

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

www.empire.ca



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 is \$50,000 for a Life Insured up to insurance age 50 and \$25,000 for a Life Insured insurance age 51 to 75.

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	<p>The Owner/Life Insured must be insurance age 40-75 inclusive.</p> <p>*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.</p> <p>**Email address will only be used to contact you regarding this application and any policy issued based on this application, unless you consent otherwise.</p>																																													
1.3 Verification of Owner	<p>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.</p> <p><input type="radio"/> Passport <input type="radio"/> Driver's Licence <input type="radio"/> Provincial Health Card (except in MB, ON and PEI) <input type="radio"/> Other _____</p> <p>Document # _____ Expiry date _____</p> <p>Jurisdiction and country of issue _____ Date of verification _____</p> <p>Where do you reside for tax purposes? (check all that apply)</p> <p><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 _____</p> <p>If you do not have a TIN, specify the reason:</p> <p><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 _____</p>																																													
1.4 Replacement/ Insurance History	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 15%;"></th> <th style="width: 10%;"></th> <th style="width: 15%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> Inforce <input type="radio"/> Pending</td> <td><input type="radio"/> Life <input type="radio"/> AD&D <input type="radio"/> CI <input type="radio"/> DI</td> <td>Plan type</td> <td><input type="radio"/> Personal <input type="radio"/> Business</td> <td>Company</td> <td>Replacing? <input type="radio"/> yes <input type="radio"/> no</td> <td>Issue yr ____</td> <td>Amount \$</td> <td></td> </tr> <tr> <td><input type="radio"/> Inforce <input type="radio"/> Pending</td> <td><input type="radio"/> Life <input type="radio"/> AD&D <input type="radio"/> CI <input type="radio"/> DI</td> <td>Plan type</td> <td><input type="radio"/> Personal <input type="radio"/> Business</td> <td>Company</td> <td>Replacing? <input type="radio"/> yes <input type="radio"/> no</td> <td>Issue yr ____</td> <td>Amount \$</td> <td></td> </tr> <tr> <td><input type="radio"/> Inforce <input type="radio"/> Pending</td> <td><input type="radio"/> Life <input type="radio"/> AD&D <input type="radio"/> CI <input type="radio"/> DI</td> <td>Plan type</td> <td><input type="radio"/> Personal <input type="radio"/> Business</td> <td>Company</td> <td>Replacing? <input type="radio"/> yes <input type="radio"/> no</td> <td>Issue yr ____</td> <td>Amount \$</td> <td></td> </tr> <tr> <td><input type="radio"/> Inforce <input type="radio"/> Pending</td> <td><input type="radio"/> Life <input type="radio"/> AD&D <input type="radio"/> CI <input type="radio"/> DI</td> <td>Plan type</td> <td><input type="radio"/> Personal <input type="radio"/> Business</td> <td>Company</td> <td>Replacing? <input type="radio"/> yes <input type="radio"/> no</td> <td>Issue yr ____</td> <td>Amount \$</td> <td></td> </tr> </tbody> </table> <p>If replacing an Empire Life coverage, please specify the policy number: _____ L</p> <p>B) If the applications are concurrent, are you placing only one policy? <input type="radio"/> yes <input type="radio"/> no</p> <p>C) What is the total amount of insurance to place with all carriers? \$ _____</p>										<input type="radio"/> Inforce <input type="radio"/> Pending	<input type="radio"/> Life <input type="radio"/> AD&D <input type="radio"/> CI <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"/> AD&D <input type="radio"/> CI <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"/> AD&D <input type="radio"/> CI <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"/> AD&D <input type="radio"/> CI <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 \$	
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2. BENEFICIARY INFORMATION

If a beneficiary is not named or if all named beneficiaries predecease the Owner/Life Insured, the benefit that becomes payable will be paid to the estate of the Owner/Life Insured. **Percentages for all primary beneficiaries must total 100%.**

To name additional beneficiaries, use the Beneficiary Designation Form (form D-0017).

Minors:

Benefits will not be paid directly to a minor beneficiary. Outside Québec, 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 Québec, benefits due to a beneficiary, while a minor, will be paid to the tutor(s) or legal guardian 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 check the irrevocable box. In Quebec, if a married or civil union spouse is named as primary beneficiary, the designation is irrevocable unless otherwise indicated. If you designate a primary beneficiary as irrevocable, you cannot change or revoke the beneficiary or exercise rights and privileges such as withdrawals or assignments without the irrevocable beneficiary's consent. **An irrevocable beneficiary who is under the age of majority cannot provide consent.** Therefore, if an irrevocable beneficiary is under the age of majority, 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 Life Insured, as applicable. A contingent beneficiary designation is always revocable. **Percentages for all contingent beneficiaries must total 100%.**

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		<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		<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		<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		<input type="radio"/> equal shares OR [] [] [] [] %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable

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: 1 800 561 1268 Fax: 1 800 920-5868
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: <input type="text"/>	
5.2	Signature of Owner/Life Insured	By signing below, I confirm that I have read, understood and agree to the statements in the Declaration, Acknowledgement, Agreement and Consent and consent to the use of my personal information as described.	
		Signature of Owner/Life Insured X	
5.3	Monthly PAD and Corporate Accounts	If monthly PAD and using a corporate account or the account of someone who is not the Owner/Life Insured, the owner of the account signs below. By signing below, I confirm I have read, understood and agree to the statements in the PAD Agreement and Banking Authorization.	
		Signature X	
		Signing authority first name <input type="text"/>	Last name <input type="text"/>
5.4	Signature of Witness	All signatures must be witnessed in person by an independent third party of legal age who is unrelated to the Owner/Life Insured and does not stand to benefit from the insurance applied for.	
		Signature of witness X	Date <input type="text"/>
		First name of witness <input type="text"/>	Last name <input type="text"/>

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? <input type="radio"/> yes <input type="radio"/> no Have you completed an analysis of the purchaser's needs to support this application? <input type="radio"/> yes <input type="radio"/> no In Quebec, the collected information must be provided to the client no later than the date the policy is delivered.			
6.2 Advisor Information	Errors & Omissions insurance (E&O) must be valid in the province where the application was solicited and signed. A valid licence must be on file at Empire Life Head Office or processing will be delayed until received.			
Servicing Advisor name (first, last)		Advisor code 	Valid E&O on file? <input type="radio"/> yes <input type="radio"/> no	Split %*
Advisor name (first, last)			<input type="radio"/> yes <input type="radio"/> no	
Advisor name (first, last)			<input type="radio"/> yes <input type="radio"/> no	
6.3 GA/AGA/MGA/National Account Information	Name of GA, AGA, MGA or national account 			
Contact at GA, AGA, MGA or national account 				
Contact phone number - -		Contact email address 		
Was this sale made through national accounts? <input type="radio"/> yes				
Did this sale originate from empirelife.ca? <input type="radio"/> yes				
First name of insurance specialist/Advisor 		Last name 		
Advisor code 	Business phone number - -			
6.4 Determination of Third Party Interests You must answer 'Yes' or 'No'. If yes, complete entire section. If the third party is a legal entity (e.g. partnership, corporation or other entity), attach a copy of the charter document and signing authority. *If retired, indicate former occupation. If self-employed, specify nature of business. If unemployed, specify reason for unemployment.	Is someone other than the Owner/Life Insured paying the premiums (including the initial premium payment)? <input type="radio"/> yes <input type="radio"/> no			
First name 		Last name or legal name or corporation/entity 		
Date of birth d d - m m m - y y y y		Address (number, street) 		
City 		Province 	Postal code 	
Name of employer 				
Job title(s) 				
Occupation* 				
Relationship to Owner/Life Insured 				
Jurisdiction of registration (i.e. country, province, territory) 			Incorporation number 	

6. ADVISOR'S REPORT CONT'D

6.5 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

7. IMPORTANT CONSUMER INFORMATION

Your personal information and your privacy

Respecting your privacy is important to us at The Empire Life Insurance Company ("Empire Life"). We will maintain your personal information that we collect or obtain in a confidential file, and we will not use or disclose your personal information for purposes other than those for which it was collected, except with your consent or if required or permitted by law. Your personal information will be used by Empire Life, its reinsurers and their agents and representatives, on a continuing basis, to assess applicable insurance applications; appraise risk and assess any claim for benefits under a policy, if issued; to administer applicable policies and answer questions about the policies; 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 will 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, unless required by law.

Access to our customer files 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. You, or a person authorized by you, may request access to your personal information 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, use or disclosure of your personal information, please write to Empire Life at the address below:

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

To access a copy of our most recent privacy policy, please visit our website at www.empire.ca.

Insurance & Investments

Simple. Fast. Easy.®

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Policies are issued by The Empire Life Insurance Company.

