**VERSION DATE: JULY 2022** 

# GUARANTEED LIFE PROTECT™ INSURANCE APPLICATION



## Checklist (please complete and submit with the application)

$\bigcirc$	The initial premium payment has been submitted with the application or pre-authorized debit
	information has been completed.

- Banking information has been provided for pre-authorized debit payments (if applicable).
- O Determination of third party interests has been completed.
- A provincial replacement form has been completed (if applicable).
- The proposed Owner/Life Insured has received the **Important Consumer Information** page (section 7).

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, "Empire Life", "us" and "we" means The Empire Life Insurance Company. "Life Insured" means the individual proposed for insurance coverage and "Owner" means the individual who will own the insurance contract. The Owner and the Life Insured must be the same individual. The Owner cannot be a corporation or other legal entity and there are no joint owners or joint life insureds. "Advisor" means the individual insurance agent who helped complete this application.

The Owner/Life Insured is responsible for the completeness and accuracy of information in the application and in any other questionnaires or forms relating to this application.

The Owner/Life Insured must be a resident of Canada for tax purposes. For additional information refer to the Empire Life "Guidelines for Immigrants".

The Owner/Life Insured must meet in person with their Advisor when completing this application.

This application can only be used for a Life Insured insurance age 40 to 75.

The maximum lifetime coverage amount for all Guaranteed Life Protect policies for a Life Insured is \$50,000.

Temporary Insurance is not available for Guaranteed Life Protect.

No riders or benefits can be added to this policy.

No ownership changes are permitted.

Print clearly in black ink. Do not use a marker or pencil. Please ensure that boxes are clearly marked. Do not use ditto marks.

If you make an error, strike out and initial the error, then make the correction. Do not erase or use liquid paper.

Initial any additions made after signing the application. The application is a legal document that forms part of the insurance contract, if one is issued and takes effect.

## 1. POLICY INFORMATION

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The Owner/Life Insured																																
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40-75 inclusive.																																
*A smoker is considered someone who, in the past	Ci	ty																					Pro	ovinc	e	Pos	stal	coc	le			
12 months, has used more																																
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any other tobacco, cigarette, e-cigarette, cigarillo, pipe,	С	) Ma	ıle	$\bigcirc$ F	ema	le		d	d	-	m	m	m	-	.   )	/   )	/	y   <u>y</u>	/													
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regarding this application and any policy issued based	0	noi	n-sn	noker	-				-												<u> </u>				<u> </u>		<u></u>					
on this application, unless	C	onta	ct e	mail	add	ress	**		,																							
you consent otherwise.																																
Verification of Owner	/erification The Advisor must verify the Owner's identity by reviewing a valid, current and original government issued photo																															
If the Owner does not have a valid government issued photo identification				ort			er's	Lice	nce																							
document, please complete section 1.2 of the D-0011 Verification of Identity of	Do	Expiry date																														
Owner(s)/Determination of Politically Exposed Persons and Third Party Interests.	Jui	Jurisdiction and country of issue  Date of verification  d d - m m m - y y y y  Where do you reside for tax purposes? (check all that apply)																														
If using citizenship card for verification, it must have an issue date prior to January 2012.  *You do not reside in Canada for tax purposes if you are a seasonal worker, nonconvention refugee, asylum seeker or a student in Canada	0	Ca U.S If y Ot	inad S. (re ou e ther <b>you</b>	-	nt o ot ha ecify <b>not</b>	or cit ave a v cou hav	izen TIN untry	) - 1 I fro ' <b>FIN</b>	Tax lom th	den ne l	ntification	atio	on Ne yo	lum u a	ber pplie	(TIN ed fo	1) _ r oı 	ne?(								-						
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1.4 Replacement/ Insurance History	A)			u hav																						s, coi	mpl	lete	the	table	e be	elow.
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6 months, complete a provincial replacement form.			orce nding		Life AD8		CI DI		an ty	рe						rsona sines	ai	Com	pany	′			- 1	eplac ) yes	_		Issu	ue yı	Aı \$	mou	int	
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	If replacing an Empire Life coverage, please specify the policy number:																															
	B) If the applications are concurrent, are you placing only one policy? O yes O no																															
	C)	) WI	hat	is the	e tot	tal a	mou	nt c	f ins	ura	ınce	to	plac	e v	vith	all c	arri	ers?	\$													

## 2. BENEFICIARY INFORMATION

### Important information about designating a beneficiary:

If a beneficiary is not named for the Owner/Life Insured or if all named beneficiaries predecease the Owner/Life Insured, any benefit that becomes payable will be paid to the Owner/Life Insured's estate. **Percentages for all primary beneficiaries must total 100%.** If you name more than one beneficiary and do not indicate a percentage share or "equal shares", you will be deemed to have indicated "equal shares". To name additional beneficiaries, use the Beneficiary Designation Form (form D-0017).

#### **Minors**:

Benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any benefits due to the beneficiary, while a minor, will be paid to the trustee on the beneficiary's behalf. In Quebec, benefits due to a beneficiary, while a minor, will be paid to the beneficiary's tutor(s) or legal guardian(s) unless you have appointed an administrator or established a formal trust. After the beneficiary reaches the age of majority, any benefits due to the beneficiary will be paid directly to the beneficiary unless you have established a formal trust and such trust is still in effect at the time the benefit is payable.

#### Irrevocable/revocable designations:

A primary beneficiary designation is revocable unless you indicate "irrevocable". In Quebec, if a married or civil union spouse is named as primary beneficiary, the designation is irrevocable unless you indicate "revocable". If you designate a primary beneficiary as irrevocable, you cannot change or revoke the beneficiary or exercise rights and privileges such as withdrawals, assignments, or transferring ownership without the irrevocable beneficiary's written consent. If your policy is governed by the laws of Nova Scotia and you designate a primary beneficiary as irrevocable you must also complete an Irrevocable Beneficiary Designation Supplement (INS-3207). **An irrevocable beneficiary who is a minor cannot provide consent.** Therefore, if an irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges unless, where permitted by law, a court order is obtained.

#### **Contingent beneficiary:**

A contingent beneficiary becomes the beneficiary if all of the primary beneficiaries have died before the Owner/Life Insured, as applicable. **Percentages for all contingent beneficiaries must total 100%. Contingent beneficiary designations are always revocable.** 

Beneficiary(ies)				
First name	Middle name	Last name		<ul><li>Primary</li><li>Contingent</li></ul>
Relationship to Owner/Life Insured  Child Spouse	Date of birth  d d - m m m - y y	ууу	OR %	C Revocable C Irrevocable
First name	Middle name	Last name		<ul><li>Primary</li><li>Contingent</li></ul>
Relationship to Owner/Life Insured  Child Spouse	Date of birth   d   d   -   m   m   m   -   y   y	y   y	OR %	○ Revocable ○ Irrevocable
First name	Middle name	Last name		O Primary O Contingent
Relationship to Owner/Life Insured  Child Spouse	Date of birth  d d - m m m - y y	ууу	OR %	Revocable Irrevocable
First name	Middle name	Last name		O Primary O Contingent
Relationship to Owner/Life Insured  Child Spouse	Date of birth		OR %	○ Revocable ○ Irrevocable

### 3. COVERAGE SELECTION

The maximum lifetime coverage amount for all Guaranteed Life Protect policies for a Life Insured is \$50,000.

3.1 Coverage Amount	Insurance age 40 to 75 Coverage amount, up to \$50,000: \$	
Minimum coverage is \$5,000.	Do you currently have a Guaranteed Life Protect policy following for each Guaranteed Life Protect policy you ov	with Empire Life? O yes O no – if yes, please provide the wn:
	Amount of coverage \$	Policy number:
	Amount of coverage \$	Policy number: L

### 4. PREMIUM PAYMENT INFORMATION

4.1 Premium Payment Information	Initial premium submitted with this application     Draw initial premium by pre-authorized debit (PAD)								
Cheques must be payable to <b>Empire Life.</b>	Who will pay the premiums?  Owner/Life Insured Third Party - please complete Determination of Third Party Interests, section 6.4.								
	How will premiums be paid?  Monthly Pre-authorized Debit (PAD)*  Annual Billing								
	*The monthly PAD amount is equal to the annual premium multiplied by a factor of 0.09.								
4.2 Pre-Authorized Debit (PAD)	For monthly PAD, withdraw premiums from:  Account shown on the initial premium cheque  Account shown on the attached void cheque or pre-authorized transaction form from my financial institution.								
	Same account as Empire Life policy number:								
	Automatic withdrawal day (1st to 28th of the month)  If no date is indicated, the same day as the issue (effective) date of the policy will be used.								

## 5. DECLARATION, ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

#### **Declaration and Acknowledgement:**

#### I declare and acknowledge that:

- · I have understood the meaning and importance of all the questions asked on this application;
- · I received satisfactory information concerning the product I am applying for before signing this application;
- I understand the Advisor may be paid on a commission basis;
- · I was present when the answers and statements about me (collectively "my Answers") were recorded on the application;
- I have reviewed my Answers and confirm they are 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;
- I must disclose to Empire Life, for its review and consideration, all information material to the insurance being applied for that is known to me prior to the policy taking effect, and failure to do so may result in Empire Life voiding the policy, which means it never came into effect;
- 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 policy; and
- · I am responsible for paying premiums. Cheques must be payable to Empire Life.

#### **Agreement**

#### I understand and agree:

- · I will notify Empire Life if there is a change to my tax residency status;
- To the terms and conditions of this application;
- · That this application, including all answers and statements provided by me, will form part of the policy when issued;
- Empire Life is not under any obligation unless the application is approved without modification by Empire Life and the first premium is paid, provided the first premium payment is honoured when presented for payment by the financial institution from which it is to be collected;
- That if there are apparent errors or omissions in this application, or if Empire Life offers to issue a policy on a basis different than has been applied for,
  Empire Life will make necessary changes to the application in writing before delivering the policy to me for acceptance and Empire Life is not under any
  obligation unless I accept the policy and the initial premium is paid; and
- · I will be deemed to have accepted the policy and any application changes unless I return the policy to Empire Life within 10 days of delivery.

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

#### **PAD Agreement**

- The Pre-authorized Debit (PAD) applies to regular scheduled premiums. In addition, if the initial premium submitted is less than the premium required to put the policy in force, the shortfall may be withdrawn from my account with the first monthly withdrawal;
- PAD arrangements may be terminated on 10 days written notice, beginning on the date the notice is mailed by either me or Empire Life. If terminated, subsequent premiums will be payable to Empire Life using any of the methods of payment then being offered, according to the terms of the policy. To obtain more information on the right to cancel a PAD arrangement, or to obtain a sample cancellation form, I may contact my financial institution or visit www.payments.ca;
- For the purposes of this agreement, all debits from my account will be treated as a personal PAD;
- I waive my right to notice before any withdrawal is made and also my right to notice of any change in the amount of the automatic withdrawal; and
- I am aware that certain recourse rights exist in the event that a debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact Empire Life or visit www.payments.ca.

#### For inquiries regarding your Pre-authorized Debit, contact:

The Empire Life Insurance Company

259 King Street East, Kingston ON K7L 3A8 Phone: I 800 561 I268 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 4. 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 and Personal Information Authorization**

- I have understood the meaning of the statements contained in the notice titled "Your Personal Information and Your Privacy" that was provided to me in the document titled "Important Consumer Information" ("Notice");
- I consent to Empire Life and the other parties referred to in the Notice collecting, using and disclosing my personal information for the purposes set out in the Notice;
- 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; and
- If a claim for benefits is made under the policy, I authorize the beneficiary, my 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, which may include my personal information, to the beneficiary entitled to proceeds under the policy.

#### Withdrawing Consent

#### I agree as follows:

- · I understand that I can withdraw my consent provided above at any time by notifying Empire Life in writing;
- I acknowledge that if I withdraw my consent provided above:
  - Any action taken in reliance on my consent prior to it being withdrawn will be valid; and
  - Empire Life may be unable to assess this application, or, if a policy has been issued, may be unable to administer the policy and assess a claim for benefits under the policy, and may cancel the policy in its sole discretion, and if this occurs, no benefits will be payable under the policy, and the I will be unable to exercise any rights under the policy.

#### Service from the Advisor

#### I agree as follows:

- I authorize Empire Life to collect personal information about me from and/or disclose my personal information to the Advisor and Agency regarding the application and the policy, as required, so the Advisor and Agency can provide me with service and advice in relation to the policy;
- I understand that I can change the Advisor at any time by writing to Empire Life.

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

5.1	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:									
5.2	Signature of Owner/Life	er/Life Acknowledgement, Agreement and Consent and consent to the use of my personal information as described.									
	Insured	Signature of Owner/Life Insured									
5.3	Monthly PAD and Corporate Accounts	If monthly PAD and using a corporate account or the accoun of the account signs below. By signing below, I confirm I have Agreement and Banking Authorization.									
		Signature X									
		Signing authority first name	Last name								
5.4	Signature of Witness	All signatures must be witnessed by a person of legal age who stand to benefit from the insurance applied for.	is unrelated to	the Life Insured(s) or Owner(s) and does not							
Witnes Adviso	s should be the r.	Signature of witness		Date (dd/mmm/yyyy)							
		First name of witness	Last name								

## 6. ADVISOR'S REPORT

In this report, "you" and "your" refer to the Advisor who solicited the application. The person who solicited the application, the training supervisor (if any) and the servicing advisor, if different than the person who solicited the application, must sign section 6.5.

If a licensed administrative assistant completed the application without providing any advice, the assistant signs section 6.6 and the soliciting advisor must sign section 6.5.

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

6.1	Disclosure Information	REQUIRED: Did you meet with the Owner/Life Insured in person?	) yes	) no										
	mormation	Have you completed an analysis of the purchaser's needs to support In Quebec, the collected information must be provided to the client				is delivere	d.							
6.2	Advisor Information	Errors & Omissions insurance (E&O) must be valid in the province where the application was solicited and signed. Availd licence must be on file at Empire Life Head Office or processing will be delayed until received.												
		Servicing Advisor name (first, last)	Advisor			O on file?	Split %							
					○ yes	○ no								
		Advisor name (first, last)			) yes	O no								
		Advisor name (first, last)			) yes	O no								
/ 2	GA/AGA/	Name of GA, AGA, MGA or national account			,									
6.3	MGA/National Account	Name of GA, AGA, FIGA of Hational account												
	Information	Contact at GA, AGA, MGA or national account												
		Contact phone number Contact email address												
		Was this sale made through national accounts?												
		Did this sale originate from empirelife.ca?												
		First name of insurance specialist/Advisor Last name												
		Advisor code Business phone number												
6.4	Determination of Third Party	In making this application is the Owner acting on behalf of a	a third pa	rty? () ye	es O no									
_	Interests	First name Last na	ame or leg	al name or o	orporation			—						
or 'No	ust answer 'Yes' '. If yes, complete													
	section. e purposes of this	Date of birth Address (number, street)												
section	, a "third party" is	d d - m m m - y y y y y												
han th	on or entity (other le Life Insured or	City		Pro	ovince Po	stal code								
	) who instructs the to take actions on	Name of employer												
he pol	icy.													
		Job title(s)												
		Occupation												
		Type of business												
		Relationship to Owner/Life Insured												
		Jurisdiction of registration (i.e. country, province, territory)		Incorporatio	n number									

## 6. ADVISOR'S REPORT CONT'D

Signature(s) of Licenced Advisor(s)

I gave the Owner/Life Insured a statement of disclosure outlining the licences I have and in which jurisdictions, the companies I represent, the fact I receive compensation for the sale of life and health insurance 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/Life Insured the names of all advisors who have access to their personal information and to the policy and they are listed in section 6.2.

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 acceptance of the application that has not been disclosed in the application or Advisors Report.

I have verified the identity of the Owner, checked for any indication the Owner 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 the Advisor's Report.

I am confident the Owner/Life Insured understood the meaning and importance of all questions asked on the application. I am aware that Empire Life may contact the Owner/Life Insured directly.

Signature of Advisor	Date
X	d d - m m m - y y y y
Signature of training supervisor (where required in Quebec only)	Date
X	d d - m m m - y y y y
<b>Signature of servicing advisor</b> (if different from above). I have reviewed the application and Advisor's Report.	
X	d d - m m m - y y y y

**Signature** 6.6 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 acceptance of the application that has not been disclosed in the application or Advisors Report.

I have verified the identity of the Owner, checked for any indication the Owner 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 the Advisor's Report.

I am confident the Owner/Life Insured understood the meaning and importance of all questions asked on the application.

Signature of licensed administrative assistant		Date								
X		d d	- 1	m m	ı m	_	У	У	У	У
First name of licensed administrative assistant	Last name									

#### **LEAVE WITH THE POLICY OWNER**

## 7. IMPORTANT CONSUMER INFORMATION

#### Your personal information and your privacy

Respecting your privacy is important to us at Empire Life. We will maintain your personal information in a confidential file in our offices for the purpose of providing you with Empire Life products and services. Information contained in your file will be used by Empire Life, its reinsurers and their agents and representatives, on a continuing basis, to assess your application; to appraise risk and assess any claim under your policy; to administer your policy and answer your questions; to provide you with information concerning Empire Life products and services; and to help us continually improve service and develop programs for our customers.

We collect your Social Insurance Number (SIN) when it is required for income tax reporting purposes and we will not use it for any other purpose without your consent.

Access to your file is restricted to Empire Life employees, agents, representatives and third party service providers as required to perform their duties. Empire Life may use third party service providers located inside or outside of Canada to process and store your personal information. Personal information that is processed or stored in another jurisdiction may be subject to the laws of that jurisdiction, which may allow disclosure to courts, law enforcement or other government authorities of that jurisdiction under certain circumstances.

You, or a person authorized by you, are entitled to access your file and, when applicable, to have it corrected. You may also ask us not to provide you with information about other Empire Life products and services. To do either of these things, or to ask questions about the collection of your personal information, please write to Empire Life at the address set out below. To access a copy of our most recent privacy policy, please visit our website at www.empire.ca.

Chief Privacy Officer
The Empire Life Insurance Company
259 King Street East, Kingston, ON K7L 3A8

Insurance & Investments – Simple. Fast. Easy.® empire.ca info@empire.ca 1 877 548-1881

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