APPLICATION FORM

GOLDEN Protection

GOLDEN Protection *Deferred*

Assumption Life

4615-00A-NOV17

Give this copy to Owners

NOTICE

Records and personal information

In order to protect the confidentiality of your personal information, Assumption Life is responsible for ensuring that a file is establish and retain according to the applicable rules, in the offices of Assumption Life or third parties acting on our behalf, in Canada or elsewhere, in which the information pertaining to your application for insurance, as well as the information pertaining to any insurance claim, will be placed. This personal information may be medical in nature or related to your lifestyle (driving record, pursuit of a hazardous sport, criminal record, etc.). When reviewing your insurance application or assessing a claim, we, our service providers or our reinsurers may consult any insurance file that we hold or that is held by other insurers or reinsurers with respect to any other insurance application or statement you may have made in the past.

For underwriting purposes or in the event of a claim, we could retain the services of an investigator in order to conduct an investigation in regard to you. This investigation may bear on your reputation, health, finances and lifestyle. In the course of this investigation, family members, friends and neighbors may be questioned about you.

We may also, for medical underwriting purposes, seek the assistance of a physician or a paramedical organization or a clinic in order to have you undergo a medical examination, x-rays, an electrocardiogram or to collect a blood, urine or saliva sample. The analyses will be used to determine the existence of various abnormalities such as diabetes, hepatic disorders, kidney disorder, liver disorder, bone disease, immune disorder, infections caused by the AIDS virus, and the presence of medication, drugs, nicotine or their metabolites and to determine cholesterol and blood lipid levels.

In the event of a claim, we may require a copy of your medical records. We may also require, in the event of a death claim, a copy of the police investigation report, coroner's report, or any other report that provides relevant information explaining the circumstances of your death.

Only those employees or agents (including any reinsurer, health care professional or service provider) who need the personal information for the performance of their duties will have access to your file. If necessary, your personal information may also be shared with your beneficiaries or personal representative in relation to a claim for the payment of a death benefit.

Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. We may have to disclose your personal information in response to a request from government authorities or a court order in these countries.

Assumption Life shall not communicate your personal information to a third party without your consent unless required to do so by law or ordered to do so by a court.

You are entitled to consult any personal information held in your file and, if applicable, to have it corrected by submitting a written request to the following address: ASSUMPTION LIFE, c/o Underwriting Department, P.O. Box 160 / 770 Main Street, Moncton, N.B. E1C 8L1. Telephone: 506-853-6040 or 1-800-455-7337 Fax: 1-855-230-2500.

NOTICE FROM THE MIB, Inc. (MIB)

Information regarding your insurability will be treated as confidential. Assumption Life or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such company, the MIB, upon request, will supply such company with the information in its files. As a U.S.-based company, MIB is bound by, and such personal information may be disclosed in accordance with, applicable U.S. laws.

Upon receipt of a request from you, MIB will arrange disclosure to you of any information it may have in your file. Please contact MIB at 416-597-0590. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedure set forth in the U.S. federal Fair Credit Reporting Act. The address of MIB's information office is 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7. To learn more about MIB, visit www.mib.com.

Assumption Life, or its reinsurer(s), may also release any information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may have been submitted.

ASSUMPTION LIFE RECEIPT FOR PREMIUM PAYMENT

Assumption Life acknowledges having received the sum of $ _____ with Golden Protection application on the life of

Proposed Insured 1 _____ **Proposed Insured 2**_____.

The acceptance of this sum of money does not obligate Assumption Life to issue an insurance contract.

Signed at _____, this _____ day of _____, 20 _____

Agent's Signature x _____

The policy and any rider, when issued without amendment to the application, take effect on the date the application is approved by Assumption Life or on their date of issue specified on the page entitled "Policy Specifications" of the insurance contract, if later, provided that:

(a) The first premium has been paid during the lifetime of all Proposed Insureds and has been paid on the date the application is approved by Assumption Life or on their date of issue specified in the Policy Specifications, if later; and

(b) No change has occurred with respect to the insurability of any Proposed Insured from the signing of the application to the date the application is approved by Assumption Life or until their date of issue specified in the Policy Specifications, if later; and

(c) Any information or answer provided in the application remains complete and true on the date the application is approved by Assumption Life or on their date of issue specified in the Policy Specifications, if later.

Golden Protection

Please complete all questions/statements in this application.
(Please print using black or blue ink.)

(For Head Office use only)

Policy/Contract No. _____

Client No. _____

❑ ADDITION TO POLICY/CONTRACT IN FORCE NO. _____

1. PROPOSED INSURED

Proposed Insured 1 (a) Name _____
First Last Maiden Name (if applicable)

(b) Address _____
P.O. Box No. & Street Apt. No. City/Town Province Postal Code

(c) Date of Birth * _____/_____/_____ (d) Age _____ (at nearest birthday) (e) Sex ❑ M ❑ F (f) Place of Birth _____
Day Month Year Province/Country

(g) Telephone No. residence (_____) _____ business (_____) _____ (h) E-mail _____

(i) Present residence status in Canada: ❑ Canadian ❑ Landed Immigrant ❑ Other (specify) _____

Proposed Insured 2 (a) Name _____
First Last Maiden Name (if applicable)

(b) Address _____
P.O. Box No. & Street Apt. No. City/Town Province Postal Code

(c) Date of Birth * _____/_____/_____ (d) Age _____ (at nearest birthday) (e) Sex ❑ M ❑ F (f) Place of Birth _____
Day Month Year Province/Country

(g) Telephone No. residence (_____) _____ business (_____) _____ (h) E-mail _____

(i) Present residence status in Canada: ☐ Canadian ❑ Landed Immigrant ❑ Other (specify) _____

* Please verify the date of birth of the Proposed Insured by means of an original identification document.

2. OWNER

Please check √ the Owner(s) below and complete the information. Do not complete this section if you have checked √ "ADDITION TO POLICY/CONTRACT IN FORCE" above.

❑ **Proposed Insured 1**

❑ **Proposed Insured 2**

❑ **Other (Body Corporate or Other than Proposed Insured named above)**

(a) Name _____
First Last Relationship to Proposed Insured 1

(b) Address _____
P.O. Box No. & Street Apt. No. City/Town Province Postal Code

(c) Date of Birth _____/_____/_____ (d) Occupation _____ (e) Social Insurance Number |___|___|___|___|___|___|___|___|___|
Day Month Year

(f) Telephone No. residence (_____) _____ business (_____) _____ (g) E-mail _____

If the Owner is a **Body Corporate** (corporation, partnership, association, etc.), complete below:

Type of business (agriculture, fishing, transport, professional services, etc.): _____ Registration number: _____

Is the Body Corporate active? ❑ Yes ❑ No Name of Body Corporate's directors (below):

1. _____ 2. _____ 3. _____ 4. _____

Indicate the names of the persons authorized to sign for the Body Corporate with their title:

Name _____ Title _____ Name _____ Title _____

3. BENEFICIARY OF PROPOSED INSURED 1

Primary beneficiary designation

First Name	Last Name	Age	%*	Rev. / Irr.	Relationship to the Proposed Insured (In Quebec, relationship to Owner)
				❑ ❑	
				❑ ❑	
				❑ ❑	
				❑ ❑	

Substitute beneficiary designation
(Only applies if the primary beneficiaries are not in equal share to the surviving beneficiaries)

First Name	Last Name	Age	Relationship to the Proposed Insured (In Quebec, relationship to Owner)

Contingent beneficiary designation (Only applies if all beneficiaries named above die before Proposed Insured)

First Name	Last Name	Age	%*	Rev. / Irr.	Relationship to the Proposed Insured (In Quebec, relationship to Owner)
				❑ ❑	
				❑ ❑	

Assign a Trustee (optional)

If the Beneficiary is a minor, please designate a Trustee: _____

Relationship of the Trustee to the Beneficiary: _____

4. BENEFICIARY OF PROPOSED INSURED 2

Primary beneficiary designation

First Name	Last Name	Age	%*	Rev. / Irr.	Relationship to the Proposed Insured (In Quebec, relationship to Owner)
				❑ ❑	
				❑ ❑	
				❑ ❑	
				❑ ❑	

Substitute beneficiary designation
(Only applies if the primary beneficiaries are not in equal share to the surviving beneficiaries)

First Name	Last Name	Age	Relationship to the Proposed Insured (In Quebec, relationship to Owner)

Contingent beneficiary designation (Only applies if all beneficiaries named above die before Proposed Insured)

First Name	Last Name	Age	%*	Rev. / Irr.	Relationship to the Proposed Insured (In Quebec, relationship to Owner)
				❑ ❑	
				❑ ❑	

Assign a Trustee (optional)

If the Beneficiary is a minor, please designate a Trustee: _____

Relationship of the Trustee to the Beneficiary: _____

* If a % is not stated, insurance proceeds will be payable in equal shares to the beneficiaries who survive the Proposed Insured. If a % is stated and a substitute beneficiary has been designated, insurance proceeds will be payable to the substitute beneficiary in the event that the primary beneficiary dies before the Proposed Insured. If no primary or substitute beneficiary survives the Proposed Insured, the insurance proceeds will be divided equally among all designated contingent beneficiaries who survive the Proposed Insured.

In Quebec, the designation of the Owner's married or civil union spouse as beneficiary is irrevocable, unless otherwise stipulated.

Rev. (Revocable) or Irr. (Irrevocable): Unless otherwise stipulated or not permitted by law, any beneficiary designation is revocable. If a beneficiary is named irrevocably, please not that his/her consent is required for any request that may affect his/her rights, including a change of beneficiary.

The policy does not confer any rights to the substitute beneficiary prior to the death of the primary beneficiary.

The policy does not confer any rights to the contingent beneficiary prior to the death of all primary and substitute beneficiaries.

5. DECLARATION AS TO THE USE OF TOBACCO/NICOTINE

Have you, in the last 12 months, used any substance or product containing tobacco, nicotine, or marijuana mixed with nicotine, or used e-cigarettes?
If the answer is "No", the premium class will be NON SMOKER. If the answer is "Yes", the premium class will be SMOKER.

Proposed Insured 1 ❑ Yes ❑ No **Proposed Insured 2** ❑ Yes ❑ No

6. INSURANCE REQUESTED

If this application is an addition to an in force policy, the life insurance product must be the same as the policy.

Proposed Insured 1

Golden Protection ❑ Golden Protection Life-pay ❑ Golden Protection 20-pay (Maximum age: 80) ❑ Accidental Fracture Plus rider

Existing coverage under all Golden Protection and Total Protection products (if applicable) _____ $

Sum insured requested + _____ $

*Total insurance coverage = _____ $

Annual premium for sum insured requested _____ **$**

*$100,000 maximum for a Proposed Insured aged 40 to 70 and $50,000 for Proposed Insured aged 71 to 85

If total insurance coverage is **$50,000 or less**, please complete medical questionnaire A.
If total insurance coverage is **$50,001 to $100,000**, please complete medical questionnaire B.

Please note: If existing amount of coverage is not correctly specified, the sum insured requested may be reduced. The medical questionnaire B may be asked when processing the application.

Golden Protection Deferred ❑ Golden Protection Deferred Life-pay ❑ Golden Protection Deferred 20-pay (Maximum age: 80) ❑ Accidental Fracture Plus rider

Existing coverage under all Golden Protection and Total Protection products (if applicable) _____ $

Amount of coverage requested + _____ $

Total insurance coverage **($50,000 maximum)** = _____ $

Annual premium for sum insured requested _____ **$**

Complete medical questionnaire A.

Please note: If existing amount of coverage is not correctly specified, the sum insured requested may be reduced.

Proposed Insured 2

Golden Protection ❑ Golden Protection Life-pay ❑ Golden Protection 20-pay (Maximum age: 80) ❑ Accidental Fracture Plus rider

Existing coverage under all Golden Protection and Total Protection products (if applicable) _____ $

Sum insured requested + _____ $

*Total insurance coverage = _____ $

Annual premium for sum insured requested _____ **$**

*$100,000 maximum for a Proposed Insured aged 40 to 70 and $50,000 for Proposed Insured aged 71 to 85

If total insurance coverage is **$50,000 or less**, please complete medical questionnaire A.
If total insurance coverage is **$50,001 to $100,000**, please complete medical questionnaire B.

Please note: If existing amount of coverage is not correctly specified, the sum insured requested may be reduced. The medical questionnaire B may be asked when processing the application.

Golden Protection Deferred ❑ Golden Protection Deferred Life-pay ❑ Golden Protection Deferred 20-pay (Maximum age: 80) ❑ Accidental Fracture Plus rider

Existing coverage under all Golden Protection and Total Protection products (if applicable) _____ $

Amount of coverage requested + _____ $

Total insurance coverage **($50,000 maximum)** = _____ $

Annual premium for sum insured requested _____ **$**

Complete medical questionnaire A.

Please note: If existing amount of coverage is not correctly specified, the sum insured requested may be reduced.

7. PREMIUM AND METHOD OF PAYMENT

Do not complete sections 7 and 8 if you have checked √ "ADDITION TO POLICY/CONTRACT IN FORCE" on Page 3.

Method of payment (Indicate the total premium for the contract according to the method of premium payment)*:

❑ **Monthly $**_____ (See section 8 below) ❑ **Annual $**_____ ❑ **Semi-annual $**_____ ❑ **Quarterly $**_____

(a) Amount paid with application $ _____

(b) Payer: ❑ Proposed Insured 1 ❑ Proposed Insured 2 ❑ Owner (other as specified in section 2) ❑ Other (Complete below)

Name _____ Address _____

*Insurance premiums may be subject to Provincial Sales Tax (PST)

8. PREAUTHORIZED DEBIT (PAD) AGREEMENT *(only if PAD was chosen in the application)*

Banking Information

If the banking information was not provided in the application, please attach a blank cheque marked void.

Complete only if a "VOID" sample cheque is not available, if the cheque is not preprinted or if this is a savings account.

Name of Financial Institution _____ Address _____

Branch Number _____ Bank Number _____ Account Number _____

Type of Service ❑ Personal - If debit is from a personal account ❑ Business - If debit is from a corporate account

Withdrawal Arrangements This preauthorized debit agreement is considered a variable one.

- I authorize Assumption Life to begin deductions, at any time, as per my instructions for regular recurring payments for the **amount indicated in the application**.
- If a preauthorized debit is returned due to **insufficient funds (NSF) in the account**, Assumption Life will withdraw the related $25 fee from the same account, without notice.
- I agree to the debiting of my account on the _____ (1st to 28th day of the month) or the next business day (subject to change).*

** The first withdrawal from your account will be made the first business day following the date of policy issue, taking into account your financial institution's processing time. The next withdrawal date will be consistent with your PAD agreement. Please note that this could result in two premium withdrawals in the same month.*

Waivers I waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of the withdrawal.**

Cancellation You may cancel this preauthorized debit agreement at any time, subject to providing Assumption Life with 10 days' written notice. Contact your financial institution about your rights regarding cancellation. (A sample cancellation form is available at www.cdnpay.ca.)

Method of Payment Any cancellation of this preauthorized debit agreement will not affect the agreement between you and Assumption Life whatsoever, so long as payment is provided by an alternate method.

Recourse & Reimbursement You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Exclusive rights All amounts transferred from the preauthorized bank account for the premium payment are for the exclusive benefit of the Owner of the insurance policy.

***Assumption Life will not increase your preauthorized debit or change your debit date after your insurance contract becomes effective without notifying you.*

9. SPECIAL INSTRUCTIONS

_____

_____

_____

_____

_____

_____

_____

_____

10. INSURANCE REPLACEMENT

Proposed Insured 1	Is this application intended to replace an existing individual life insurance? **If "Yes" complete and attach a disclosure statement.**	❑ Yes	❑ No
	If "Yes", is the original insurance policy being replaced an Assumption Life policy?	❑ Yes	❑ No
Proposed Insured 2	Is this application intended to replace an existing individual life insurance? **If "Yes" complete and attach a disclosure statement.**	❑ Yes	❑ No
	If "Yes", is the original insurance policy being replaced an Assumption Life policy?	❑ Yes	❑ No

If the individual life insurance being replaced is with Assumption Life, a written notice signed by the Owner must be sent to Assumption Life in order to terminate the existing insurance.

11. DECLARATION OF INSURABILITY

	Questionnaire A Golden Protection / Golden Protection Deferred for face amount up to $50,000		Questionnaire B Golden Protection for face amount of $50,001 to $100,000	
	Proposed Insured 1	**Proposed Insured 2**	**Proposed Insured 1**	**Proposed Insured 2**
1. In the **past two (2) years**, have you had an application for individual life insurance declined or postponed by a company other than Assumption Life?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
	If you answered Yes to question 1, you unfortunately do not qualify for Golden Protection; **HOWEVER**, you may still qualify for Golden Protection Deferred* if you answer **NO** to all of the questions below. *See bottom of page 8 for product description. **Do not submit this application to Assumption Life if you answered Yes to any of the following questions.**		**If you answered Yes to question 1**, you unfortunately do not qualify for Golden Protection; **HOWEVER**, you may still qualify for Golden Protection Deferred. The total sum insured is limited to $50,000. You need to decrease the face amount and then complete questionnaire A in full.	
2. Are you currently hospitalized, in a long-term care facility or nursing home, bedridden or confined to a chair, or have you been advised that this is required?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
3. In the **past six (6) months**: (a) Have you been advised to undergo a biopsy that has not yet been performed, or that has been performed and for which you have not yet been advised of the results? (b) Have you been referred to but have not yet consulted an oncologist (a cancer specialist), a nephrologist (a kidney specialist) or a cardiologist (a heart specialist)? (c) Have you consulted any specialist mentioned in question (b) above (oncologist, nephrologist or cardiologist) and been advised to have tests performed that have not yet been completed or had tests for which you have not yet been advised of the results?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
4. In the **past two (2) years**, have you had an amputation as a result of disease?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
	In the past (2) years		**In the past (3) years**	
5. Have you been: (a) diagnosed with or hospitalized for angina or a heart attack or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery? (b) diagnosed with or hospitalized for chronic kidney disease or undergone dialysis? (c) diagnosed with, hospitalized for, or received radiation therapy for leukemia or cancer (other than basal cell carcinoma)?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
6. Have you been prescribed a new medication or required a change in dosage in your medication relating to angina, a heart attack, leukemia or cancer (other than basal cell carcinoma)?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
7. Have you been diagnosed with or hospitalized for: (a) Chronic obstructive pulmonary disease (COPD) or emphysema that required the administration of oxygen? (b) Hepatitis B, hepatitis C, or cirrhosis of the liver? (c) Diabetic coma or hypoglycemic coma? (d) Cerebrovascular accident (stroke)? (e) Congestive heart failure or cardiomyopathy?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

11. DECLARATION OF INSURABILITY (Continued)

	Questionnaire A Golden Protection / Golden Protection Deferred for face amount up to $50,000		Questionnaire B Golden Protection for face amount of $50,001 to $100,000	
	Proposed Insured 1	**Proposed Insured 2**	**Proposed Insured 1**	**Proposed Insured 2**
			If you answered Yes to one of questions 5, 6 & 7, you unfortunately do not qualify for Golden Protection above $50,000; **HOWEVER**, you may still qualify for Golden Protection coverage of $50,000 or less if you answered No to questions 1 -11 of questionnaire A. You must reduce the amount of sum insured requested and then complete questionnaire A in full.	
8. In the **past five (5) years**, have you received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
9. Have you ever tested positive for HIV or undergone treatment (including medication) for AIDS or AIDS-related complex?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
10. Have you ever been diagnosed with or treated for (including medication) amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
11. Have you been advised by a physician that you have an incurable terminal illness for which you have less than twelve (12) months to live?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

Golden Protection Deferred:
When the Golden Protection Deferred benefit is in force, the death benefit is equal to the reimbursement of premiums with interest at 3% per annum if the Proposed Insured's death occurs before the second anniversary of the policy or rider, as applicable (no reimbursement of premiums if the accidental death benefit is paid).

12. DECLARATION OF TAX RESIDENCE

Canadian financial institutions are required under Part XVIII and Part XIX of the Income Tax Act to collect the information you provide on this form to determine if they have to report your financial account to the Canada Revenue Agency (CRA). The CRA may share that information with the government of a foreign jurisdiction that you are resident of for tax purposes, or a citizen of in the case of the United States. For a declaration of residency for entities, please fill the form RC519 available on producerscorner.ca.

Tick √ all of the options that apply to you.

❑ **I am a tax resident of Canada.**
If you ticked this box, give your social insurance number. Social insurance number |___|___|___|___|___|___|___|___|___|

❑ **I am a tax resident or a citizen of the United States.**
If you ticked this box, give your taxpayer identification number TIN from the United States |___|___|___|___|___|___|___|___|___|

If you do not have a TIN from the United States, have you applied for one? ❑ Yes ❑ No

❑ **I am a tax resident of a jurisdiction other than Canada or the United States.**
If you ticked this box, give your jurisdictions of tax residence and taxpayer identification numbers.

If you do not have a TIN for a specific jurisdiction, give the reason using one of these choices:

Reason 1: I will apply or have applied for a TIN but have not yet received it.

Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.

Reason 3: Other reason.

For this form, "other reason" is enough. However, you still have to tell your financial institution the specific reason.

Jurisdiction of tax residence	Taxpayer identification number	If you do not have a TIN, choose reason 1, 2, or 3.

13. DECLARATION, AUTHORIZATION, AND SIGNATURES OF PERSON INSURED AND OWNER

- I have requested that this application be in English and I request that all other related documents be in English also.
- I confirm that the information and answers contained in this application and in any related document are complete and true, and acknowledge that they constitute the basis for the contract.
- I acknowledge that if I answered Yes to question 1 of the Declaration of Insurability Questionnaire A and No to questions 2 to 11, I'm eligible for Golden Protection Deferred only.
- ***(For all Proposed Insureds having stated being non smoker in the application)*** I hereby confirm that in the last 12 months I did not use any substance or product containing tobacco, nicotine, marijuana mixed with nicotine or e-cigarettes.
- I acknowledge that any misrepresentation may render the insurance coverage(s) voidable at Assumption Life's option within two years from the date of issue of the policy or rider(s) or date of reinstatement and that all misrepresentation concerning the declaration as to the use of any substance or product containing tobacco, nicotine, marijuana mixed with nicotine or e-cigarettes and fraud shall render this contract automatically void and no claim for the sum insured will be payable.
- I understand that no insurance agent or person other than Assumption Life is authorized to modify, cancel or waive a question or provision of this application, nor a provision of the contract or of any rider or other document that is part of the contract. I understand that any notice to or knowledge of an insurance agent is not notice to or knowledge of Assumption Life unless stated in writing and made part of this application.
- I understand that the policy and any rider takes effect on the latest of the following dates:
  - (a) The date the application is approved without amendment or restriction by Assumption Life;
  - (b) The date of issue specified on the page entitled "Policy Specifications" of the insurance contract when the application is approved without amendment or restriction by Assumption Life;
  - (c) The date the Proposed Insured or Proposed Insureds, as the case may be, sign an amendment or restriction to the application at Assumption Life's request.

  Provided that on that date:
  - (a) The first premium has been paid during the lifetime of all Proposed Insureds; and
  - (b) No change has occurred with respect to the insurability of any Proposed Insured since the signing of the application; and
  - (c) Any information or answer provided in the application remains complete and true.
- **I acknowledge receipt of the Assumption Life's notice for records and personal information and from the MIB, Inc.**
- ❑ By checking here, I authorize Assumption Life to use my personal information in order to send me information on other products and services that might interest me.
- PREMIUM PAYMENT: I acknowledge that any amount paid with this insurance application does not obligate Assumption Life to issue an insurance contract. I acknowledge and accept that Assumption Life will assume responsibility of the insurance risk only when the policy and rider(s) take effect, subject to the contract's limitations and exclusions.

AUTHORIZATION OF PROPOSED INSURED (1) AND (2)

I authorize any physician, health care professional, hospital, clinic or other medical or paramedical establishment, as well as any insurance company, the MIB Inc., a credit agency, and any other organization, institution or person that holds records or information pertaining to me or my health status to exchange such records or information with Assumption Life or to its reinsurers for claims adjudication purposes.

I authorize Assumption Life to retain the services of an investigator at the time of underwriting and during the claims process. This investigation, when necessary, may consist in obtaining information on my health, finances and lifestyle.

In the event of a claim, I authorize any coroner, police force and any other agency that holds information regarding my death to communicate such information to Assumption Life and its reinsurers.

I acknowledge that a reproduction of this authorization shall be as valid as the original.

Signed in province: _____, this _____ day of _____, 20 ____

Signature of Proposed Insureds | Signature of Owners* (if other than Proposed Insured)

(1) x _____ x _____ Title* _____

(2) x _____ x _____ Title* _____

* If the Owner is a Body Corporate (corporation, association, etc.), the signature of the authorized individuals with their title is required.

Name and signature of account owners (for a preauthorized debit agreement)**
(ONLY FILL OUT IF DIFFERENT FROM THE PROPOSED INSUREDS OR OWNERS MENTIONED ABOVE)

If two signatures are required to sign on the account, both account owners must sign this Authorization.

Name _____ Signature x _____ Title** _____

Name _____ Signature x _____ Title** _____

** If the account owner is a Body Corporate (corporation, association, etc.), the signature of the authorized individuals with their title is required.

14. AGENT'S DECLARATION

Do all Proposed Insureds and Owners understand the language in which this application is written? ❑ Yes ❑ No

If no, complete below:

I confirm that:

1. I am fluent in the language of all Proposed Insureds and Owners ("the insureds") and that I have accurately translated, in their entirety, the insurance application, the notice, the declaration and the authorization into that language and have ensured that they have been understood;
2. I have understood all answers given by the insureds and have accurately translated and transcribed them onto the insurance application.

❑ Yes ❑ No

By checking **YES**, I confirm the foregoing statements to be true and understand that in the event of any future dispute regarding the understanding and interpretation of the language of the insurance application, the notice, the declaration or the authorization, I may be held liable to Assumption Life.

By checking **NO**, I refuse to be held liable for the translation. I understand that the policy issue process may be delayed in order to confirm the answers of the Proposed Insureds and Owners.

If no, explain why _____

Please check the applicable boxes:

Sale in person

❑ The identity and date of birth of the Owners and Proposed Insureds have been verified by me by consulting an original document.

Non face-to-face sale (By phone, internet or videoconference)

If the Agent was not present when the Owners or the Proposed Insureds signed the addition to the application, the agent attests that the identity and date of birth of the Owners and Proposed Insureds have been verified as follows:

❑ By me during a prior transaction, at which time I had retained supporting documentation.

❑ Upon the Owners' and the Proposed Insureds' consent, **the agent has obtained** a copy of a valid and unexpired ID card of the Owners and the Proposed Insureds with a visible signature.

❑ By a third party. Please have the third party fill out the following section:

Verification of the identity of the Owners and Proposed Insureds by a third party

Name of Third Party (Please print) _____
First Last

Third Party's Address _____
P.O. Box No. & Street Apt. No. City/Town Province Postal Code

Third Party's Phone number (_____) _____

Profession or occupation of Third Party _____

Relationship to the Owners _____

Relationship to the Proposed Insureds if other than the Owners _____

Date of last consultation _____

The agent also confirms having provided and explained to the client an *Advisor disclosure statement* explaining his/her method of compensation and other financial benefits, the names of the insurance companies he/she represents as well as any conflict of interest.

Agent's signature x _____ Name of agent _____
(in block letters)

Agent's code _____ Agent's telephone number _____

Name of agency/firm _____
(in block letters)

Commission split: (Please print names)

Name of agent 1 _____ Code _____ _____ % Signature _____

Name of agent 2 _____ Code _____ _____ % Signature _____

Name of agent 3 _____ Code _____ _____ % Signature _____

Total (must be equal to 100%) _____ %

Specify the servicing agent's name _____

Name of agency/firm _____ Code _____

RATES & CASH VALUE

Life Pay

Annual premium per $1,000 (Age at nearest birthday)
Issue ages 40-70 = Max. sum Insured $100,000
Issue ages: 71-85 = Max. sum insured $50,000

Age	Non Smoker		Smoker	
	M	F	M	F
40	24.49	19.06	33.98	26.98
41	24.49	19.06	33.98	27.14
42	24.49	19.06	33.98	27.30
43	24.49	19.06	33.98	27.46
44	24.49	19.06	33.98	27.62
45	24.49	19.06	33.98	27.78
46	24.90	20.07	35.72	29.20
47	25.31	21.08	37.46	30.62
48	25.72	22.09	39.20	32.04
49	26.13	23.10	40.94	33.46
50	26.52	24.13	42.68	34.88
51	27.90	25.09	45.14	36.32
52	29.28	26.05	47.60	37.76
53	30.66	27.01	50.06	39.20
54	32.04	27.97	52.52	40.64
55	33.44	28.91	54.98	42.10
56	35.37	30.06	58.53	43.37
57	37.30	31.21	62.08	44.64
58	39.23	32.36	65.63	45.91
59	41.16	33.51	69.18	47.18
60	43.07	34.67	72.73	48.43
61	46.84	37.27	79.03	51.91
62	50.61	39.87	85.33	55.39
63	54.38	42.47	91.63	58.87
64	58.15	45.07	97.93	62.35
65	61.91	47.66	104.25	65.84
66	67.02	50.97	111.86	69.97
67	72.13	54.28	119.47	74.10
68	77.24	57.59	127.08	78.23
69	82.35	60.90	134.69	82.36
70	87.48	64.19	142.30	86.49
71	94.94	69.10	151.75	92.72
72	102.40	74.01	161.20	98.95
73	109.86	78.92	170.65	105.18
74	117.32	83.83	180.10	111.41
75	124.78	88.74	189.54	117.63
76	136.73	96.89	200.12	129.54
77	148.68	105.04	210.70	141.45
78	160.63	113.19	221.28	153.36
79	172.58	121.34	231.86	165.27
80	184.55	129.49	242.45	177.19
81	222.14	152.25	277.14	205.12
82	259.73	175.01	311.83	233.05
83	297.32	197.77	346.52	260.98
84	334.91	220.53	381.21	288.91
85	372.51	243.30	415.89	316.83

20-Pay

Annual premium per $1,000 (Age at nearest birthday)
Issue ages 40-70 = Max. sum Insured $100,000
Issue ages: 71-80 = Max. sum insured $50,000

Age	Non Smoker		Smoker	
	M	F	M	F
40	37.10	33.26	51.48	45.63
41	37.10	33.26	51.48	45.63
42	37.10	33.26	51.48	45.63
43	37.10	33.26	51.48	45.63
44	37.10	33.26	51.48	45.63
45	37.10	33.26	51.48	45.63
46	37.78	33.92	52.60	46.51
47	38.46	34.58	53.72	47.39
48	39.14	35.24	54.84	48.27
49	39.82	35.90	55.96	49.15
50	40.52	36.56	57.06	50.03
51	41.62	37.49	58.90	51.17
52	42.72	38.42	60.74	52.31
53	43.82	39.35	62.58	53.45
54	44.92	40.28	64.42	54.59
55	46.01	41.21	66.28	55.72
56	47.95	42.70	69.61	57.41
57	49.89	44.19	72.94	59.10
58	51.83	45.68	76.27	60.79
59	53.77	47.17	79.60	62.48
60	55.73	48.65	82.95	64.16
61	59.25	51.06	89.45	67.22
62	62.77	53.47	95.95	70.28
63	66.29	55.88	102.45	73.34
64	69.81	58.29	108.95	76.40
65	73.35	60.72	115.43	79.47
66	78.01	63.63	123.15	82.74
67	82.67	66.54	130.87	86.01
68	87.33	69.45	138.59	89.28
69	91.99	72.36	146.31	92.55
70	96.63	75.25	154.02	95.83
71	103.96	79.92	163.44	100.73
72	111.29	84.59	172.86	105.63
73	118.62	89.26	182.28	110.53
74	125.95	93.93	191.70	115.43
75	133.29	98.58	201.11	120.35
76	143.54	104.76	209.38	131.72
77	153.79	110.94	217.65	143.09
78	164.04	117.12	225.92	154.46
79	174.29	123.30	234.19	165.83
80	184.55	129.49	242.45	177.19

Annual Fees for Golden Protection and Golden Protection Deferred

Annual policy fee: $60
Annual policy fee for spouse rider: $30
Minimum annual premium: $150 per Proposed Insured

Cash value per $1,000

Male and female

Attained Age**	Value	Attained Age**	Value
45	16	73	118
46	18	74	127
47	19	75	137
48	20	76	146
49	22	77	155
50	23	78	164
51	25	79	173
52	26	80	182
53	27	81	191
54	29	82	200
55	32	83	209
56	34	84	223
57	36	85	237
58	38	86	258
59	40	87	279
60	42	88	300
61	47	89	321
62	52	90	380
63	57	91	404
64	62	92	427
65	67	93	450
66	71	94	474
67	76	95	497
68	81	96	679
69	86	97	719
70	91	98	819
71	100	99	919
72	109	100	1000

***N.B.** The cash values start after five years. They are adjusted in the following way:*
duration 5: 20% *duration 8: 80%*
duration 6: 40% *duration 9 and +: 100%*
duration 7: 60%

Example: Age at issue 60
CV before duration 5 = 0
CV duration 5 = 20% x 67 = 13
CV duration 6 = 40% x 71 = 28
CV duration 7 = 60% x 76 = 46
CV duration 8 = 80% x 81 = 65
CV duration 9 = 86
CV duration 20 = 182

***** Attained age on policy or rider anniversary***

Premium payable calculator

Premium rate
x {Face amount / 1000}
+ Annual fee
x Payment frequency*
= Premium payable

**Annual = 1* **Semi-annual = 0.53*
**Quarterly = 0.27* **Monthly = 0.09*

Give this copy to Owners

CONDITIONAL TEMPORARY INSURANCE CERTIFICATE

FOR GOLDEN PROTECTION ONLY

APPLICATION NUMBER AND DETAILS ON PROPOSED INSUREDS

Application number: _____

The Proposed Insureds named below qualify for:	Life	None
Proposed Insured 1: _____	❑	❑
Proposed Insured 2: _____	❑	❑
Proposed Insured 3: _____	❑	❑

1. CONDITIONAL TEMPORARY INSURANCE AGREEMENT

Assumption Life agrees to temporarily insure any Proposed Insured eligible for conditional temporary insurance from the date of signing of the application, subject to the preconditions, limitations, and exclusions set forth in this document.

PRECONDITIONS

1. The Proposed Insured must be a Canadian resident and under 66 years of age (at the birthday nearest to the date of signing of the agreement).
2. The Proposed Insured answered "NO" to all the questions of the declaration of insurability on the above-noted application.
3. At least 1/12th of the annual premium for the insurance contract was paid upon signing of the declaration and authorization for the online insurance application. The premium is deemed paid, for premium payments by preauthorized debit (PAD), if Assumption Life is authorized to debit the bank account for the premium amount as of the date of signing of the application. For premium payments by cheque, the premium is deemed paid if the cheque is cashable as of the date of signing of the application.

If the above-noted preconditions are not met, the agreement will not take effect.

If one of the Proposed Insureds does not meet all the preconditions, the agreement will take effect only for the Proposed Insureds who do meet all the preconditions.

No agent is authorized to change or to withhold the answer to any question to obtain conditional temporary insurance or to guarantee insurability.

LIMITATIONS

This agreement is not valid and shall be deemed null and void, as if it had never taken effect, if for any reason the banking institution refuses to honour the debit for the premium payment (by cheque or preauthorized debit) when Assumption Life attempts to debit the premium at any time from the authorized date.

No amount shall be payable under this agreement if there is any omission of an essential fact, misrepresentation, or fraud with respect to the applicable questions to obtain the conditional temporary insurance.

TERMINATION

This conditional temporary insurance agreement shall expire on the earlier of:

(a) the date the insurance contract requested in the application takes effect;

(b) the date notice is sent to the Owner of the contract advising that the temporary insurance has been cancelled, for any reason, or that the application has been denied -;

(c) the date the Owner named in the insurance application withdraws said insurance application;

(d) 30 days following the date of signing of the application bearing the same number as this agreement;

(e) the date of death of one of the Proposed Insureds.

PLEASE NOTE: Should you not receive a contract or reimbursement of amount paid within 30 days of the date of signing of the application, please notify Assumption Life at 770 Main Street / P.O. Box 160, Moncton NB E1C 8L1, giving your name, the amount and date of the payment as well as the agent's name.

2. PROVISIONS SPECIFIC TO THE CONDITIONAL TEMPORARY LIFE INSURANCE

AMOUNT OF TEMPORARY LIFE INSURANCE COVERAGE (MAXIMUM $100,000 FOR GOLDEN PROTECTION)

The maximum conditional temporary life insurance benefit payable to the beneficiary or beneficiaries under the conditional temporary life insurance application, combined with any similar contract, agreement, or undertaking in effect with Assumption Life, is equal to the lesser of:

2. PROVISIONS SPECIFIC TO THE CONDITIONAL TEMPORARY LIFE INSURANCE (Continued)

- The cumulative total amount of life insurance coverage requested under the application bearing the same number as this agreement, as well as the amount of any additional life coverage requested under any similar contract, agreement, or undertaking in effect with Assumption Life, per Proposed Insured.

  The cumulative total amount does not include any coverage amounts requested in the application for the following riders and benefits: Child Insurance Benefit (CIB) and Golden Protection Deferred;

- Where the application bearing the same number as this agreement is intended to replace an existing policy, the difference between the amount requested under the application bearing the same number as this agreement and the amount of life coverage under any existing policy being replaced;

- $250,000.

EXCLUSIONS

No amount shall be payable if death results from:

(a) a suicide, an attempted suicide, or a self-inflicted injury, whether or not the Proposed Insured was of sound mind;

(b) the commission or attempted commission of a criminal act by the Proposed Insured;

(c) the operation of a motorized vehicle by the Proposed Insured while under the influence of any illegal or non-prescribed drugs;

(d) the operation of a motorized vehicle by the Proposed Insured while his or her blood alcohol level exceeds 80 milligrams per 100 millilitres of blood (0.08) or any other lower limit prescribed by law;

(e) cancer or benign tumour of the brain.

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Individual Insurance • Group Insurance • Investments and Retirement

Telephone: 1-800-455-7337 • www.assumption.ca

770 Main Street, PO Box 160 Moncton NB E1C 8L1