APPLICATION FOR REINSTATEMENT OF LIFE INSURANCE

This short form can be used only if completed and submitted within 90 days* of the due date of the premium in default, provided the Life Insured is alive.

Please consult your Advisor or The Empire Life Insurance Company (Empire Life) at 1-800 561-1268 for the forms to be used if more than 90 days have elapsed.

*For Guaranteed Life Protect policies, this short form can be used within 24 months of the due date of the premium in default, provided the Life Insured is alive.

Reset Form

This application is hereby made to Empire Life for the reinstatement of policy number L .
It is acknowledged that the reinstatement provisions of the policy will apply.

Smoker classification	Life Insured 1	Life Insured 2
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.	◯ smoker ◯ non-smoker	◯ smoker ◯ non-smoker

To the best of the knowledge and belief of the undersigned there has been no change in the health of any Life Insured under this policy. In addition, no Life Insured has consulted or been treated by a physician within the past 12 months or been refused or offered life insurance with an extra premium except as noted below:

Provide names, dates, reasons and doctors consulted:

Signatures

Signature of Owner 1 (or 1st authorized signature for corporate/entity Owner)
X

Date d d - m m m - y y y y

First name of Owner 1 | Last name | Title, if signing for corporation/entity

Signature of Owner 2 (or 2nd authorized signature for corporate/entity Owner)
X

Date d d - m m m - y y y y

First name of Owner 1 | Last name | Title, if signing for corporation/entity

Signature of Life Insured 1 (or parent or guardian if child is less than 18 years old (if not the owner)
X

Date d d - m m m - y y y y

First name of Life Insured 1 | Middle initial | Last name

Signature of Life Insured 2 (or parent or guardian if child is less than 18 years old (if not the owner)
X

Date d d - m m m - y y y y

First name of Life Insured 2 | Middle initial | Last name

For Head Office use only:

Approved by:

Date d d - m m m - y y y y

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