

# EMPIRE LIFE GROUP LIFE CONVERSION HIGHLIGHTS



## Plan Availability

- **Solution 100 with Values**  
Fully guaranteed premiums for life with coverage fully paid-up at age 100. After 4 years, reduced paid-up and cash surrender values will become available.
- **Term to 65**  
Level, non-convertible guaranteed level premiums to age 65.
- **One Year Term**  
Low-cost, non-renewable but convertible.

## Qualification Requirements

- Application must be made on or before the insured's 65th birthday.
- The application for conversion must be received by Empire Life no later than 31 days after the effective date of the cancellation of his/her group life insurance.
- The amount that can be converted is the lesser of:
  - the amount of Employee Basic Group Life Insurance, Employee Optional Life Insurance, or Dependant Life Insurance (as required by provincial legislation, if applicable) in force at the time of the loss of group coverage, or
  - \$200,000 (or the amount required by provincial legislation, if applicable).
- A licensed Empire Life Advisor who has an Individual Code with Empire Life must sign the Group Conversion Application.
- No medical evidence is required.

Should the individual converting have any further questions, it is strongly recommended a licensed insurance advisor be consulted, to ensure any insurance purchase being considered is appropriate in their circumstances.

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EN-09/17



# APPLICATION FOR CONVERSION OF GROUP LIFE COVERAGE

Completed Application must be submitted to Empire Life with the initial premium payment within 31 days of termination from the Group.

<b>1. INFORMATION ON LIFE TO BE INSURED</b> (complete section in full)				
Employee Name			Certificate Number	
Group Policyowner (Company Name)		Group Number	Division Number	
Current Address (Street name, number, etc.)		City	Province	Postal Code
Date of Birth (dd/mmm/yy)	Social Insurance Number	<input type="radio"/> Male <input type="radio"/> Female	Home Telephone Number	
<b>If this Application is for conversion of Spousal/Dependant life coverage under your Group Plan complete the following:</b>				
Spouse/Dependant's Full Name		Date of Birth (dd/mmm/yy)	<input type="radio"/> Male <input type="radio"/> Female	Social Insurance Number
<b>2. CONVERSION DETAILS</b>				
Date group life coverage terminated (dd/mmm/yy):				
<b>Employee conversion</b>				
<b>Amount of Plan Member life insurance to be converted</b> Maximum \$200,000 (or the amount required by provincial legislation, if applicable)			\$	
<b>Individual Plan requested:</b> <input type="radio"/> Solution 100 with Values <input type="radio"/> Term to Age 65 <input type="radio"/> One Year non-renewable Convertible Term				
Illustration attached: <input type="radio"/> yes <input type="radio"/> no				
<b>Spouse/Dependant conversion (if conversion privilege applies)</b>				
<b>Amount of Spouse/Dependant life insurance to be converted</b> Maximum \$200,000 (or the amount required by provincial legislation, if applicable)			\$	
<b>Individual Plan requested:</b> <input type="radio"/> Solution 100 with Values <input type="radio"/> Term to Age 65 <input type="radio"/> One Year non-renewable Convertible Term				
Illustration attached: <input type="radio"/> yes <input type="radio"/> no				
<b>Premium rates for conversions are based on smoker's rates. If you wish to apply for non-smoker's rates, it will not be considered a conversion. An individual insurance application will need to be completed.</b>				
<b>3. PREMIUM PAYING OPTION</b>				
<input type="radio"/> Annual <input type="radio"/> Monthly - ATTACH VOID CHEQUE		If monthly, indicate withdrawal date (1st to 28th):		
Amount paid with the application \$				
<b>4. BENEFICIARY DESIGNATION</b>				
<p><b>Irrevocable/revocable Designations:</b> A beneficiary designation is revocable unless you check the irrevocable box. In Québec, a spouse is irrevocable unless you check the revocable box. If you designate a 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 signature. If the irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges until the minor reaches the age of majority.</p> <p><b>Minors:</b> Death benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any death benefits due to the beneficiary, while a minor, will be paid to the trustee on their behalf. In Quebec, death benefits due to a beneficiary, while a minor, will be paid to their parent(s) or legal guardian unless you have established a formal trust. After the beneficiary reaches the age of majority, any death 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 death benefit is due.</p> <p><b>Multiple beneficiaries:</b> If you name more than one beneficiary and do not indicate a percentage share, the benefits will be divided equally among all surviving beneficiaries. <b>Percentages for all primary beneficiaries for each Life Insured/Annuitant must total 100%.</b></p> <p><b>Contingent beneficiary:</b> A contingent beneficiary will only become a primary beneficiary if all of the primary beneficiary(ies) have died before the Life Insured(s) or Annuitant, as applicable. <b>Percentages for all contingent beneficiaries for each Life Insured/Annuitant must total 100%. Contingent beneficiaries are always revocable.</b></p>				

4. BENEFICIARY DESIGNATION (CONT'D)					
Name (First, Middle, Last)	Relationship	Share %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	Date of birth (if minor) (dd/mmm/yy)	Trustee name
Name (First, Middle, Last)	Relationship	Share %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	Date of birth (if minor) (dd/mmm/yy)	Trustee name

#### 5. DECLARATION, AUTHORIZATION AND SIGNATURES

**I declare:**

- that the above answers and statements are full, complete and true, and I agree and understand that in the event of any material misrepresentation or non-disclosure of any material fact the policy shall be void.

**I understand and agree that:**

- Empire Life will maintain the information contained in this Application and any related documents in my file. My file enables Empire Life and its employees, agents or representatives, on a continuing basis, to assess this Application, appraise the risk, assess any claim that I or my beneficiaries may make for income payments or other benefits, administer my file, answer any questions I may have about this application or my file in general, and provide me with information about my file and Empire Life products and services;
- My file will be kept at the Head Office of Empire Life. Empire Life may use third party service providers located outside of Canada to process and store my personal information. I am entitled to consult my file and, when applicable, have it corrected. To exercise my rights, I must send written notification to: Chief Privacy Officer, Empire Life, P.O. Box 1000, Kingston, Ontario, K7L 4Y4. A copy of the most recent Empire Life Privacy Policy may be accessed at the Web site [www.Empire.ca](http://www.Empire.ca);
- I have authorized Empire Life to collect, use and disclose personal information about me on a continuing basis for the purpose of my file. I understand that if I try to withdraw this consent, Empire Life will be unable to assess my Application or claim and issue any benefits, and may therefore cancel the policy at its sole discretion. If this occurs, neither I nor my estate will be able to exercise any rights under the policy;
- monthly PAD (Pre-Authorized Debit) arrangements may be terminated on 10 days written notice beginning the day the notice is mailed either by Empire Life or by me. 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/Contract. 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.cdnpay.ca](http://www.cdnpay.ca);
- I will not receive notices of premiums falling due while the PAD is in effect;
- the PAD applies to regularly scheduled premiums, which are variable and may increase or decrease;
- all premiums required to place a new or reinstated Policy/Contract in force must be paid independently of this plan;
- for the purposes of this agreement, all debits from my account will be treated as a personal PAD.

**I authorize:**

- Empire Life, its reinsurers, employees, agents and representatives, and any other person authorized by me to collect, use and disclose personal information about me as required in order to achieve the objectives of my file;
- if I die, my beneficiary, 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 to the beneficiary entitled to proceeds under the policy;
- my financial institution to honour any withdrawal (debit) from my account under the PAD;
- Empire Life to withdraw monthly premium payments, as required and as per my instructions; amounts are variable and may increase or decrease;
- 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;
- Empire Life to release my policy to my Advisor for delivery, including a copy of this Application, supplementary forms, addendums or Application Change Forms;
- Empire Life to collect from and/or disclose information regarding my file to my Advisor(s) (and agency) on an ongoing basis in order to provide me with ongoing service and advice related to my policy. I understand that I can change my advisor or withdraw this authorization by writing to Empire Life.

**I confirm that I have been advised of the name(s) of all advisors that have access to my personal information and have access to my policy.**

**A photocopy or electronic copy of this application will be as valid as the original.**

<b>Signature of Employee</b> X	Date signed (dd/mmm/yy)
<b>Signature of Spouse/Dependant (if Spouse/Dependant conversion)</b> X	Date signed (dd/mmm/yy)
<b>Signature of Witness</b> X	Date signed (dd/mmm/yy)

## 6. VERIFICATION OF OWNER

In this section, "You" and "Your" refer to the Owner.

The advisor must verify the Owner's identity by reviewing a current and original government issued photo identification documents in the presence of the Owner and confirming the name and photo are those of the Owner.

- Passport    Driver's Licence    Provincial Health Card (except in MB, ON and PEI)  
 Other \_\_\_\_\_

Document #	Jurisdiction and country of issue
Expiry date (dd/mmm/yy)	Date of verification (dd/mmm/yy)

### Where do you reside for tax purposes?\* (check all that apply)

- Canada  
 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?  yes  no  
 Other – specify country \_\_\_\_\_ TIN \_\_\_\_\_

### If you do not have a TIN, specify the reason:

- I will apply or have applied for a TIN but have not yet received it.  
 My jurisdiction of tax residence does not issue TINs to its residents.  
 Other – specify reason \_\_\_\_\_

### Have you, any of your close relatives\*\* or any other persons closely associated\*\*\* with you:

#### a) held one of the following positions in the last 5 years in Canada?

- Governor General, lieutenant-governor or head of federal or provincial government;
- member of the Senate or House of Commons or member of a provincial legislature;
- deputy minister of federal or provincial government or equivalent rank;
- head of a federal or provincial government agency;
- leader or president of a political party represented in a legislature;
- mayor of a city, town, village, or rural or metropolitan municipality;
- president of a corporation wholly owned directly by Her Majesty in right of Canada or a province;
- military officer with a rank of general or above;
- judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; or
- ambassador, or attaché or counsellor of an ambassador

#### b) ever held one of the following positions in a country other than Canada?

- head of state/government;
- member of executive council of government or legislature;
- leader/president of a political party represented in a legislature;
- deputy minister or equivalent;
- head of a government agency
- military officer with a rank of general or above;
- judge;
- president of a state-owned company/bank; or
- ambassador, or attaché or counsellor of an ambassador

### Are you, any of your close relatives\*\* or any other persons closely associated\*\*\* with you currently the head of an international organization± or the head of an organization established by an international organization?±±

- yes    no   If yes, provide details: \_\_\_\_\_

\*Only required if applying for Solution 100 with values.

\*\*A close relative is your child, mother, father, spouse/civil union spouse/common-law partner; the mother or father of your spouse/civil union spouse/common-law partner; or child of your mother or father.

\*\*\*A close associate is an individual who is closely connected to the Owner(s) for personal or business reasons.

±The head of an international organization is the primary person who leads that organization, for example a president or CEO.

±±An International organization is set up by the governments of more than one country by means of a formally signed agreement between the governments.

E.g. World Bank, International Monetary Fund, World Health Organization, International Energy Forum, International Criminal Court.

**7. DETERMINATION OF THIRD PARTY INTERESTS**

Is someone other than the Owner paying the premiums or going to have an ownership interest in the policy?  yes  no  
 You must answer 'Yes' or 'No' for all plans. If yes, complete entire section.

Name (first, middle, last) or exact name of corporation/organization		Date of birth (dd/mmm/yy)	
Address (number, street)	City	Province	Postal Code
Occupation (if retired, indicate former occupation)	Type of business	Relationship to Owner	
Jurisdiction of registration (i.e. country, province, territory)		Incorporation number	

**8. ADVISOR INFORMATION**

I have verified the identity of the Owner (s) and performed a determination of third-party interests as completed in sections 6 and 7 above.

Advisor name (please print)		Advisor code
Name of Company (GA, AGA or MGA, if applicable)		
Company Address		
Contact name at Company	Telephone Number	Email address
Signature of Advisor <b>X</b>		Date signed (dd/mmm/yy)

**9. SPECIAL INSTRUCTIONS**