

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. Starting in year 10, 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**
Non-renewable and will terminate at the end of the first year. Convertible to any non-participating whole life policy (Solution 100) if requested prior to termination.

Qualification Requirements

- A licensed Empire Life advisor must sign the Conversion Application.
The current group benefits advisor may be eligible to sell these products. Contact the plan administrator to confirm. If not, use the ["Find an Advisor"](#) tool to locate an advisor near the insured.
- Application must be made 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 termination of the 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 termination of group coverage, or
 - \$200,000 (or the amount required by provincial legislation, if applicable).
- No medical evidence is required.
- Premium rates for conversions are based on smoker rates. If the Life Insured wishes to apply for non-smoker's rates, the Life Insured can apply for any new life insurance product using form D-0082 - Life and Health Insurance Application, instead of using this conversion application.

APPLICATION FOR CONVERSION OF GROUP LIFE COVERAGE

The completed application must be submitted to Empire Life with the initial premium payment within 31 days after the effective date of the cancellation of the group life insurance.

1. POLICY INFORMATION

1.1	Group policy information	Group Policyowner (company name)	Group number	Division	Certificate number	
1.2	Life Insured 1 for the new life insurance policy	First name				Middle initial
		Last name				
		Address (number, street) (If using a PO Box, also provide your physical address)				
		City			Province	Postal code
		Sex at birth <input type="radio"/> Male <input type="radio"/> Female	Date of birth	Marital status: <input type="radio"/> married <input type="radio"/> single <input type="radio"/> common-law <input type="radio"/> widowed <input type="radio"/> separated <input type="radio"/> divorced		
		Preferred contact number		Alternate contact number		
If this application is for conversion of spousal/dependant life coverage under your Group Plan complete the following:						
1.3	Life Insured 2 for the new life insurance policy	First name				Middle initial
		Last name				
		Address (number, street) (If using a PO Box, also provide your physical address)				
		City			Province	Postal code
		Sex at birth <input type="radio"/> Male <input type="radio"/> Female	Date of birth	Marital status: <input type="radio"/> married <input type="radio"/> single <input type="radio"/> common-law <input type="radio"/> widowed <input type="radio"/> separated <input type="radio"/> divorced		
		Preferred contact number		Alternate contact number		

2. CONVERSION DETAILS

Premium rates for conversions are based on smoker's rates. If you wish to apply for non-smoker's rates, you can apply for any new life insurance product using form D-0082 - Life and Health Insurance Application, instead of using this conversion application.

2.1	Conversion Details	Date group life coverage terminated	
		Life Insured 1	Life Insured 2
		Amount to be converted* \$	Amount to be converted* \$
		New Plan (attach illustration)	New Plan
		<input type="radio"/> Solution 100 with Values <input type="radio"/> Term to Age 65 <input type="radio"/> One Year non-renewable Convertible Term	<input type="radio"/> Solution 100 with Values <input type="radio"/> Term to Age 65 <input type="radio"/> One Year non-renewable Convertible Term

*Maximum \$200,000 (or the amount required by provincial legislation, if applicable).

3. PREMIUM PAYMENT INFORMATION

3.1 Premium Payment Information All cheques must be payable to Empire Life .	<input type="radio"/> Initial premium submitted with this application – amount \$ _____ <input type="radio"/> Draw initial premium by pre-authorized debit (PAD)
	Who will pay the premiums? <input type="radio"/> Owner <input type="radio"/> Life Insured <input type="radio"/> Other - provide the name of individual or corporation/entity
How will the premiums be paid? <input type="radio"/> Monthly Pre-Authorized Debit (PAD) <input type="radio"/> Annual Billing	
3.2 Pre-Authorized Debit (PAD)	For monthly PAD withdraw premiums from: <input type="radio"/> Account shown on the attached void cheque or pre-authorized transaction form from my financial institution. <input type="radio"/> Same account as Empire Life policy number: _____
	Automatic withdrawal date _____ (1st to 28th of the month) (If date is not indicated, the same day as the issue (effective) date of the policy will be used.)

4. BENEFICIARY INFORMATION

If a beneficiary is not named for a Life Insured or if all named beneficiaries predecease the Life Insured, any benefit that becomes payable will be paid to the Owner (if not the Life Insured) or the Owner's estate. **Percentages for all primary beneficiaries must total 100%.** If you name more than one beneficiary and do not indicate a percentage share, any benefit payable will be divided equally among all surviving beneficiaries. 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 indicate "irrevocable". In Quebec, if a married or civil union spouse is named as primary beneficiary, the designation is irrevocable unless you indicate "revocable". If you designate a primary 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 written consent. If your policy/contract is governed by the laws of Nova Scotia and you designate a primary beneficiary as irrevocable you must also complete the Irrevocable Beneficiary Designation Supplement (Nova Scotia only) form (INS-3207). **An irrevocable beneficiary who is a minor cannot provide consent.** Therefore, if an irrevocable beneficiary is a minor, 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 or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth	<input type="radio"/> equal shares OR % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth	<input type="radio"/> equal shares OR % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth	<input type="radio"/> equal shares OR % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth	<input type="radio"/> equal shares OR % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
Trustee for minor beneficiary(ies) named above:			
First name	Middle initial	Last name	

*Relationship to the Life Insured, except in Quebec, specify relationship to the Owner.

5. DECLARATION, ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

Declaration and Acknowledgement:

I declare and acknowledge that:

- I have understood the meaning and importance of all the questions asked on this application and any supplementary forms submitted as part of this application (collectively the “application”);
- I received satisfactory information concerning the product I am applying for before signing this application, and I understand that my advisor may be paid on a commission basis;
- There are variables (e.g. type and performance of investments, cost of insurance, policy loans, payments and withdrawals, etc.) that can affect my policy’s performance and that changes in these variables can affect the policy’s non-guaranteed benefits and values, and I understand that benefits and values set out in any illustration are not guaranteed and are based on assumptions that are likely to change;
- I was present when the answers and statements about me (collectively “my answers”) were recorded on the application;
- I have reviewed my answers and confirm them to be full, complete and true to the best of my knowledge and belief, and that my answers may be relied on by Empire Life;
- In the event that any of the answers and statements recorded on the application, including my answers, contain any misrepresentation or non-disclosure of a material fact, Empire Life may void the policy; and
- The Owner is responsible for paying premiums. Cheques must be payable to Empire Life.

Agreement

I understand and agree:

- I will notify Empire Life if there is a change in my tax residency status;
- To the terms and conditions of this application;
- That this application and all of the answers and statements recorded on this application will form part of the policy when issued and the policy won’t take effect until initial premium is paid and policy is delivered or, in Quebec, initial premium is paid and application is accepted without modification;
- That if there are apparent errors or omissions in this application, or if Empire Life offers to issue a policy on a basis different than what I have applied for, Empire Life will make necessary changes to the application in writing before delivering the policy to the Owner for acceptance; and
- I will be deemed to have accepted the policy and any changes to the application if I do not return the policy to Empire Life within 10 days of delivery.

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;**
- 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, and I understand that these amounts may be variable and may increase or decrease. I authorize my financial institution to honour any withdrawal (debit) from my account under the PAD agreement as outlined in Section 3.

Personal Information Authorization

I have read and understand the following notice (the “Notice”) provided to me in the document titled “Important Consumer Information”:

- Your Personal Information and Your Privacy

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 and/or assessing a claim for benefits under the policy.

I understand that if I withdraw this consent, Empire Life may be unable to assess this application, administer the policy issued as a result of this application or assess a claim for benefits under the policy and therefore may cancel the policy in its sole discretion. If this occurs, no benefit will be payable and neither I nor my estate will be able to exercise any rights under the policy.

If I die, I authorize the Owner, contingent Owner, beneficiary or heir, as well as any 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 the policy. I also authorize Empire Life to communicate the reasons for any claim decision to the beneficiary entitled to proceeds under the policy.

5. DECLARATION, ACKNOWLEDGEMENT, AGREEMENT AND CONSENT CONT'D

Service from my advisor

I authorize Empire Life:

- To release the policy to the advisor for delivery, including a copy of this application, supplementary forms, addendums or Application Change Forms; and
- To collect from and/or disclose information to the advisor(s) (and agency) regarding my application and policy, as required, to provide the Owner with service and advice in relation to my policy. I understand that the Owner can change the advisor or withdraw this authorization 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:	
5.2 Signatures of Life Insured(s) or parent/legal guardian if minor	Signature of Life Insured 1 X	Date
	Signature of Life Insured 2 X	Date
5.3 New Monthly PAD and Corporate Accounts	If monthly PAD and using a corporate account or the account of someone who is not the Life Insured or Owner, 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	Last name
5.4 Signature of witness For "in person" sales, the witness should be the Advisor.	All signatures must be witnessed by a person of legal age who is unrelated to the Life Insured(s) or Owner and does not stand to benefit from the insurance applied for.	
	Signature of witness X	Date
	First name of witness	Last name

6. ADVISOR'S REPORT

6.1 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	Advisor code	Valid E&O on file? <input type="radio"/> yes <input type="radio"/> no	Split %
	Advisor name		<input type="radio"/> yes <input type="radio"/> no	
	Advisor name		<input type="radio"/> yes <input type="radio"/> no	
6.2 GA/AGA/MGA / National Account Information	Name of GA, AGA, MGA or national account information		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	
6.3 Verification of Owner	Dual Process			
	If meeting with the Owner "in person" and the Owner does not have a valid government issued photo identification, or meeting with Owner "non-face-to-face", verify the Owner's identity by completing section 1.2 of the D-0011 Verification of Identity of Owner(s)/Determination of Politically Exposed Persons and Third Party Interests.			
	<input type="radio"/> The advisor has verified the identity of the Owner(s) using the Dual Process method and recorded the required information in the D-0011.			
	Photo Identification (in person" verification ONLY)			
	The advisor must verify the Owner's identity by reviewing a current, authentic government issued photo identification documents in the presence of the Owner and confirming the name and photo are those of the Owner. If a using a citizenship card for verification, it must have an issue date prior to January 2012.			
	<input type="radio"/> Passport <input type="radio"/> Driver's Licence <input type="radio"/> Other _____			
	Individual's first name as shown on the document		Last name	
Document #		Expiry date		
Jurisdiction and country of issue		Date of verification		
6.4 International Tax Information (FATCA/CRS)	Where do you reside for tax purposes?*** (check all that apply)			
	<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 _____				
If you do not have a TIN, specify the reason:				
<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 _____				

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

6. ADVISOR'S REPORT CONT'D

6.5 Politically Exposed Persons and Heads of International Organizations

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

*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.

1. 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

2. 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?±±

For questions 1 and 2:

yes no If yes, provide details: _____

3. Specify the source(s) of funds for this specific transaction (i.e. where the money originated from):

Business Income (e.g. dividends, management bonuses) Employment Income Pension Funds Gifts
 Sale of Assets Inheritance Other: _____

4. Specify the source(s) of wealth (i.e. sources from which the Owner accumulated their wealth):

Business Undertakings Family Trust Employment Income Investments Real Estate Inheritance
 Other: _____

6.6 Advisor Notes

6. ADVISOR'S REPORT CONT'D

6.7 Determination of Third Party Interests

You must answer 'Yes' or 'No' for all plans. If yes, complete entire section.

For the purposes of this section, a "third party" is a person or entity (other than the Life Insured or Owner) who instructs the Owner to take actions on the policy, or for participating life insurance plans, is paying the premiums.

In making this application, is the Owner acting on behalf of a third party? yes no

First name		Last name or legal name or corporation/entity	
Date of birth	Address (number, street)		
City	Province	Postal code	
Name of employer			
Job title(s)			
Occupation			
Type of business			
Relationship to Owner			
Jurisdiction of registration (i.e. country, province, territory)		Incorporation number	

6.8 Signature of licenced advisor(s)

I provided to the Owner and Life Insured(s) 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 company 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 and Life Insured(s) the names of all insurance agents who will have access to their personal information and to the policy and they are listed in section 6.1.

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 material to the acceptance of this application.

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.

Advisor certification for "non-face-to-face" completion (if there is no in-person witness in section 5.3):

To the best of my knowledge and belief, the Owner, Life Insured(s) and Payor (if applicable) signed this application as required.

Signature of advisor X	Date
Signature of training supervisor (where required in Quebec only) X	Date
Signature of servicing advisor (if different from above). I have reviewed the application and Advisor's Report X	Date

6.9 Signature of licensed 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 this application that has not been disclosed in the application.

Signature of licensed administrative assistant X	Date
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 Empire Life. We will maintain your personal information in a confidential file in our offices for the purpose of providing you with Empire Life products and services. Information contained in your file will be used by Empire Life, its reinsurers and their agents and representatives, on a continuing basis, to assess your application; to appraise risk and assess any claim under your policy; to administer your policy and answer your questions; 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 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.

Access to your file 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. Personal information that is processed or stored in another jurisdiction may be subject to the laws of that jurisdiction, which may allow disclosure to courts, law enforcement or other government authorities of that jurisdiction under certain circumstances.

You, or a person authorized by you, are entitled to access your file 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 of your personal information, please write to Empire Life at the address set out below. To access a copy of our most recent privacy policy, please visit our website at www.empire.ca.

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

Insurance & Investments – Simple. Fast. Easy.®
www.empire.ca info@empire.ca



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ADVISOR USE ONLY

Annual Premium Rate per 1,000 Solution 100 – with Values, Male Smoker					
Age	Band 1 25,000 to 99,999	Band 2 100,000 to 999,999	Age	Band 1 25,000 to 99,999	Band 2 100,000 to 999,999
16	6.39	5.50	41	17.31	15.52
17	6.63	5.62	42	18.24	16.47
18	6.86	5.74	43	19.24	17.46
19	7.10	5.88	44	20.29	18.48
20	7.33	6.05	45	21.42	19.50
21	7.55	6.25	46	22.62	20.50
22	7.76	6.47	47	23.90	21.48
23	7.98	6.70	48	25.23	22.50
24	8.21	6.96	49	26.62	23.59
25	8.46	7.25	50	28.05	24.78
26	8.73	7.57	51	29.47	26.03
27	9.01	7.91	52	30.89	27.32
28	9.31	8.27	53	32.38	28.72
29	9.65	8.66	54	34.02	30.28
30	10.05	9.05	55	35.87	32.08
31	10.51	9.44	56	37.94	34.16
32	11.02	9.84	57	40.17	36.46
33	11.58	10.25	58	42.57	38.95
34	12.18	10.71	59	45.14	41.55
35	12.80	11.23	60	47.86	44.21
36	13.45	11.81	61	50.77	46.93
37	14.12	12.44	62	53.87	49.74
38	14.83	13.12	63	57.12	52.66
39	15.59	13.85	64	60.48	55.69
40	16.42	14.65	65	63.91	58.85

**Premiums are subject to an Annual Policy Factor of \$50.00.
Payment modes less frequent than annual are subject to a Modal Adjustment Factor.**

ADVISOR USE ONLY

Annual Premium Rate per 1,000 Solution 100 – with Values, Female Smoker

Age	Band 1 25,000 to 99,999	Band 2 100,000 to 999,999	Age	Band 1 25,000 to 99,999	Band 2 100,000 to 999,999
16	.18	4.56	41	14.30	2.25
17	5.39	4.68	42	14.82	12.91
18	5.60	4.79	43	15.32	13.60
19	5.82	4.91	44	15.86	14.31
20	6.05	5.06	45	16.47	15.02
21	6.28	5.24	46	17.13	15.72
22	6.53	5.44	47	17.83	16.41
23	6.77	5.65	48	18.57	17.13
24	7.02	5.88	49	19.39	17.91
25	7.27	6.11	50	20.30	18.77
26	7.51	6.34	51	21.28	19.71
27	7.73	6.57	52	22.31	20.71
28	7.97	6.81	53	23.44	21.78
29	8.22	7.07	54	24.71	22.95
30	8.51	7.36	55	26.15	24.22
31	8.82	7.67	56	27.83	25.64
32	9.15	8.00	57	29.73	27.18
33	9.50	8.36	58	31.74	28.81
34	9.91	8.74	59	33.78	30.47
35	10.39	9.15	60	35.75	32.13
36	10.97	9.59	61	37.55	33.67
37	11.65	10.05	62	39.25	35.11
38	12.37	10.55	63	40.99	36.64
39	13.08	11.07	64	42.92	38.41
40	13.73	11.64	65	45.18	40.61

**Premiums are subject to an Annual Policy Factor of \$50.00.
Payment modes less frequent than annual are subject to a Modal Adjustment Factor.**

ADVISOR USE ONLY

Annual Premium Rate per 1,000 One Year Term (Convertible, Non-Renewable) Smoker					
Age	Male	Female	Age	Male	Female
16	2.75	2.75	43	4.99	4.06
17	2.75	2.75	44	5.39	4.35
18	2.75	2.75	45	5.75	4.68
19	2.75	2.75	46	6.23	4.99
20	2.75	2.75	47	6.66	5.39
21	2.76	2.75	48	7.27	5.75
22	2.77	2.75	49	7.94	6.23
23	2.78	2.75	50	8.62	6.66
24	2.79	2.76	51	9.42	7.27
25	2.80	2.77	52	10.32	7.94
26	2.81	2.78	53	11.21	8.62
27	2.82	2.79	54	12.17	9.42
28	2.85	2.80	55	13.11	10.32
29	2.89	2.81	56	14.28	11.21
30	2.90	2.82	57	15.50	12.17
31	2.94	2.85	58	17.08	13.11
32	2.98	2.89	59	18.65	14.28
33	3.01	2.90	60	20.40	15.50
34	3.06	2.94	61	22.26	17.08
35	3.13	2.98	62	24.24	18.65
36	3.25	3.01	63	26.38	20.40
37	3.44	3.06	64	28.83	22.26
38	3.62	3.13	65	31.33	24.24
39	3.82	3.25	66	34.20	26.38
40	4.06	3.44	67	37.34	28.83
41	4.35	3.62	68	40.80	31.33
42	4.68	3.82	69	44.57	34.20

**Premiums are subject to an Annual Policy Factor of \$50.00.
Payment modes less frequent than annual are subject to a Modal Adjustment Factor.**

ADVISOR USE ONLY

Annual Premium Rate per 1,000 Term to 65 (Non-Convertible) Smoker					
Age	Male	Female	Age	Male	Female
18	3.25	3.07	41	8.25	6.60
19	3.32	3.13	42	8.66	6.91
20	3.39	3.19	43	9.10	7.24
21	3.46	3.25	44	9.55	7.60
22	3.52	3.31	45	10.02	7.99
23	3.58	3.38	46	10.52	8.45
24	3.66	3.44	47	11.06	8.96
25	3.77	3.50	48	11.61	9.50
26	3.91	3.55	49	12.15	10.01
27	4.07	3.59	50	12.67	10.45
28	4.25	3.64	51	13.16	10.81
29	4.45	3.71	52	13.63	11.11
30	4.67	3.82	53	14.09	11.39
31	4.90	3.98	54	14.56	11.66
32	5.16	4.18	55	15.07	11.96
33	5.42	4.41	56	15.58	12.96
34	5.71	4.65	57	16.20	14.24
35	6.02	4.90	58	18.05	15.52
36	6.35	5.15	59	20.00	17.10
37	6.70	5.42	60	22.05	18.60
38	7.06	5.70	61	24.36	21.36
39	7.45	5.99	62	26.48	23.98
40	7.84	6.29	63	28.60	26.60

**Premiums are subject to an Annual Policy Factor of \$50.00.
Payment modes less frequent than annual are subject to a Modal Adjustment Factor.**