APPLICATION FOR CHANGE, ADDITION OR REINSTATEMENT OF ADDITIONAL DEPOSIT OPTION (ADO)

Use this form to:

Policy number

- add an ADO rider to an in force EstateMax[®] or Optimax Wealth[®] 10 Pay, 20 Pay or Life Pay policy with Paid-Up Additions or Enhanced Coverage dividend option within 24 months of the Policy Date (provided the Policy Date is October 1, 2019 or later)
- request an increase in the monthly or annual ADO deposit amount up to the Maximum Annual ADO Deposit Amount
- make an ad hoc ADO deposit up to the Maximum Annual ADO Deposit Amount
- reinstate ADO deposits within 36 months of the date the last Paid-Up Addition (PUA) was purchased from the ADO account

For policies currently on monthly pre-authorized debit (PAD), existing banking information will be used for the ADO deposits once the ADO rider is added or ADO deposits reinstated.

To change from direct billing to monthly PAD, restart PAD if the last PAD withdrawal was over 12 months ago, or to change banking information, the C-0170 – Pre-Authorized Debit (PAD) form must also be completed.

An in force illustration must be submitted when adding an ADO rider.

To add an ADO rider to a policy more than 24 months after its Policy Date (Policy Date must be October 1, 2019 or later), or to reinstate ADO deposits when the last PUA purchased from ADO account occurred more than 36 months ago, a Policy Change and/or Reinstatement Application (C-0048), including satisfactory evidence of insurability, is required.

Requests to increase monthly or annual ADO deposits or to make an ad hoc ADO deposit that exceeds the current Maximum Annual ADO Deposit Amount or Maximum Lifetime ADO Deposit Limit require a completed Policy Change and/or Reinstatement Application (C-0048), including satisfactory evidence of insurability.

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O Add ADO rider - ADO deposit amount \$			
○ Increase monthly or annual ADO deposit* - amount \$			
O Ad hoc ADO deposit* - amount included with this form \$ (cheque must be payable to Empire Life)			
Reinstate ADO deposits - amount \$			
*cannot exceed Maximum Annual ADO Deposit Amount			
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	
Complete this section if adding an ADO rider to an in force policy: If you answer "yes" to any of the questions below, provide details in the Additional Information section. To the best of the knowledge and belief of the undersigned: • has there been any change in the health of any Life Insured since the Policy Date shown on the Data Page for the policy? yes no • within the last 12 months, has any Life Insured consulted or been treated by a physician? yes no • within the last 12 months, has any Life insured been refused life insurance coverage or approved for life insurance coverage with an extra premium? yes no			
Complete this section if reinstating ADO deposits: If you answer "yes" to any of the questions below, provide details in the Additional Information section. To the best of the knowledge and belief of the undersigned: • has there been any change in the health of any Life Insured since the date the last PUA was purchased from the ADO account? yes ono • within the last 12 months, has any Life Insured consulted or been treated by a physician? yes ono • within the last 12 months, has any Life insured been refused life insurance coverage or approved for life insurance coverage with an extra premium? yes ono			



Additional Information		
Signatures		
Signature of Owner(s)		
Signature of Owner 1 (or 1st authorized signature for corporate/entity Owner)	Date	
X	d d - m m m - y y y y	
First name of Owner 1 Last name	Title, if signing for corporation/entity	
Only one signing authority to bind corporation or entity (copy of signing authority required).		
Signature of Owner 2 (or 2nd authorized signature for corporate/entity Owner)	Date	
X	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(s)		
Signature of Life Insured 1 (or parent or guardian if child is less than 18 years old (if not the owner)	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)	Date	
X	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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