



**LIFE INSURANCE APPLICATION FOR  
GOLDEN PROTECTION, SILVER PROTECTION & BRONZE PROTECTION**





## 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 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, N.B. E1C 8L1. Telephone: 506-853-6040 or 1-800-455-7337 / Fax: 1-855-230-2500

### NOTICE FROM MIB, LLC. (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](http://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.

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### ASSUMPTION LIFE RECEIPT FOR PREMIUM PAYMENT

Assumption Life acknowledges having received the sum of \$ \_\_\_\_\_ with this application on the life of

**Proposed Insured** \_\_\_\_\_

The acceptance of this sum of money does not obligate Assumption Life to issue an insurance contract.

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Agent's Signature x** \_\_\_\_\_

## INFORMATION ABOUT THE PRODUCTS AVAILABLE WITHIN THIS APPLICATION

Product Name	Coverage Status	Death benefit	Issue Ages	Minimum Sum Insured	Maximum Sum Insured	Coverage options
<b>Bronze Protection*</b> (Guaranteed Issue)	Deferred	Premiums paid with interest at 3% per annum, if the insured's death is non-accidental and occurs in the first 24 months of issue.  Total sum insured after the 2-year waiting period.	18-70	\$5,000	\$50,000	Life Pay
			71-80	\$2,500	\$25,000	
<b>Silver Protection</b> (Simplified Issue)	Deferred	Premiums paid with interest at 3% per annum if the insured's death is non-accidental and occurs before the first policy or rider anniversary.  50% of the sum insured if the insured's death is non-accidental and occurs between the first and before the second policy or rider anniversary.  Total sum insured after the 2-year waiting period.	40-70	\$5,000	\$50,000	Life Pay 20-Pay
			71-80	\$2,500	\$25,000	Life Pay 20-Pay
			81-85	\$2,500	\$25,000	Life Pay
<b>Golden Protection</b> (Simplified Issue)	Immediate	Total sum insured	40-70	\$5,000	\$100,000	Life Pay 20-Pay
			71-80	\$2,500	\$50,000	Life Pay 20-Pay
			81-85	\$2,500	\$25,000	Life Pay

\*Bronze Protection does not require a medical declaration to determine eligibility, however residency and product criteria do apply.



## DECLARATION OF TAX RESIDENCY

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 they have to report your financial account to the Canada Revenue Agency (CRA). The CRA may share that information with the government of a foreign jurisdiction that you are resident of for tax purposes, or a citizen of in the case of the United States. You can ask your financial institution if it reported your financial account to the CRA and what information was provided.

As of January 1st, 2021, financial institutions must obtain the Self-Certification of Residence for tax purposes to issue the policy.

For an individual, please complete form RC518 available in our Advisor Corner document center.

For a corporation, please complete form RC519 and provide with the application.

Select all that applies:

<input type="checkbox"/> Owner is a tax resident of Canada	
<input type="checkbox"/> Owner is a tax resident or a citizen of the United States	
Taxpayer identification number (TIN) from the United States:	
If the owner does not have a TIN from the United States, please note that he/she will have to apply for a TIN within the next 90 days following the submission of the application. <b>Once the TIN is received, does the owner agree to provide the TIN to Assumption Life within 15 days of its receipt?</b> <i>If the owner does not agree to follow the CRA requirements, they cannot continue with the application process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Owner is a tax resident of a jurisdiction other than Canada or the United States.	
Jurisdiction:	Taxpayer identification number (TIN):
If owner does not have a TIN for a specific jurisdiction, select reason: <input type="checkbox"/> Application is in progress/Will apply within 90 days <input type="checkbox"/> Jurisdiction of tax residence does not issue TINs <input type="checkbox"/> Other reason <i>For this form, "Other reason" is enough. However, they will still have to tell your financial institution the specific reason.</i>	

## BENEFICIARY DESIGNATION

## Primary Beneficiary

First	Last	Relationship to the Proposed Insured (In Quebec, relationship to Owner)	Age	%*	Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/>
First	Last	Relationship to the Proposed Insured (In Quebec, relationship to Owner)	Age	%*	Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/>

Contingent Beneficiary  
(Upon death of all primary and substitute beneficiaries)

First	Last	Relationship to the Proposed Insured (In Quebec, relationship to Owner)	Age	%*	Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/>
First	Last	Relationship to the Proposed Insured (In Quebec, relationship to Owner)	Age	%*	Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/>

Assign a trustee  
(Optional)

If the Beneficiary is a minor, please designate a Trustee:	Relationship of the Trustee to the Beneficiary:
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\* If a % is not stated, insurance proceeds will be payable in equal shares to the beneficiaries who survive the Proposed Insured. If a % is stated and a substitute beneficiary has been designated, insurance proceeds will be payable to the substitute beneficiary in the event that the primary beneficiary dies before the Proposed Insured. If no primary or substitute beneficiary survives the Proposed Insured, the insurance proceeds will be divided equally among all designated contingent beneficiaries who survive the Proposed Insured. You can designate substitute beneficiaries by submitting the "Change of beneficiary form – Substitute beneficiary" available in the Document Center.

**In Quebec**, the designation of the Owner's married or civil union spouse as beneficiary is irrevocable, unless otherwise stipulated.

**Revocable or Irrevocable:** Unless otherwise stipulated or not permitted by law, any beneficiary designation is revocable. If a beneficiary is named irrevocably, please note that his/her consent is required for any request that may affect his/her rights, including a change of beneficiary.

The policy does not confer any rights to the substitute beneficiary prior to the death of the primary beneficiary.

The policy does not confer any rights to the contingent beneficiary prior to the death of all primary and substitute beneficiaries.

## INSURANCE REPLACEMENT

Is the insurance requested intended to replace an existing individual life insurance?  No  Yes\*

If "Yes", is the original insurance policy being replaced an Assumption Life policy?  No  Yes\*

\*If Yes, please ensure that you satisfy the Proposed Insured's province's disclosure requirements pertaining to the replacement of a life insurance policy. Moreover, if the original policy being replaced is with Assumption Life, a written notice or a "policy service request" signed by the owner of the original policy must be sent to Assumption Life in order to terminate the existing policy.

In the past twelve (12) months, have you used any substance or product containing tobacco, nicotine, or marijuana mixed with nicotine, or used e-cigarettes?

*If the answer is "No", the premium class will be non smoker. If the answer is "Yes", the premium class will be smoker.*

No  Yes

ALL APPLICANTS MUST START HERE TO DETERMINE WHICH PRODUCT THEY CAN QUALIFY FOR.

STEP 1 - SILVER PROTECTION

1. Does your weight exceed the weight corresponding to your height in the following table?

You must obtain the height and weight information of the applicant, Height \_\_\_\_\_ Weight \_\_\_\_\_

Height		Weight		Height		Weight		Height		Weight	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	236	107	5' 6"	168	303	137	6' 2"	188	379	172
4' 11"	150	244	110	5' 7"	170	312	142	6' 3"	191	389	176
5' 0"	152	252	114	5' 8"	173	321	146	6' 4"	193	399	181
5' 1"	155	260	118	5' 9"	175	330	150	6' 5"	196	409	186
5' 2"	157	268	122	5' 10"	178	339	154	6' 6"	198	419	190
5' 3"	160	276	125	5' 11"	180	349	158	6' 7"	201	429	195
5' 4"	163	285	129	6' 0"	183	359	163	6' 8"	203	439	199
5' 5"	165	294	133	6' 1"	185	369	167	6' 9"	206	449	204

No  Yes

2. Are you currently:

(a) Admitted to a hospital?

(b) Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?

No  Yes

3. Are you aware of any signs, symptoms, or any abnormal diagnostic test for which:

(a) You have not yet consulted a physician?

(b) You are currently being investigated?

(c) You have a pending consultation with a medical specialist? (Medical specialist does not include a general practitioner and pending consultation does not include a routine follow-up.)

(d) You have consulted with medical specialist without having received a diagnosis?

(e) You are currently awaiting for a surgery (other than day surgery/outpatient surgery)?

No  Yes

4. Have you ever:

(a) Been diagnosed with, hospitalized for, or undergone treatment (including medication) for cystic fibrosis, HIV, AIDS, or AIDS-related complex?

(b) Been diagnosed with or undergone treatment (including medication) for muscular dystrophy, Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?

(c) Been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?

No  Yes

5. In the past five (5) years, have you:

(a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?

(b) Been diagnosed with or hospitalized for congestive heart failure or cardiomyopathy?

No  Yes

6. In the past two (2) years, have you been diagnosed with or hospitalized for:

(a) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?

(b) Angina or a heart attack or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?

(c) Cerebrovascular accident (stroke)?

No  Yes

7. In the past two (2) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for leukemia or cancer (other than basal cell carcinoma)?

No  Yes

8. In the past twelve (12) months, have you been advised by a health professional to discontinue your consumption of alcohol or drugs, or have you received advice or undergone treatment (including medication) for alcohol or drug abuse?

No  Yes

**If you answered NO to ALL questions above, please proceed to the following page to qualify for coverage of up to \$100,000 with Golden Protection.**

**If you answered YES to any of the above questions and are between ages 18 to 80, specify Bronze Protection in the "Product Selection" section in section 8.**



DECLARATION OF INSURABILITY (CONTINUED)

IMPORTANT - YOU MUST ANSWER ALL THE QUESTIONS ON THE PREVIOUS PAGE BEFORE CONTINUING.

STEP 2 - GOLDEN PROTECTION

1. Does your weight exceed the weight corresponding to your height in the following table?  
 You must obtain the height and weight information of the applicant, Height \_\_\_\_\_ Weight \_\_\_\_\_

Height		Weight		Height		Weight		Height		Weight	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	206	93	5' 6"	168	264	120	6' 2"	188	330	150
4' 11"	150	213	97	5' 7"	170	272	123	6' 3"	191	339	154
5' 0"	152	220	100	5' 8"	173	280	127	6' 4"	193	348	158
5' 1"	155	227	103	5' 9"	175	288	131	6' 5"	196	357	162
5' 2"	157	234	106	5' 10"	178	296	134	6' 6"	198	366	166
5' 3"	160	241	109	5' 11"	180	304	138	6' 7"	201	375	170
5' 4"	163	248	112	6' 0"	183	312	142	6' 8"	203	384	174
5' 5"	165	256	116	6' 1"	185	321	146	6' 9"	206	393	178

No  Yes

2. In the past twelve (12) months, have you lost more than 10% of your current body weight (other than due to pregnancy, intentional dieting or exercise)?

No  Yes

3. In the past three (3) years, have you been diagnosed with or hospitalized for:

- (a) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?
- (b) Angina or a heart attack or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
- (c) Cerebrovascular accident (stroke)?

No  Yes

4. In the past three (3) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for leukemia or cancer (other than basal cell carcinoma)?

No  Yes

5. Have you ever been diagnosed with diabetes (other than gestational diabetes) and had any of the following conditions in the past three (3) years:

- (a) Heart attack?
- (b) Angina?
- (c) Cerebrovascular accident (stroke)?
- (d) Peripheral vascular disease?
- (e) Gangrene?
- (f) Amputation?
- (g) Hypoglycemic coma?

No  Yes

6. In the past ten (10) years, have you required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?

No  Yes

7. In the past twelve (12) months, have you been:

- (a) Hospitalized for any respiratory disorder?
- (b) Treated with oral Prednisone or other oral corticosteroid for any respiratory disorder?

No  Yes

8. In the past three (3) years, have you been diagnosed with or hospitalized for:

- (a) Hepatitis B or C?
- (b) Cirrhosis of the liver?
- (c) Chronic pancreatitis?
- (d) Two (2) or more episodes of acute pancreatitis?

No  Yes

9. In the past two (2) years, have you:

- (a) Used narcotics, barbiturates or steroids (other than prescribed by a physician)?
- (b) Used any drugs unprescribed (other than marijuana products or over the counter medications), including but not limited to cocaine, LSD, amphetamines, hallucinogens?
- (c) Used any prescribed or non-prescribed marijuana products more than 6 times per week?
- (d) Been advised by a health professional to discontinue your consumption of alcohol or drugs, or have you received advice or undergone treatment (including medication) for alcohol or drug abuse?
- (e) Been accused or charged with an alcohol-related or a drug-related driving offence or refused a breathalyzer?
- (f) Been incarcerated, convicted of a crime or violation of any law, or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered?

No  Yes



If you answered NO to ALL questions above, you've qualified for Golden Protection up to \$100,000, please proceed to the next page to confirm product selection and sum insured.

If you answered YES to any of questions in STEP 2, you qualify for Silver Protection up to \$50,000.



Product Name	Coverage Status	Issue Ages	Minimum	Maximum	Sum Insured*	Payment Option
Bronze Protection	Deferred	18-70	\$5,000	\$50,000	\$	<input type="checkbox"/> Life Pay
		71-80	\$2,500	\$25,000	\$	<input type="checkbox"/> Life Pay
Silver Protection	Deferred	40-70	\$5,000	\$50,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		71-80	\$2,500	\$25,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		81-85	\$2,500	\$25,000	\$	<input type="checkbox"/> Life Pay
Golden Protection	Immediate	40-70	\$5,000	\$100,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		71-80	\$2,500	\$50,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		81-85	\$2,500	\$25,000	\$	<input type="checkbox"/> Life Pay

## ADDITIONAL BENEFIT RIDERS

Product Name	FRAC (max. age of proposed insured is 69)
Bronze Protection	N/A
Silver Protection	<input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units
Golden Protection	<input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units

\*Must not exceed the maximum combined amounts for a Simplified Issue policy in force with Assumption Life.

Do not complete Sections 9 and 10 if you have checked  "ADDITION TO POLICY/CONTRACT IN FORCE" on Page 3.

**Method of payment** (Indicate the total premium for the contract according to the method of premium payment)\*:

Monthly (PAD) \$ \_\_\_\_\_ (See "Section 10" below)  Annual \$ \_\_\_\_\_  Semi-annual \$ \_\_\_\_\_  Quarterly \$ \_\_\_\_\_

(a) Amount paid with application \$ \_\_\_\_\_ (b) Payer:  Proposed Insured  Owner (as specified in Section 2)  Other (Complete below)

Name \_\_\_\_\_ Address \_\_\_\_\_

\*Insurance premiums may be subject to Provincial Sales Tax (PST)

**Banking Information** - If the banking information was not provided in the application, please attach a blank cheque marked void.

**Complete only if a "VOID" sample cheque is not available, if the cheque is not preprinted or if this is a savings account.**

Name of Financial Institution \_\_\_\_\_ Address \_\_\_\_\_

Branch Number \_\_\_\_\_ Bank Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Type of Service:**  Personal - If debit is from a personal account  Business - If debit is from a corporate account

**Withdrawal Arrangements** This preauthorized debit agreement is considered a variable one.

- 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**.
- If a preauthorized debit is returned due to **insufficient funds (NSF) in the account**, Assumption Life will withdraw the related \$25 fee from the same account, without notice.

• I agree to the debiting of my account on the \_\_\_\_\_ (1<sup>st</sup> to 28<sup>th</sup> day of the month) or the next business day (subject to change).\*

\* The first withdrawal from your account will be made the first business day following the date of policy issue, taking into account your financial institution's processing time. The next withdrawal date will be consistent with your PAD agreement. Please note that this could result in two premium withdrawals in the same month.

- 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 agreement are met. Check the box if you refuse.

**Waivers** 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](http://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](http://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.



Do the Proposed Insured and Owner understand the language in which this application is written?  Yes  No

If no, complete below:

**I confirm that:**

1. I am fluent in the language of all Proposed Insured and Owner and that I have accurately translated, in their entirety, the insurance application, the notice, the declaration and the authorization into that language and have ensured that they have been understood;

2. I have understood all answers given by the insureds and have accurately translated and transcribed them onto the insurance application.  Yes  No

By checking **YES**, I confirm the foregoing statements to be true and understand that in the event of any future dispute regarding the understanding and interpretation of the language of the insurance application, the notice, the declaration or the authorization, I may be held liable to Assumption Life.

By checking **NO**, I refuse to be held liable for the translation. I understand that the policy issue process may be delayed in order to confirm the answers of the Proposed Insured and Owner.

If no, explain why \_\_\_\_\_

**Please check the applicable boxes:**

**Sale in person** - The identity and date of birth of the Owner and Proposed Insured have been verified by me by consulting an original document.

**Non face-to-face sale (By phone, internet or videoconference)**

If the Agent was not present when the Owner or the Proposed Insured signed the application, the agent attests that the identity and date of birth of the Owner and Proposed Insured have been verified as follows:

By me during a prior transaction, at which time I had retained supporting documentation.

Upon the Owner and the Proposed Insured consent, the agent has obtained a copy of a valid and unexpired ID card of the Owner and the Proposed Insured with a visible signature.

By a third party. Please have the third party fill out the following section:

**Verification of the identity of the Owner and Proposed Insured by a third party**

Name of Third Party (Please print) \_\_\_\_\_  
First Last

Third Party's Address \_\_\_\_\_  
P.O. Box No. & Street Apt. No. City/Town Province Postal Code

Third Party's Phone Number (\_\_\_\_\_) \_\_\_\_\_ Profession/Occupation of Third Party \_\_\_\_\_

Relationship to the Owner \_\_\_\_\_

Relationship to the Proposed Insured if other than the Owner \_\_\_\_\_ Date of last consultation \_\_\_\_\_

The agent confirms having reviewed the declaration and authorization with the Proposed Insured and Owner and explained its content.

The agent confirms having asked the questions listed in the application to the Proposed Insured and Owner and made sure that these were understood.

The agent confirms having verified the date of birth of the Proposed Insured and Owner.

The agent confirms having provided the Notice for Record and personal information and the Notice from MIB, LLC.

In case of an in person sale, the agent confirms having witnessed the signature of the Proposed Insured, Owner, and Payer.

The agent also confirms having provided and explained to the Proposed Insured and Owner an Advisor Disclosure Statement explaining his/her method of compensation and other financial benefits, the names of the insurance companies he/she represents as well as any conflict of interest.

**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.)

Agent's signature x \_\_\_\_\_ Name of agent \_\_\_\_\_  
(in block letters)

Agent's code \_\_\_\_\_ Agent's telephone number \_\_\_\_\_

Name of agency/firm \_\_\_\_\_  
(in block letters)

**Commission split:** (Please print names)

Name of agent 1 \_\_\_\_\_ Code \_\_\_\_\_ % Signature \_\_\_\_\_

Name of agent 2 \_\_\_\_\_ Code \_\_\_\_\_ % Signature \_\_\_\_\_

Name of agent 3 \_\_\_\_\_ Code \_\_\_\_\_ % Signature \_\_\_\_\_

Total (must be equal to 100%) \_\_\_\_\_ %

Specify the servicing agent's name \_\_\_\_\_

Name of agency/firm \_\_\_\_\_ Code \_\_\_\_\_

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## RATES AND CASH VALUES FOR GOLDEN PROTECTION

LIFE PAY				
Age	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
40	19.40	27.22	16.55	22.09
41	19.96	28.11	16.94	22.85
42	20.51	29.00	17.33	23.61
43	21.07	29.89	17.72	24.37
44	21.63	30.77	18.11	25.13
45	22.18	31.66	18.50	25.89
46	22.81	33.01	19.31	26.90
47	23.44	34.35	20.12	27.90
48	24.07	35.69	20.93	28.90
49	24.70	37.03	21.73	29.91
50	25.33	38.37	22.54	30.91
51	26.68	41.07	23.66	32.86
52	28.03	43.77	24.78	34.80
53	29.39	46.47	25.90	36.75
54	30.74	49.17	27.02	38.69
55	32.09	51.87	28.14	40.64
56	33.73	55.01	29.42	41.97
57	35.38	58.14	30.71	43.31
58	37.02	61.28	32.00	44.64
59	38.67	64.41	33.28	45.98
60	40.31	67.55	34.57	47.31
61	43.70	72.32	36.88	50.65
62	47.09	77.09	39.20	54.00
63	50.48	81.86	41.51	57.34
64	53.86	86.63	43.82	60.68
65	57.25	91.40	46.13	64.02
66	61.49	98.24	49.37	68.19
67	65.72	105.07	52.60	72.36
68	69.96	111.90	55.83	76.53
69	74.19	118.73	59.06	80.70
70	78.43	125.56	62.30	84.87
71	85.91	136.36	66.99	90.98
72	93.39	147.15	71.68	97.10
73	100.87	157.95	76.37	103.21
74	108.35	168.75	81.06	109.33
75	115.83	179.54	85.75	115.44
76	127.93	190.89	93.55	126.88
77	140.02	202.24	101.36	138.32
78	152.12	213.59	109.17	149.76
79	164.21	224.93	116.97	161.20
80	176.31	236.28	124.78	172.64
81	205.74	268.07	146.07	197.60
82	235.17	299.85	167.36	222.56
83	264.61	331.64	188.64	247.53
84	294.04	363.42	209.93	272.49
85	323.47	395.20	231.22	297.45

20-PAY				
Age	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
40	31.94	45.96	30.12	42.02
41	32.76	46.50	30.69	42.38
42	33.57	47.04	31.27	42.73
43	34.38	47.57	31.84	43.08
44	35.20	48.11	32.41	43.44
45	36.01	48.65	32.98	43.79
46	36.42	49.91	33.39	44.28
47	36.84	51.17	33.81	44.77
48	37.25	52.43	34.22	45.26
49	37.66	53.68	34.63	45.76
50	38.08	54.94	35.05	46.25
51	39.41	56.74	36.27	47.99
52	40.74	58.53	37.50	49.73
53	42.08	60.32	38.72	51.47
54	43.41	62.11	39.94	53.21
55	44.74	63.90	41.17	54.95
56	46.59	66.79	42.48	56.73
57	48.44	69.68	43.79	58.50
58	50.29	72.57	45.11	60.28
59	52.14	75.46	46.42	62.06
60	53.99	78.35	47.73	63.83
61	57.32	84.91	50.08	66.22
62	60.65	91.47	52.43	68.61
63	63.98	98.04	54.78	71.00
64	67.30	104.60	57.13	73.39
65	70.63	111.16	59.48	75.79
66	75.12	118.59	62.25	79.12
67	79.60	126.03	65.01	82.46
68	84.09	133.46	67.78	85.80
69	88.57	140.89	70.55	89.13
70	93.06	148.32	73.32	92.47
71	100.12	157.39	77.23	97.51
72	107.18	166.46	81.14	102.56
73	114.24	175.53	85.06	107.60
74	121.30	184.60	88.97	112.65
75	128.36	193.67	92.88	117.69
76	137.95	202.19	99.26	128.68
77	147.54	210.72	105.64	139.67
78	157.13	219.24	112.02	150.66
79	166.72	227.76	118.40	161.65
80	176.31	236.28	124.78	172.64

### Annual Fees for Golden Protection

Annual policy fee: \$60  
 Annual policy fee for spouse rider: \$30  
 Minimum annual premium: \$222.22 annually for policy or rider

CASH VALUES PER \$1,000 MALE AND FEMALE			
Attained age**	Cash value*	Attained age**	Cash value*
45	16	73	118
46	18	74	127
47	19	75	137
48	20	76	146
49	22	77	155
50	23	78	164
51	25	79	173
52	26	80	182
53	27	81	191
54	29	82	200
55	32	83	209
56	34	84	223
57	36	85	237
58	38	86	258
59	40	87	279
60	42	88	300
61	47	89	321
62	52	90	380
63	57	91	404
64	62	92	427
65	67	93	450
66	71	94	474
67	76	95	497
68	81	96	679
69	86	97	719
70	91	98	819
71	100	99	919
72	109	100	1000

\*N.B. The cash values start after five years. They are adjusted in the following way:  
 duration 5: 20%    duration 8: 80%  
 duration 6: 40%    duration 9 and +: 100%  
 duration 7: 60%

### Example: Age at issue 60

CV before duration 5 = 0  
 CV duration 5 = 20% x 67 = 13  
 CV duration 6 = 40% x 71 = 28  
 CV duration 7 = 60% x 76 = 46  
 CV duration 8 = 80% x 81 = 65  
 CV duration 9 = 86  
 CV duration 20 = 182

\*\*Attained age on policy or rider anniversary

### Premium payable calculator

Premium rate  
 x {Face amount / 1000}  
 + Annual fee  
 x Payment frequency\*  
 = Premium payable

\*Annual = 1                      \*Semi-annual = 0.53  
 \*Quarterly = 0.27           \*Monthly = 0.09

## RATES AND CASH VALUES FOR SILVER PROTECTION

LIFE PAY				
Age	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
40	25.06	38.82	20.69	31.67
41	25.34	39.48	21.35	32.57
42	25.63	40.14	22.01	33.47
43	25.91	40.80	22.67	34.37
44	26.20	41.46	23.33	35.27
45	26.49	42.12	23.99	36.17
46	27.30	44.25	24.59	37.64
47	28.10	46.38	25.20	39.11
48	28.91	48.52	25.80	40.57
49	29.72	50.65	26.40	42.04
50	30.53	52.78	27.00	43.51
51	32.15	57.66	28.28	45.38
52	33.76	62.53	29.56	47.26
53	35.37	67.41	30.84	49.14
54	36.99	72.29	32.12	51.01
55	38.60	77.16	33.40	52.89
56	40.80	79.81	35.13	55.06
57	42.99	82.45	36.85	57.24
58	45.19	85.10	38.58	59.41
59	47.38	87.74	40.30	61.58
60	49.58	90.38	42.03	63.76
61	53.62	97.59	44.71	67.04
62	57.66	104.79	47.40	70.33
63	61.70	112.00	50.08	73.62
64	65.74	119.20	52.76	76.91
65	69.77	126.40	55.45	80.19
66	75.11	135.99	59.36	85.54
67	80.44	145.58	63.27	90.89
68	85.77	155.16	67.18	96.23
69	91.10	164.75	71.09	101.58
70	96.44	174.33	75.00	106.93
71	104.24	186.50	80.63	114.48
72	112.04	198.66	86.27	122.03
73	119.84	210.83	91.90	129.58
74	127.65	222.99	97.53	137.13
75	135.45	235.16	103.17	144.68
76	152.06	248.15	112.90	158.28
77	168.66	261.14	122.63	171.88
78	185.27	274.14	132.37	185.49
79	201.87	287.13	142.10	199.09
80	218.48	300.12	151.83	212.69
81	255.65	338.90	179.27	244.52
82	292.82	377.68	206.71	276.34
83	330.00	416.45	234.15	308.16
84	367.17	455.23	261.59	339.99
85	404.34	494.01	289.03	371.81

20-PAY				
Age	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
40	37.65	49.77	34.88	45.24
41	37.84	50.25	35.32	46.04
42	38.03	50.73	35.76	46.84
43	38.22	51.22	36.21	47.64
44	38.41	51.70	36.65	48.44
45	38.60	52.18	37.10	49.25
46	39.48	54.15	38.04	50.73
47	40.36	56.13	38.98	52.22
48	41.24	58.10	39.93	53.71
49	42.13	60.07	40.87	55.20
50	43.01	62.05	41.81	56.69
51	44.51	66.25	42.85	58.32
52	46.02	70.46	43.88	59.95
53	47.52	74.66	44.91	61.58
54	49.03	78.87	45.95	63.21
55	50.53	83.07	46.98	64.84
56	53.06	85.83	48.85	66.69
57	55.59	88.59	50.72	68.55
58	58.12	91.36	52.58	70.40
59	60.65	94.12	54.45	72.26
60	63.18	96.88	56.32	74.11
61	67.02	103.56	58.08	76.74
62	70.86	110.25	59.84	79.37
63	74.70	116.94	61.60	82.00
64	78.54	123.62	63.36	84.63
65	82.38	130.31	65.12	87.26
66	87.89	139.62	68.61	91.98
67	93.40	148.92	72.10	96.70
68	98.91	158.23	75.58	101.42
69	104.42	167.54	79.07	106.14
70	109.93	176.84	82.56	110.86
71	118.62	188.96	87.95	118.03
72	127.30	201.08	93.34	125.19
73	135.99	213.20	98.73	132.35
74	144.68	225.32	104.12	139.52
75	153.37	237.44	109.51	146.68
76	166.39	249.97	117.97	161.20
77	179.41	262.51	126.44	175.72
78	192.43	275.05	134.90	190.24
79	205.46	287.58	143.36	204.76
80	218.48	300.12	151.83	219.28

### Annual Fees for Silver Protection

Annual policy fee: \$60  
 Annual policy fee for spouse rider: \$30  
 Minimum annual premium: \$222.22 annually for policy or rider

CASH VALUES PER \$1,000 MALE AND FEMALE			
Attained age**	Cash value*	Attained age**	Cash value*
45	18	73	134
46	20	74	144
47	21	75	154
48	22	76	166
49	24	77	176
50	25	78	185
51	28	79	193
52	29	80	203
53	32	81	214
54	33	82	223
55	35	83	232
56	39	84	247
57	40	85	261
58	42	86	287
59	44	87	309
60	47	88	330
61	54	89	352
62	59	90	413
63	65	91	441
64	70	92	462
65	76	93	482
66	82	94	504
67	87	95	521
68	93	96	704
69	98	97	735
70	104	98	827
71	115	99	919
72	125	100	1000

\*N.B. The cash values start after five years. They are adjusted in the following way:  
 duration 5: 20%    duration 8: 80%  
 duration 6: 40%    duration 9 and +: 100%  
 duration 7: 60%

### Example: Age at issue 60

CV before duration 5 = 0  
 CV duration 5 = 20% x 76 = 15.00  
 CV duration 6 = 40% x 82 = 33.00  
 CV duration 7 = 60% x 87 = 52.00  
 CV duration 8 = 80% x 93 = 74.00  
 CV duration 9 = 98.00  
 CV duration 20 = 203.00

\*\*Attained age on policy or rider anniversary

### Premium payable calculator

Premium rate  
 x {Face amount / 1000}  
 + Annual fee  
 x Payment frequency\*  
 = Premium payable

\*Annual = 1                      \*Semi-annual = 0.53  
 \*Quarterly = 0.27           \*Monthly = 0.09

## RATES AND CASH VALUES FOR **BRONZE PROTECTION**

LIFE PAY				
Age	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
18	19.50	23.66	13.17	17.35
19	19.50	23.66	13.17	17.35
20	19.50	23.66	13.17	17.35
21	19.85	24.63	13.57	18.08
22	20.20	25.59	13.97	18.81
23	20.56	26.56	14.37	19.54
24	20.91	27.52	14.77	20.26
25	21.26	28.49	15.16	20.99
26	21.73	30.00	15.76	22.21
27	22.20	31.52	16.35	23.43
28	22.67	33.03	16.94	24.65
29	23.14	34.55	17.53	25.87
30	23.61	36.06	18.13	27.09
31	24.58	38.39	19.00	29.32
32	25.56	40.72	19.86	31.55
33	26.53	43.06	20.73	33.78
34	27.51	45.39	21.60	36.02
35	28.48	47.72	22.47	38.25
36	28.88	47.78	22.68	38.66
37	29.29	47.83	22.88	39.08
38	29.69	47.89	23.09	39.50
39	30.10	47.94	23.29	39.91
40	30.50	48.00	23.50	40.33
41	31.36	49.96	24.30	41.66
42	32.22	51.92	25.10	43.00
43	33.08	53.88	25.90	44.33
44	33.94	55.84	26.70	45.66
45	34.80	57.80	27.50	47.00
46	35.80	60.14	28.40	49.41
47	36.80	62.48	29.30	51.83
48	37.80	64.82	30.20	54.24
49	38.80	67.16	31.10	56.66

LIFE PAY				
Age	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
50	39.80	69.50	32.00	59.07
51	42.74	73.80	33.90	62.77
52	45.68	78.10	35.80	66.47
53	48.62	82.40	37.70	70.17
54	51.56	86.70	39.60	73.87
55	54.50	91.00	41.50	77.57
56	58.20	96.80	44.00	81.93
57	61.90	102.60	46.50	86.28
58	65.60	108.40	49.00	90.64
59	69.30	114.20	51.50	95.00
60	73.00	120.00	54.00	99.36
61	77.60	129.76	57.80	107.54
62	82.20	139.53	61.60	115.72
63	86.80	149.29	65.40	123.91
64	91.40	159.05	69.20	132.09
65	96.00	168.81	73.00	140.28
66	105.86	184.21	78.71	151.05
67	115.72	199.60	84.41	161.82
68	125.58	214.99	90.12	172.60
69	135.44	230.39	95.83	183.37
70	145.30	245.78	101.54	194.14
71	155.17	266.08	109.51	207.31
72	165.63	286.37	117.49	220.48
73	175.80	306.67	125.47	233.66
74	185.97	326.97	133.44	246.83
75	196.13	347.26	141.42	260.00
76	218.90	376.81	154.35	272.00
77	241.68	406.36	167.28	284.00
78	264.45	435.91	180.21	296.00
79	287.23	465.45	193.14	308.00
80	310.00	495.00	206.07	320.00

CASH VALUES PER \$1,000 MALE AND FEMALE			
Attained age**	Cash value*	Attained age**	Cash value*
23	3	62	118
24	3	63	128
25	3	64	138
26	4	65	148
27	4	66	158
28	5	67	169
29	6	68	172
30	7	69	175
31	8	70	180
32	9	71	185
33	10	72	219
34	11	73	229
35	12	74	238
36	13	75	248
37	14	76	258
38	15	77	268
39	16	78	278
40	17	79	288
41	18	80	300
42	19	81	325
43	20	82	350
44	21	83	375
45	22	84	400
46	23	85	425
47	26	86	450
48	28	87	500
49	31	88	525
50	34	89	550
51	37	90	600
52	39	91	702
53	43	92	717
54	48	93	731
55	53	94	743
56	62	95	799
57	68	96	833
58	74	97	849
59	81	98	869
60	100	99	900
61	108	100	1000

### Annual Fees for Bronze Protection

Annual policy fee: \$60  
 Annual policy fee for spouse rider: \$30  
 Minimum annual premium: \$222.22 annually  
 for policy or rider

**\*N.B.** The cash values start after five years.  
 They are adjusted in the following way:  
 duration 5: 20%    duration 8: 80%  
 duration 6: 40%    duration 9 and +: 100%  
 duration 7: 60%

### Example: Age at issue 60

CV before duration 5 = 0  
 CV duration 5 = 20% x 67 = 13  
 CV duration 6 = 40% x 71 = 28  
 CV duration 7 = 60% x 76 = 46  
 CV duration 8 = 80% x 81 = 65  
 CV duration 9 = 86  
 CV duration 20 = 182

\*\*Attained age on policy or rider anniversary

### Premium payable calculator

Premium rate  
 x {Face amount / 1000}  
 + Annual fee  
 x Payment frequency\*  
 = Premium payable

\*Annual = 1                      \*Semi-annual = 0.53  
 \*Quarterly = 0.27           \*Monthly = 0.09





**GIVE THIS COPY TO PROPOSED INSURED AND OWNER**

## CONDITIONAL TEMPORARY INSURANCE CERTIFICATE FOR GOLDEN PROTECTION ONLY

### DETAILS ON PROPOSED INSURED

The Proposed Insured qualifies for: \_\_\_\_\_  Life  None

### CONDITIONAL TEMPORARY INSURANCE AGREEMENT

**Assumption Life agrees to temporarily insure any Proposed Insured eligible for conditional temporary insurance from the date of signing of the application, subject to the preconditions, limitations, and exclusions set forth in this document.**

#### PRECONDITIONS

1. The Proposed Insured must be a Canadian resident and under 66 years of age (at the birthday nearest to the date of signing of the agreement).
2. The Proposed Insured answered "NO" to all the questions of the declaration of insurability on the above-noted application.
3. At least 1/12th of the annual premium for the insurance contract was paid upon signing of the declaration and authorization for the insurance application. The premium is deemed paid, for premium payments by preauthorized debit (PAD), if Assumption Life is authorized to debit the bank account for the premium amount as of the date of signing of the application. For premium payments by cheque, the premium is deemed paid if the cheque is cashable as of the date of signing of the application.

If the above-noted preconditions are not met, the agreement will not take effect.

No agent is authorized to change or to withhold the answer to any question to obtain conditional temporary insurance or to guarantee insurability.

#### LIMITATIONS

This agreement is not valid and shall be deemed null and void, as if it had never taken effect, if for any reason the banking institution refuses to honour the debit for the premium payment (by cheque or preauthorized debit) when Assumption Life attempts to debit the premium at any time from the authorized date.

No amount shall be payable under this agreement if there is any omission of an essential fact, misrepresentation, or fraud with respect to the applicable questions to obtain the conditional temporary insurance.

#### TERMINATION

This conditional temporary insurance agreement shall expire on the earlier of:

- (a) the date the insurance contract requested in the application takes effect;
- (b) the date notice is sent to the Owner of the contract advising that the temporary insurance has been cancelled, for any reason, or that the application has been denied;
- (c) the date the Owner named in the insurance application withdraws said insurance application;
- (d) 30 days following the date of signing of the application bearing the same number as this agreement;
- (e) the date of death of the Proposed Insured.

**PLEASE NOTE:** Should you not receive a contract or reimbursement of amount paid within 30 days of the date of signing of the application, please notify Assumption Life at 770 Main Street / P.O. Box 160, Moncton NB E1C 8L1, giving your name, the amount and date of the payment as well as the agent's name.

### PROVISIONS SPECIFIC TO THE CONDITIONAL TEMPORARY LIFE INSURANCE

#### AMOUNT OF TEMPORARY LIFE INSURANCE COVERAGE (MAXIMUM \$100,000 FOR GOLDEN PROTECTION)

The maximum conditional temporary life insurance benefit payable to the beneficiary or beneficiaries under the conditional temporary life insurance application, combined with any similar contract, agreement, or undertaking in effect with Assumption Life, is equal to the lesser of:

- The cumulative total amount of life insurance coverage requested under the application bearing the same number as this agreement, as well as the amount of any additional life coverage requested under any similar contract, agreement, or undertaking in effect with Assumption Life, per Proposed Insured.
- The cumulative total amount does not include any coverage amounts requested in the application for the following riders and benefits: Child Insurance Benefit (CIB), Silver Protection and Bronze Protection;
- Where the application bearing the same number as this agreement is intended to replace an existing policy, the difference between the amount requested under the application bearing the same number as this agreement and the amount of life coverage under any existing policy being replaced;
- \$250,000.

#### EXCLUSIONS

No amount shall be payable if death results from:

- (a) a suicide, an attempted suicide, or a self-inflicted injury, whether or not the Proposed Insured was of sound mind;
- (b) the commission or attempted commission of a criminal act by the Proposed Insured;
- (c) the operation of a motorized vehicle by the Proposed Insured while under the influence of any illegal or non-prescribed drugs;
- (d) the operation of a motorized vehicle by the Proposed Insured while his or her blood alcohol level exceeds 80 milligrams per 100 millilitres of blood (0.08) or any other lower limit prescribed by law;
- (e) cancer or benign tumour of the brain.



[assumption.ca](http://assumption.ca)

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770 Main Street, PO Box 160 Moncton NB E1C 8L1

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life