Assumption Life

Child Insurance Benefit (CIB) Form

☐ ADDITION TO IN-FORCE POLICY/CONTRACT NO._____

(For Head Office use only)
Policy/Contract No. _____
Client No. _____

1. RIDER

Name of proposed insured whom this rider of CIB is requested for:

First Last Maiden Name

Amount of insurance requested:

☐ One (1) unit for the amount of $10,000 with an annual premium of $55.55.

☐ Two (2) units for the amount of $20,000 with an annual premium of $111.10

Please note: Maximum benefit of this rider is 2 units

2. SPECIAL INSTRUCTIONS

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3. CHILD'S INSURANCE BENEFIT (CIB) ON PROPOSED INSURED

List each natural or adopted child of Proposed Insured who is single and dependent upon this person for support.

	First and Last Name	Date of Birth day/month/year	Age	Sex	Height ft/in or m/cm	Weight lb/kg
(a)						
(b)						
(c)						
(d)						
(e)						

		yes	no
(f)	Were any of the children to be insured born prematurely or with an abnormality or disease?	☐	☐
(g)	Have any of the children to be insured been hospitalized or undergone any surgery?	☐	☐
(h)	Are any of the children to be insured taking medication, following a special diet or undergoing treatment for any condition?	☐	☐
(i)	Has any insurance on the children to be insured been refused, rated or issued with modifications?	☐	☐
(j)	Is this insurance intended to replace any other life insurance on any of the children to be insured?	☐	☐
(k)	Has any life insurance application been submitted to any other company within the past 12 months?	☐	☐

For all "Yes" answers, give full details including name of child, question number and name of physician and hospital involved.

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Assumption Mutual Life Insurance Company, doing business under the name Assumption Life
PO Box 160/770 Main St, Moncton NB E1C 8L1 Tel.: 506-853-6040/1-800-455-7337

DECLARATION, AUTHORIZATION AND SIGNATURES

- 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 that I have provided in this application are true and complete and acknowledge that they constitute the basis for the contract.
- I understand that a telephone interview or other means may occasionally be used to complete the application , that such interview could be recorded, and that Assumption Life's acceptance of this application will also be based on those declarations.
- 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 this rider, when issued without amendment to the application, takes effect on their 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 the child and has been paid on the date the application is approved by Assumption Life or on their date of issue, if later; and
  (b) No change has occurred with respect to the insurability of the child of the proposed insured from the signing of the application to the date the application is approved by Assumption Life or until their date of issue, 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, if later.
- PREMIUM PAYMENT: I acknowledge that any amount paid with the 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 rider takes effect, subject to the contract's limitations and exclusions.

AUTHORIZATION OF PROPOSED INSURED

I authorize any physician, health care professional, hospital, clinic or other medical or paramedical establishment, as well as any insurance company, and any other organization, institution or person that holds records or information pertaining to my child's health to exchange such records or information with Assumption Life for underwriting and claims adjudication purposes.

I consent to medical examinations, x-rays, electrocardiograms, blood, urine and saliva tests as may be required to medically underwrite my child. I further consent to Assumption Life releasing the results of these tests to my child's attending physician.

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

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

- ☐ By checking here, I authorize Assumption Life to use the personal information (other than medical) contained in this application in order to send me information on other products and services that might interest me.

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

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

Signature of Proposed Insured	Signature of Owners (if other than Proposed Insureds)		
*x*_____	*x* _____	____	Title _____
	x _____	____	Title _____

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.

By signing below, the agent attests to the signature of all persons indicated above and also confirms that he/she has verified the date of birth of the Proposed Insureds and the identity of the Owners.

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 _____ Agent's code _____
(in block letters)

Agent's telephone number_____ Name of agency/firm _____
(In block letters)

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4. AGENT'S REPORT

Proposed Insured

(a) Are you aware of any information not recorded in the application that might affect the assessment of the risk? ☐ yes ☐ no
If yes, give details _____

_____

(b) Does the Proposed Insured 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 policyowners ("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 policyowners.

(Please print names)

Name of representative 1 _____ Code _____ _____ % Signature _____

Name of representative 2 _____ Code _____ _____ % Signature _____

Name of representative 3 _____ Code _____ _____ % Signature _____

Total (must be equal to100 %) **_____ %**

Name of agency/firm _____ **Code** _____

Date _____ Manager's or Assistant's Signature x _____

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Give this copy to
Proposed Insured and to Owner

NOTICE

RECORDS AND PERSONAL INFORMATION

In order to protect the confidentiality of your personal information, Assumption Life will establish and retain a file, 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 child's lifestyle (driving record, pursuit of a hazardous sport, criminal record, etc.). 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 your child. This investigation may bear on his/her health and lifestyle. In the course of this investigation, family members, friends and neighbors may be questioned about your child.

We may also, for medical underwriting purposes, seek the assistance of a physician or a paramedical organization or a clinic in order to have your child 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 cholesterol and any related blood lipids, 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.

In the event of a claim, we may require a copy of your child's 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 child's 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 child's file. If necessary, your child's personal information may also be shared with the beneficiaries or personal representative in relation to a claim for the payment of a death benefit.

You and your child's 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 child's personal information in response to a request from government authorities or a court order in these countries.

Assumption Life shall not communicate your or child's 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: 506-853-5459.

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