

## APPLICATION FOR CONVERSION OF TRADITIONAL LIFE INSURANCE of Policy No. rider on Policy No. of on Insured 1 below 1.INSURED Insured 1 Insured 2 (a) Name (a) Name First name Last name Maiden name First name Maiden name Last name (b) Address (b) Address P.O. Box No. & Street P.O. Box Apt. No. No. & Street Apt. No. City/Town Province/Territory Postal Code City/Town Province/Territory Postal Code (c) Date of birth (d) Age (e) Sex M F (c) Date of birth (d) Age (e) Sex M F Dav Year (at nearest birthday) Day (at nearest birthday) (f) Telephone residence ( (f) Telephone residence ( business business (g) E-mail (g) E-mail 2. OWNER OF NEW POLICY Please check $\checkmark$ the owner(s) below and complete the information. Insured 1: Social Insurance Number (Required if the contract generates interest income or a taxable gain.) ☐ Insured 2: Social Insurance Number (Required if the contract generates interest income or a taxable gain.) Other (Complete the following): (a) Name (b) Social Insurance Number First name Last name Maiden name (Required if the contract generates interest income or a taxable gain.) (c) Address P.O. Box No. & Street City/Town Province/Territory Postal Code Apt. No. (d) Date of birth (e) Telephone residence ( business ( Day Month Year (f) E-mail 3. BENEFICIARY Insurance proceeds will be payable in equal shares to all primary beneficiaries named below who survive the Insured, unless a percentage is stated\* (Total must be equal to 100%). If no primary beneficiary survives the Insured, the insurance proceeds will be divided equally among all designated contingent beneficiaries who survive the Insured. **INSURED 1** PRIMARY BENEFICIARY DESIGNATION Relationship to insured First Name **Last Name** Rev. / Irr. Age (In Quebec, relationship to owner) CONTINGENT BENEFICIARY DESIGNATION (Applies only if all above-named Primary Beneficiaries die before the Proposed Insured 1) Relationship to insured **Last Name** First Name Age Rev. / Irr. (In Quebec, relationship to own **INSURED 2** PRIMARY BENEFICIARY DESIGNATION Relationship to insured %\* Rev. / Irr. First Name **Last Name** Age (In Quebec, relationship to owner) CONTINGENT BENEFICIARY DESIGNATION (Applies only if all above-named Primary Beneficiaries die before the Proposed Insured 2) Relationship to insured First Name **Last Name** Rev. / Irr. (In Quebec, relationship to owner

**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 note that his/her consent is required for any request that may affect his/her rights, including a change of beneficiary.

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

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



4.REQUESTED INSURANCE							
The following abbreviations mean: AD (Accidental Death) ADD (Accidental Death and Dismemberment)							
Type of policy : Choose one only - Individual or Joint First-	to-die						
(a) Individual Policy (Insured 1)		b) Joint First-to-die (Insured 1 and 2)					
☐ ParPlus (participating policy)	Initial Sum Insured	ParPlus (participating policy)	Initial Sum Insured				
Basic Whole Life Insurance	\$	Basic Whole Life Insurance	\$				
Enhanced Insurance (If enhanced dividend option)	\$	Enhanced Insurance (If enhanced dividend option)	\$				
Total	\$	Total	\$				
☐ Essential Whole Life	\$	☐ Essential Whole Life	\$				
To add an additional benefit To add an additional benefit							
See the conversion right to add the following additional benefits without proof of insurability. (Check the chosen benefit and indicate the AD/ADD sun insured, if applicable.)  See the conversion right to add the following additional benefits without proof of insurability. (Check if applicable.)							
☐ ADD or ☐ AD	\$	☐ Waiver of premium upon disability	\$				
Waiver of premium upon disability (New policy with only one insured)							
c) Partial conversion							
Amount of temporary insurance to maintain\$							
Special instructions:							
5. DIVIDEND OPTIONS FOR PARTICIPATING POLICY							
Dividend options : accumulation paid in	n cash	n reduction					
enhanced – 15-year guarantee**							
** The enhanced option is only available at time of purchase. <b>The enhanced insurance initial sum insured is guaranteed for the first 15 policy years</b> . If selected, this option can be changed to any of the other three dividend options at a later date.							
6. PREMIUM AND METHOD OF PAYMENT							
Please send a copy of the premium calculation illustration po	age with this application.						
Method of payment and amount of modal premium	Please check one	box: preauthorized debit (PAD) cheque/paid in	n cash (Head Office)				
☐ Monthly \$(PAD only) ☐ Quarterly	\$	Semi-annual \$ Annual \$					
(a) Amount paid with application \$	_						
(b) Payer (Check one):	Insured 2 [ Address	Owner (Other, as specified in section 2)	on named below				
Telephone: residence (							



7. PREAUTHORIZED DEBIT AGREEMENT							
	Please attach a blank cheque marked "VOID"	ked "VOID" or provide your banking information below if no cheque is available					
Banking information	Name of Financial Institution		Branch No.:				
			Financial Institution No.:				
	Address of Financial Institution		Account No.:				
	Personal – If debit is from a personal acco	unt					
Type of Service	Business – If debit is from a corporate acco						
	Frequency of withdrawals		terly Semi-A	nnually 🔲 Annually			
Withdrawal	Amount \$ (subject to ch	0 /					
Arrangements	1. I authorize Assumption Life to begin deductions, at any time, as per my instructions for regular recurring payments.  2. If a preauthorized debit is returned due to insufficient funds (NSF) in the account, Assumption Life will withdraw the related \$25 fee						
	2. If a preauthorized debit is returned due to <u>insufficient funds (NSF) in the account,</u> Assumption Life will withdraw the related \$25 fee from the same account, without notice.						
Inis preauthorized debit							
agreement is considered a variable one.	4. The first withdrawal from your account will be made the first business day following the date of policy issue, taking into account you						
financial institution's processing time. The next withdrawal date will be consistent with your PAD agreement. Please note that the							
	result in two premium withdrawals in the same month.						
Waiver	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 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 <a href="https://www.cdnpay.ca">www.cdnpay.ca</a> .)						
	Contact your infancial institution about your i	ignts regarding cancen	ation. (A sample cancellation	www.cdripay.ca.			
Method of Payment	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 n	nethod.					
Recourse &	You have certain recourse rights if any dehit d	loes not comply with th	nis agreement. For example w	you have the right to receive			
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 <u>www.cdnpay.ca</u> .							
Furthering Digitals							
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.						
Date & Signature Date/ Account Owner's Signature							
(If other than the Insureds Day Month Year							
or Owners of the new	Date/2nd Account Owner's Signature						
policy) Day Month Year							
*Assumption Life will not inc	ease your preauthorized debit or change your a	lebit date after your ins	urance contract becomes eff	ective without notifying you.			
	8. SPEC	IAL INSTRUCTION	S				
9. AUTHORIZATION AND SIGNATURES							
	clare that all the information provided within is	truthfully given to the	best of my ability and knowle	dge and request that Assumption Life			
make the changes indicated.							
By signing this application, the owners of the converted policy or rider acknowledge and accept that the conversion terminates the policy or rider indicated on page 1 even if only part of the sum insured is converted, unless otherwise specified in the above section 8.							
Signed at , this day of 20 .							
_							
Signature of Insureds (Legal guardian, if applicable	_		cation (if other than Insureds	) and			
(Legal guardian, if applicable) Signature of Owners of policy or rider converted if different							
Insured 1	Owner 1			Title*			
Insured 2 Owner 2 Title*							
* If the Owner is a Body Corporate (corporation, association, etc.), the signature of the authorized individuals with their title is required.							
Signature of the irrevocable beneficiaries of the converted policy of rider, if applicable.							
Name:	Name:		·····				
Name of agent 1	Code		% Signature _				
Name of agent 2	Code		% Signature				
		t be equal to 100%)					
		. , _					