINGS CHEQUING

TRANSIT NO. _____ F.I. NO. _____ ACCOUNT NO. _____

***NOTE: Account Owner's Signature is required on page 6.**

FOR EXECUTIVE OFFICE USE ONLY

PAD NO.	_____	WITHDRAWAL DAY	_____
TOTAL PAD AMOUNT \$	_____		

PRE-AUTHORIZED DEBIT (PAD) PLAN AUTHORIZATION (if applicable)

I request and authorize Wawanesa Life to make withdrawals from the account designated on the Pre-Authorized Debit (PAD) Agreement or from any subsequently designated account in order to make policy payments and/or specific payments on loan indebtedness, under the following terms:

1. Withdrawals will be made according to the payment frequency indicated on the application on the policy issue date unless a particular withdrawal day is specified.
2. If a monthly PAD is returned as insufficient funds, the next PAD amount will be for the two months of premium. Notification will be provided prior to this double withdrawal.
3. I may revoke my authorization at any time, subject to providing written notice of 10 days to Wawanesa Life. (For more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca.)
4. I have certain recourse rights, provided under the personal PAD agreement, if any debit does not comply with the agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the personal PAD agreement. (For more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.)
5. I may provide written request to add/delete policies to the PAD agreement or change bank information without completing a new PAD agreement.
6. **I waive the right to receive 10 days' notice of an increase or decrease in the amount of the automatic withdrawal due to premium changes during the underwriting process. Notification of premium changes will be provided when the policy is issued.**

AGREEMENTS AND AUTHORIZATIONS

I, the Life Insured/Policy Owner understand and agree that:

1. Once the policy is issued and mailed to the Policy Owner, the Policy Owner will inspect the policy to verify that its terms are satisfactory and as requested. If the policy is not returned to Wawanesa Life within 30 days from the date the policy is mailed, the Policy Owner accepts the policy.
2. No statement, representation or promise made in respect of the insurance applied for shall be deemed to have been communicated to or binding on Wawanesa life unless set out in this application.
3. No broker is authorized to amend, alter, modify or waive the terms of this application, or any contract of insurance issued.

I declare that the statements and answers made in this application and in any supplement to this application are true, complete and correctly recorded and will form the basis of any contract issued.

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: establishing and maintaining communications with me; underwriting risks on a prudent basis; investigating and paying claims; receiving payments of insurance premiums and policy loan repayments; withdrawing premiums from and depositing funds into my account (applicable if PAD Agreement is signed); detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

I have read and understood that Wawanesa Life may share my personal information with the required people, organizations and service providers as described in the Notice of Consent & Disclosure Regarding Personal Information on Customer Copy, who may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

I recognize that in providing services to me in the future and providing me with the benefits included in the policy I am applying for, Wawanesa Life may need to collect, use and disclose additional personal information about me. I confirm that this consent applies to that personal information as well.

I understand that any restriction or withdrawal of my consent may result in Wawanesa Life being unable to provide me with the product or service being applied for or having to terminate the policy.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies and procedures, please contact the individual accountable for our personal information protection compliance: Senior Vice President, Chief Legal Officer & Corporate Secretary, The Wawanesa Life Insurance Company, 900-191 Broadway, Winnipeg, Manitoba R3C 3P1.

(SIGNATURES REQUIRED ON PAGE 6)

SIGNATURES - For Authorizations on pages 4 and 5

I confirm that all of my answers to the declarations are truthful and complete to the best of my information, knowledge and belief. I further confirm that I have read, understood and accepted the terms and conditions of the agreements, declarations and authorizations in this application.

A photocopy or an electronic reproduction of this document will be as valid as the original.

Signed at _____ in the province of _____ on this ____ day of _____, _____

LIFE INSURED (Signature)

POLICY OWNER, if other than Life Insured (Signature)

PAD ACCOUNT HOLDERS, if other than Policy Owner or Life Insured (Signature)

WITNESS (Signature)

ALLOCATION OF THIS SALE

ALLOCATION FACTORS
1ST YEAR RENEWAL

AGENT OF RECORD (Please Print)

BROKER NUMBER

_____ % _____ %

SERVICING AGENT (Please Print)

BROKER NUMBER

_____ % _____ %

OTHER (Please Print)

BROKER NUMBER

_____ % _____ %

INDEPENDENT INSURANCE BROKER'S DECLARATION

I declare that I have asked and fully recorded the answers of all proposed lives insured to all questions on this application, and that I know of nothing that is material to their insurability that has not been recorded herein. I am aware of and in compliance with the Company's Sales Code of Ethics.

Confirming Disclosure: I have provided the applicant(s) with written materials advising: about the company(s) I currently represent, that I receive compensation (such as commissions or a salary) for the sale of life and health insurance products, that I may receive additional compensation in the form of bonuses or other incentives, and of any conflicts of interest I may have with respect to this transaction.

SELLING BROKER (Please print)

SELLING BROKER (Signature)



The Wawanesa Life Insurance Company, 400 - 200 Main St, Winnipeg, MB R3C 1A8
Phone: 1-204-985-3940 Toll Free: 1-800-263-6785 Toll Free Fax: 1-888-985-3872

|| 07/2017

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INSTANT ISSUE

LIFE INSURANCE



Wawanesa
Life[®]

APPLICATION FOR INSURANCE *Customer Copy*

INDEPENDENT INSURANCE BROKER PROCEDURES:

THE FOLLOWING NOTICES & DISCLOSURES ARE INCLUDED ON THIS SHEET AND MUST BE GIVEN TO THE POLICY OWNER

■ **NOTICES & DISCLOSURE STATEMENTS**

Notice of Consent & Disclosure Regarding Personal Information

This notice must be given to the Policy Owner.

Independent Insurance Broker Disclosure Statement

This section must be completed and signed by the selling independent insurance broker.

Receipt for Payment

Receipt for Payment must be completed and given to the Policy Owner.

■ **NOTICE OF CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION**

We collect, use and disclose your personal information in order to administer the products and services you have requested. Personal Information is collected for the purposes of: establishing and maintaining communications with you; underwriting risks on a prudent basis; investigating and paying claims; receiving payments of insurance premiums and policy loan repayments; withdrawing premiums from and depositing funds into your account (applicable if PAD Agreement is signed); detecting and preventing fraud; offering and providing products and services to meet your needs; compiling statistics and acting as required or authorized by law.

We may share your personal information with the following people, organizations and service providers: Wawanesa Life employees and brokers who require this information to perform their jobs; third party providers who require this information to provide their services to you, which may include paramedical agencies, underwriters, claims investigators, investigative agencies, providers of information processing and storage, programming, printing, mailing and distributions services; applicable reinsurance companies to allow them to evaluate and administer any insurance risk that they accept; the Medical Information Bureau as explained in the notice provided; people to whom you have granted access; and people who are legally authorized to view your personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. Your information may be shared as required by the laws of those jurisdictions.

There are other situations where we may share aspects of your personal information with others, as described below:

- We may share medical information collected about you with your doctor.
- We may share your personal information with an organization or person from whom we are collecting information about you, but only as required to obtain the information needed.
- If laboratory tests performed on our behalf show that you have tested positive for infectious diseases such as HIV or hepatitis, we may report this information to the appropriate public health authorities, as required.

Because the medical information you include in this application becomes part of the printed contract, in the case of a corporate or joint policy, your medical information may be included in the policy contract issued to the policy owner(s) and any subsequent owners.

In order to provide services to you in the future and provide you with the benefits included in the policy, Wawanesa Life may need to collect, use and disclose additional personal information about you. We may not require you to provide consent at that time.

■ NOTICE OF CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION (continued)

Any restriction or withdrawal of your consent may result in Wawanesa Life being unable to provide you with the product or service being applied for or having to terminate the policy.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies and procedures, please contact the individual accountable for our personal information protection compliance: Senior Vice President, Chief Legal Officer & Corporate Secretary, The Wawanesa Life Insurance Company, 900-191 Broadway, Winnipeg, Manitoba R3C 3P1.

■ INDEPENDENT INSURANCE BROKER DISCLOSURE STATEMENT

The following disclosure notice must be completed by the independent insurance broker and provided to you, in writing prior to you entering into this financial transaction. Please ask your independent insurance broker for further information or details.

1. I, _____, am a licensed insurance broker in the province of _____.
2. This transaction is between you and WAWANESA LIFE.
3. In soliciting this transaction, I am representing WAWANESA LIFE and _____.
NAME OF AGENCY
4. In the past 12 calendar months, the majority of the insurance or financial products that I have sold were issued by the following companies: _____.
5. I am committed to selling on the basis of needs.
6. Upon completion of this transaction, I will receive compensation from WAWANESA LIFE and may receive additional compensation in the form of bonuses or other incentives.
7. The nature and extent of my relationship with WAWANESA LIFE is as an independent insurance broker.
8. I and WAWANESA LIFE are prohibited from requiring you to transact additional business with WAWANESA LIFE or any other person or corporation as a condition of this transaction.
9. I declare the following conflicts of interest, if any: _____.

DATE _____ SIGNATURE OF BROKER _____

■ RECEIPT FOR PAYMENT

RECEIVED \$ _____ for life insurance applied for in an application with the same date as this receipt.

ON THE LIFE OF _____

DATE _____ SIGNATURE OF BROKER _____



Wawanesa
Life[®]

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11/07/2017