

GUARANTEED LIFE PROTECT™ INSURANCE APPLICATION



Checklist (please complete and submit with the application)

- 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).
- 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 • 1 800 561-1268



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

1.1 Language	If not specified, we will communicate in the language of this application <input type="radio"/> English <input type="radio"/> French									
1.2 Owner/Life Insured The Owner/Life Insured must be insurance age 40-75 inclusive. *A smoker is considered someone who, in the past 12 months, has used more than 12 large cigars or used any other tobacco, cigarette, e-cigarette, cigarillo, pipe, chewing tobacco, nicotine patches or gum, or betel nuts. **Email address will only be used to contact you regarding this application and any policy issued based on this application, unless you consent otherwise.	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 <input type="radio"/> Male <input type="radio"/> Female		Date of birth d d - m m m - y y y y		SIN		
Country of birth										
<input type="radio"/> smoker* <input type="radio"/> non-smoker		Preferred contact number			Alternate contact number					
Contact email address**										
1.3 Verification of Owner If the Owner does not have a valid government issued photo identification document, please complete section 1.2 of the D-0011 Verification of Identity of Owner(s)/Determination of Politically Exposed Persons and Third Party Interests. 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, non-convention refugee, asylum seeker or a student in Canada on a temporary work visa.	The Advisor must verify the Owner's identity by reviewing a valid, current and original government issued photo identification document in the presence of the Owner and confirming the photo is of the Owner and the name in the document matches the name in this application.									
<input type="radio"/> Passport <input type="radio"/> Driver's Licence <input type="radio"/> Other _____										
Document #						Expiry date d d - m m m - y y y y				
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)										
<input type="radio"/> Canada*										
<input type="radio"/> U.S. (resident or citizen) – Tax Identification Number (TIN) _____										
If you do not have a TIN from the U.S. have you applied for one? <input type="radio"/> yes <input type="radio"/> no										
<input type="radio"/> Other – specify country _____ TIN _____										
If you do not have a TIN, specify the reason:										
<input type="radio"/> I will apply or have applied for a TIN but have not yet received it.										
<input type="radio"/> My jurisdiction of tax residence does not issue TINs to its residents.										
<input type="radio"/> Other – specify reason _____										
1.4 Replacement/ Insurance History If a coverage being applied for is intended to replace an existing insurance coverage, or a coverage that has been terminated in the last 6 months, complete a provincial replacement form.	A) Do you have any individual life (Life), critical illness (CI), accidental death and dismemberment (AD&D), or disability insurance (DI) in force or pending with Empire Life or any other insurer? <input type="radio"/> yes <input type="radio"/> no — If yes, complete the table below.									
<input type="radio"/> Inforce <input type="radio"/> Pending		<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI		Plan type	<input type="radio"/> Personal <input type="radio"/> Business		Company	Replacing? <input type="radio"/> yes <input type="radio"/> no	Issue yr \$	Amount \$
<input type="radio"/> Inforce <input type="radio"/> Pending		<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI		Plan type	<input type="radio"/> Personal <input type="radio"/> Business		Company	Replacing? <input type="radio"/> yes <input type="radio"/> no	Issue yr \$	Amount \$
<input type="radio"/> Inforce <input type="radio"/> Pending		<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI		Plan type	<input type="radio"/> Personal <input type="radio"/> Business		Company	Replacing? <input type="radio"/> yes <input type="radio"/> no	Issue yr \$	Amount \$
<input type="radio"/> Inforce <input type="radio"/> Pending		<input type="radio"/> Life <input type="radio"/> CI <input type="radio"/> AD&D <input type="radio"/> DI		Plan type	<input type="radio"/> Personal <input type="radio"/> Business		Company	Replacing? <input type="radio"/> yes <input type="radio"/> no	Issue yr \$	Amount \$
If replacing an Empire Life coverage, please specify the policy number: L										
B) If the applications are concurrent, are you placing only one policy? <input type="radio"/> yes <input type="radio"/> no										
C) What is the total amount of insurance to place with all carriers? \$ _____										

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	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Owner/Life Insured <input type="radio"/> Child <input type="radio"/> Spouse	Date of birth d d - m m m - y y y y	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Owner/Life Insured <input type="radio"/> Child <input type="radio"/> Spouse	Date of birth d d - m m m - y y y y	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Owner/Life Insured <input type="radio"/> Child <input type="radio"/> Spouse	Date of birth d d - m m m - y y y y	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Owner/Life Insured <input type="radio"/> Child <input type="radio"/> Spouse	Date of birth d d - m m m - y y y y	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable

6. ADVISOR'S REPORT CONT'D6.5 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

X

Date

| d | d | - | m | m | m | - | y | y | y | y |

Signature of training supervisor (where required in Quebec only)

X

Date

| 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.

X

Date

| d | d | - | m | m | m | - | y | y | y | y |

6.6 Signature
of Licenced
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

X

Date

| d | d | - | m | m | m | - | y | y | y | y |

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

[®] Registered trademark of The Empire Life Insurance Company. [™] Trademark of The Empire Life Insurance Company.
Policies are issued by The Empire Life Insurance Company.

