

# RapidApp/Tele-interviewing application for life and/or critical illness insurance

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# Instructions for the advisor

## Application use:

Use this application to apply for all **new business** life and/or critical illness insurance products for up to two proposed insureds when either a Paramedical examination form (0003-E) or a tele-interview will be completed.

### Notes:

- If there are more people to be insured under the same policy, complete a second application form and complete section 1.3 of this application.
- For all multi life applications, with more than 2 proposed insureds, a paramedical must be completed. We cannot accept tele-interviews if more than 2 proposed insureds.
- For all Child term benefits (CTB), conversions/options exercised **with an increase in coverage** and replacements, complete the *Application for life and/or critical illness insurance (810-2799)* instead of this application.
- For all conversions/options exercised **with no increase in coverage or if adding a Child term benefit**, use the *Application for conversion and exercising an option (E260)* instead of this application.
- For changes to the smoking status of your policy, **with an increase in coverage that requires underwriting**, complete an *Application for policy change, reinstatement and/or reconsideration of rating (E110)* instead of this application.
- For changes to the smoking status of your policy only (no other changes to be made), complete the *Declaration of smoking status (for changes on existing policies only) (E18)* instead of this application.
- For all long term care insurance applications, complete the *Application for long term care insurance (810-3523)*.

## Important:

- If a child is to be one of the primary insureds, provide the information for that child in the 'Person 1' or 'Person 2' boxes.
- All cheques must be in Canadian funds, drawn from a Canadian financial institution and payable to Sun Life Assurance Company of Canada.
- Ensure you have arranged for all applicable age and amount evidence requirements, if submitting a RapidApp.
- **Tear off** the Important information you should know page and give it to the proposed insured.
- **Tear off** the Certificate of temporary insurance page and give it to the proposed owner, if applied for.
- Indicate clearly with an X when selecting check boxes.
- A signed illustration **must** be completed for all **Sun Par Protector II, Sun Par Accumulator II, Sun Par Accelerator, SunUniversalLife II and SunUniversalLife Pro** applications.
- All pages of the application **must** be submitted with the exception of the tear away pages.

To help you complete this application, we've colour coded the sections. The chart below outlines what colours/sections apply to each type of application.

Type of application being submitted	Sections to be completed	Evidence to be arranged
RapidApp	Sections: 1 - 14	Advisor to arrange for all applicable evidence requirements.
Tele-interview application	Sections: 1 - 8, 10 - 14	Advisor or company may arrange for all applicable evidence requirements.



## Ensure you have attached the following to the application:

- if temporary insurance has been applied for, a cheque or authorization to withdraw initial payment, and
- the signed **illustration** for all **Sun Par Protector II, Sun Par Accumulator II, Sun Par Accelerator, SunUniversalLife II and SunUniversalLife Pro** applications.

**Please submit only one copy of this document to Sun Life through your MGA or National Account.**

# RapidApp/Tele-interviewing application for life and/or critical illness insurance



Policy no. (for H.O. use only)

## Please PRINT clearly

In this application, *I, you, your, Person 1* and *Person 2* refer to the proposed insured(s) and/or the proposed owner(s). *We, us, our* and *the company* refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

At the start of each section, we've stated who *I, you* and *your* refer to in that section.

**Note:** Important information regarding the FATCA & CRS questions in this application.

- The international tax residency self-certification for FATCA/CRS questions in this application should be answered only by an individual owner (including a sole proprietor)/proposed insured. Non-individual (corporate or other entity) information must be completed on the *International tax classification for an entity* (4545-E) form.
- Canadian financial institutions are required under Part XVIII (Foreign Account Tax Compliance Act – FATCA) and Part XIX (Common Reporting Standard – CRS) of the Income Tax Act (Canada) to collect the information you provide on this application 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. Additionally, if you are a United States person (which includes a United States citizen or resident for tax purposes), the CRA may share your account information with the Internal Revenue Service (IRS).
- You must notify us within 30 days of any changes and provide us with a new *International tax self-certification for Individuals* (4573-E) form. A change includes information that affects your tax residency outside of Canada, such as a change in address or telephone number. We will update the information in our records when you advise us of a change.

## 1 General information

In this section, *you* and *your* refer to the proposed owner(s).

### 1.1 Type of application

Tell us what type of application you're submitting.  RapidApp *or*  Tele-interviewing

### 1.2 What are you applying for?

Tell us what type of insurance you're applying for and complete the required illustration.

Select all that apply:

- Life insurance – number of people being insured under this policy number
- Single life *or*  Joint *or*  Multi-life
- Critical illness insurance (CII)

### 1.3 Are you applying for additional or optional coverage?

Yes  No If 'yes', indicate the type of coverage you're applying for:  Additional  Optional

If 'yes', indicate amount: \$

### 1.4 What is the purpose of this insurance?

Select all that apply:

- Income replacement  Tax or estate planning  Buy-sell agreement
- Creditor protection  Key person insurance  Concept/other (give details in the box below)

AAPPE



**1 General information (continued)**

If the owner is a business, complete the following:

First name(s) of business owner(s)	Last name(s)	Name of the business	% of business owned	Total amount of business insurance already in force with all companies	Total amount of new business insurance currently pending or contemplated with all companies
			%	\$	\$
			%	\$	\$
			%	\$	\$
			%	\$	\$
Annual sales \$	Net after tax income \$	Fair market value \$			

**1.5 Have you completed another application for multi-life (more than 2 proposed insureds) or for Term insurance on an additional insured person under this application?**  Yes  No

If 'yes', complete the applicable chart below.

**Complete for multi-life**

First name(s)	Middle initial	Last name(s)	Date(s) of birth (dd-mm-yyyy)

**Complete for Term insurance on an additional proposed insured**

Proposed insured	First name of additional proposed insured	Middle initial	Last name	Date of birth (dd-mm-yyyy)
<b>Person 1</b>				
<b>Person 2</b>				

**1.6 What language would you like your policy to be in?**

- Issue the policy in English  
 Établir le contrat en français

**1.7 Tele-interview information**

Proposed insured	Language interview should be conducted in	Best time to call for interview	Preferred phone number for interview
Person 1	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify language) _____	<input type="checkbox"/> Morning (8 a.m. - 12 noon) <input type="checkbox"/> Afternoon (12 noon - 5 p.m.) <input type="checkbox"/> Evening (5 p.m. - 9 p.m.)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business
Person 2	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify language) _____	<input type="checkbox"/> Morning (8 a.m. - 12 noon) <input type="checkbox"/> Afternoon (12 noon - 5 p.m.) <input type="checkbox"/> Evening (5 p.m. - 9 p.m.)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business

Additional information for the tele-interviewer (If no comments, leave blank.)

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**2 Information about the people to be insured**

In this section, *you*, *your*, *Person 1* and *Person 2* refer to the proposed insured(s). If any proposed insured is a minor, the minor's parent or legal guardian must provide the information on their behalf.

**2.1 Person 1**

**Note:** Only provide Person 1's Social Insurance Number (SIN) if they are also the proposed owner.

First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy)
Former last name (if any)	Country of birth	City of birth		
Residential address (street number and name)				Apartment or suite
City	Province	Country	Postal code	
SIN (required for tax reporting for life insurance; do not provide if applying for CII only)	Driver's licence number	Province		
Home phone number	Cell phone number	Business phone number	Ext.	
<b>What is your residency status?</b> <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident status (landed immigrant) <input type="checkbox"/> Other If ' <b>Permanent resident</b> ' or ' <b>Other</b> ', provide details including number of years in Canada.				
<b>FATCA</b> If you are also a proposed owner and are applying for universal or permanent life insurance, the following question must be answered. Are you a U.S. resident for tax purposes (which includes a U.S. citizen)? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', provide a U.S. Taxpayer Identification Number (TIN).				U.S. Taxpayer Identification Number
<b>CRS</b> If you are also a proposed owner and are applying for universal or permanent life insurance, the following question must be answered. Are you a resident of any other jurisdiction other than Canada and the U.S. for tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', provide your jurisdictions of tax residence and Taxpayer Identification Numbers (TINs).				
Jurisdiction of tax residence	Taxpayer Identification Number	Jurisdiction of tax residence	Taxpayer Identification Number	
If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices: <input type="checkbox"/> Reason A: I have applied for a TIN but have not yet received it. <input type="checkbox"/> Reason B: My jurisdiction of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other: Specify the reason _____				

Does the proposed owner want to retain age?  Yes  No **Note:** Age may be retained up to 90 days.

**2.2 Person 2**

**Note:** Only provide Person 2's Social Insurance Number (SIN) if they are also the proposed owner.

Address is same as Person 1 above. If you've ticked this box, you may leave the address boxes blank.

First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy)
Former last name (if any)	Country of birth	City of birth		
Residential address (street number and name)				Apartment or suite
City	Province	Country	Postal code	
SIN (required for tax reporting for life insurance; do not provide if applying for CII only)	Driver's licence number	Province		
Home phone number	Cell phone number	Business phone number	Ext.	

**2 Information about the people to be insured (continued)**

What is your residency status?

- Canadian citizen     Permanent resident status (landed immigrant)     Other

If 'Permanent resident' or 'Other', provide details including number of years in Canada.

**FATCA**

If you are also a proposed owner and are applying for universal or permanent life insurance, the following question must be answered.

Are you a U.S. resident for tax purposes (which includes a U.S. citizen)?  Yes  No If 'yes', provide a U.S. Taxpayer Identification Number (TIN).

U.S. Taxpayer Identification Number

**CRS**

If you are also a proposed owner and are applying for universal or permanent life insurance, the following question must be answered.

Are you a resident of any other jurisdiction other than Canada and the U.S. for tax purposes?  Yes  No

If 'yes', provide your jurisdictions of tax residence and Taxpayer Identification Numbers (TINs).

Jurisdiction of tax residence	Taxpayer Identification Number	Jurisdiction of tax residence	Taxpayer Identification Number
-------------------------------	--------------------------------	-------------------------------	--------------------------------

If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices:

- Reason A: I have applied for a TIN but have not yet received it.  
 Reason B: My jurisdiction of tax residence does not issue TINs to its residents.  
 Other: Specify the reason \_\_\_\_\_

Does the proposed owner want to retain age?  Yes  No **Note:** Age may be retained up to 90 days.

**3 Policy ownership**

In this section, *you* and *your* refer to the proposed owner(s).

**3.1 Proposed owner(s)**

Who will own this policy? (Select all that apply.)

- Person 1 to be insured  
 Person 2 to be insured  
 Individual(s) other than Person 1 or 2  
 Corporation or Trust

**Note:** For Person 1 and 2, proceed to section 3.2 on next page as the required information will be taken from section 2. For all others, complete the following applicable sections.

**Proposed owner 1**

First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy)
Occupation	Residential address (street number and name)			Apartment or suite
City	Province	Country	Postal code	
SIN (required for tax reporting for life insurance; do not provide if applying for CII only)	Relationship to the proposed insured			

**FATCA**

If you are applying for universal or permanent life insurance, the following question must be answered.

Are you a U.S. resident for tax purposes (which includes a U.S. citizen)?  Yes  No If 'yes', provide a U.S. Taxpayer Identification Number (TIN).

U.S. Taxpayer Identification Number

**3 Policy ownership (continued)****CRS**

If you are applying for universal or permanent life insurance, the following question must be answered.

Are you a resident of any other jurisdiction other than Canada and the U.S. for tax purposes?  Yes  No

If 'yes', provide your jurisdictions of tax residence and Taxpayer Identification Numbers (TINs).

Jurisdiction of tax residence	Taxpayer Identification Number	Jurisdiction of tax residence	Taxpayer Identification Number
-------------------------------	--------------------------------	-------------------------------	--------------------------------

If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices:

- Reason A: I have applied for a TIN but have not yet received it.
- Reason B: My jurisdiction of tax residence does not issue TINs to its residents.
- Other: Specify the reason \_\_\_\_\_

**Proposed owner 2**

Address is same as Proposed owner above. If you've ticked this box, you may leave the address boxes blank.

First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy)
Occupation	Residential address (street number and name)			Apartment or suite
City	Province	Country	Postal code	
SIN (required for tax reporting for life insurance; do not provide if applying for CII only)	Relationship to the proposed insured			

**FATCA**

If you are applying for universal or permanent life insurance, the following question must be answered.

Are you a U.S. resident for tax purposes (which includes a U.S. citizen)?  Yes  No If 'yes', provide a U.S. Taxpayer Identification Number (TIN).

U.S. Taxpayer Identification Number

**CRS**

If you are applying for universal or permanent life insurance, the following question must be answered.

Are you a resident of any other jurisdiction other than Canada and the U.S. for tax purposes?  Yes  No

If 'yes', provide your jurisdictions of tax residence and Taxpayer Identification Numbers (TINs).

Jurisdiction of tax residence	Taxpayer Identification Number	Jurisdiction of tax residence	Taxpayer Identification Number
-------------------------------	--------------------------------	-------------------------------	--------------------------------

If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices:

- Reason A: I have applied for a TIN but have not yet received it.
- Reason B: My jurisdiction of tax residence does not issue TINs to its residents.
- Other: Specify the reason \_\_\_\_\_

**Corporation, trust or other entity**

**Note:** For all non-individual owners, additional forms may be required as described under Note on page 1 and in section 7.

Name				
Title of person to whom all notices, statements and correspondence about this policy are to be sent				
Mailing address (street number and name)				Apartment or suite
City	Province	Country	Postal code	

**3 Policy ownership (continued)****3.2 Additional information**

The following question must be completed if:

- any proposed insured is age 65 or greater, and
- the application is for a universal or permanent life plan (including special issues), and
- the death benefit amount applied for is greater than \$1,000,000.

Is this policy being purchased with the intent of transferring ownership in the policy?  Yes  No

If 'yes', provide full details in the box below.


**3.3 Mailing information**

Indicate the proposed owner's address selection for all notifications and policy statements:

- Address of Person 1 to be insured
- Address of Person 2 to be insured
- Address of Proposed owner 1
- Address of Proposed owner 2, or
- Other

If 'other', provide address below.

Residential address (street number and name)		Apartment or suite	
City	Province	Postal code	

**3.4 Proposed contingent owner(s)**

Notes:

- If one proposed owner and the policy will continue after that owner's death (where the proposed owner is not the proposed insured person).
- If more than one proposed owner with multiple owners outside of Quebec  
If this policy is owned by more than one person and an owner dies, their interest will pass in equal shares to the surviving owners unless a contingent owner is named for them. If, on the death of any owner, that deceased owner's interest is to pass to a named contingent owner, then the name of the contingent owner must be completed in the space provided below next to the applicable owner's name.
- If more than one proposed owner with multiple owners in Quebec  
Survivorship provisions do not apply in Quebec. If one of the owners die, their interest in the policy will pass to the contingent owner named below. The surviving owner will continue to own their interest in the policy. Indicate the name of the proposed owner and their contingent owner in the space provided below.

	Proposed owner	Contingent owner	Relationship to the proposed owner
Owner <b>1</b>			
Owner <b>2</b>			
Owner <b>3</b>			
Owner <b>4</b>			
Owner <b>5</b>			



**4 Beneficiary information**

In this section, *you* and *your* refer to the proposed owner(s).

**Notes:**

- For SunUniversalLife II and SunUniversalLife Pro joint last-to-die with the Insurance amount plus policy fund option, complete the *Early death benefit beneficiary election and/or change* (E272) form.
- In Quebec, if you name your legal spouse (by marriage or civil union) as the beneficiary, this designation will be irrevocable unless you check the Revocable box in any beneficiary designation section.

**4.1 Life insurance designations****a) Primary beneficiaries** (Share of benefits must add up to 100%.)**Notes:**

- If not completed, the beneficiary will be the proposed owner or the estate of the proposed owner.
- In Quebec, the share of the predeceasing beneficiary will pass on to the surviving beneficiary(ies) of the same level only if you have designated beneficiaries to receive death benefits in equal shares. In cases of unequal shares, the predeceased beneficiary's share will revert to you or your estate.

First name	Middle initial	Last name	Relationship to proposed insured (In Quebec, relationship to proposed owner)	Beneficiary designation	% share of benefits to be paid
(for Person 1)				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Total 100%
(for Person 2)				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Total 100%

**b) Contingent beneficiaries** (Share of benefits must add up to 100%.)

First name	Middle initial	Last name	Relationship to proposed insured (In Quebec, relationship to proposed owner)	Beneficiary designation	% share of benefits to be paid
(for Person 1)				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
(for Person 2)				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	

**4.2 Critical illness insurance designations**

**Note:** If you designate a payee, you will not receive the **critical illness** benefit payment.

**a) Benefit payee beneficiary**

**Note:** If not completed, the beneficiary is the proposed owner or the estate of the proposed owner.

First name	Middle initial	Last name	Relationship to proposed insured (In Quebec, relationship to proposed owner)	Beneficiary designation
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

**b) Return of premium on death benefit beneficiary****Notes:**

- If not completed, the beneficiary will be the proposed owner or the estate of the proposed owner.
- We pay any Return of premium on cancellation or expiry benefits to the proposed owner or the estate of the proposed owner.

First name	Middle initial	Last name	Relationship to proposed insured (In Quebec, relationship to proposed owner)	Beneficiary designation
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

**4 Beneficiary information (continued)****4.3 Trustee for minor beneficiary designations for life and critical illness****Notes:**

- Complete when a minor beneficiary has been named in beneficiary designation sections 4.1 or 4.2.
- In all provinces other than Quebec, if you designate minor children as beneficiaries, you should also name a trustee to receive funds on their behalf.
- In Quebec, any amount payable to a minor beneficiary during their minority will be paid to the parent(s) or legal guardian of the minor child.

a) Primary beneficiaries: I appoint

b) Contingent beneficiaries: I appoint

c) Benefit payee beneficiary: I appoint

d) Return of premium on death benefit beneficiary: I appoint

as a trustee to receive any payments on behalf of any named minor beneficiary during their minority. The trustee may apply such payments solely for the support, maintenance, education and benefit of such beneficiary at the discretion of the trustee.

**5 Plan/benefit information**

In this section:

- *you* and *your* refer to the proposed owner(s), and
- *Person 1* and *Person 2* refer to proposed insured person 1 and proposed insured person 2 unless otherwise indicated.

**5.1 SunTerm** \$   10 year  15 year  20 year  30 yeara)  Single life  Joint first-to-die  Multi-life \$   10 year  15 year  
(Complete for Person 2.)  20 year  30 year

b) Risk classification applied for on Person 1

 1 non-smoker  2 non-smoker  3 non-smoker  4 smoker  5 smoker

c) Risk classification applied for on Person 2

 1 non-smoker  2 non-smoker  3 non-smoker  4 smoker  5 smoker**5.2 Sun Par Protector II** \$  **or** **Sun Par Accumulator II** \$ a)  10 pay  20 pay  Life pay (to age 100)b)  Single life  Joint first-to-die  Joint last-to-die premiums payable to first death (Available on Life pay only.) premiums payable to last death

c) Dividend options (Choose one.)

 Paid-up additional insurance (PUA) Annual premium reduction (Only available if premiums are payable on an annual basis.) Cash payment Dividends on deposit Enhanced insurance

Basic amount	Enhanced amount	Total (Basic + Enhanced)
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

d) Premium offset

Do you want us to notify you if and when the policy you applied for may become eligible for premium offset?  Yes  No

Premium offset is an administrative feature (not a contractual right under the policy) that may allow you to use dividends and accumulated value within the policy to help pay future premiums if certain conditions are met. The premium offset date is not guaranteed. It may occur sooner or later, or not at all, depending on future dividend scale changes. If and when the policy goes on premium offset, at some point you may have to resume out-of-pocket premium payments.

**5 Plan/benefit information (continued)**

## e) Request to receive mail about policyholder meetings and change

When your policy is issued, you will have the right to attend and to vote in person or by proxy at the meetings of the voting policyholders of Sun Life Assurance Company of Canada.

Do you want to receive notice of these meetings and related information?  Yes  No If not completed, we will assume response as 'yes'.

**5.3 Sun Par Accelerator** \$  (Base insurance amount + Enhanced amount)a)  Single life  Joint first-to-die  Joint last-to-die (Premiums payable to second death.)

## b) Request to receive mail about policyholder meetings and change

When your policy is issued, you will have the right to attend and to vote in person or by proxy at meetings of the voting policyholders of Sun Life Assurance Company of Canada.

Do you want to receive notice of these meetings and related information?  Yes  No If not completed, we will assume response as 'yes'.

**5.4 Sun Permanent Life**\$ a)  10 pay  15 pay  20 pay  Life pay (to age 100)b)  Single life  Joint first-to-die  Joint last-to-die premiums payable to first death (Available on Life pay only.) premiums payable to last death**5.5 SunUniversalLife II**\$ a)  Single life  Joint first-to-die  Joint last-to-die COI payable to first death COI payable to second death

## b) Death benefit options (Choose one.)

 Insurance amount plus policy fund Level insurance amount Level plus indexed insurance amount at  % per year (specify between 1% and 8%, in multiples of 0.25%) Level plus return of payments Level plus adjusted cost basis

## c) Cost of insurance (COI)

 Level Yearly to 85 Yearly to 70 Level for 10 years Level for 15 years Level for 20 years

**5 Plan/benefit information (continued)**

d) Investment account options

You must allocate your payment to any of the following Investment account options. Your choices must be in multiples of 5% and they must add up to 100%. Each of your investment accounts must also have a minimum amount of \$100.00. We'll move your payment to your Investment account options when the amount you give us is large enough to put at least \$100.00 in each of your selected options.

If you've selected an Investment account option which is no longer available but is not yet reflected in this application, we will allocate your selection to the Daily interest account (DIA). We'll tell you what options are then available for you to make an alternative selection. You can tell us which option you want to use in place of the option that's no longer available. We will move your funds from the Daily interest account (DIA) to your alternative selection on the date you tell us.

Interest rate accounts	Percentage	Managed accounts	Percentage
Daily interest account		BlackRock Global Equity Index	
Guaranteed interest accounts (GIAs) 1 year		BlackRock US Equity Index	
3 year		CI Cambridge Canadian Equity Corporate Class	
5 year		CI Signature Income & Growth	
10 year		Sun Life BlackRock Canadian Equity Index	
Sun Life Diversified Account		Sun Life BlackRock Canadian Universe Bond Fund	
		Sun Life Dynamic Strategic Yield	
		Sun Life Granite Balanced Portfolio	
		Sun Life Granite Balanced Growth Portfolio	
		Sun Life Granite Conservative Portfolio	
		Sun Life Granite Enhanced Income Portfolio	
		Sun Life Granite Growth Portfolio	
		Sun Life Granite Income Portfolio	
		Sun Life Granite Moderate Portfolio	
		Sun Life MFS Canadian Bond	
		Sun Life MFS Canadian Equity Growth	
		Sun Life MFS Global Value	
		Sun Life MFS US Equity	

Sub total  % + Sub total  % = 100%

Your GIA earnings will automatically compound until the account matures.

On maturity, your GIA account balances will automatically transfer to the Activity account unless you check this box:

Rollover to a new account of the same term

In what order do you want your investment account withdrawals and transfers processed? If not specified, your withdrawal order will be Proportional. (Check one.)

**Proportional:**

- Proportional from all investment accounts, based on account value at time of withdrawal.

*or*  **Alternate order 1:**

- Funds are withdrawn in the following order:
- DIA
  - Managed accounts in proportion to the balance of each managed account
  - GIAs (taken first from layers closest to maturity)
  - Sun Life Diversified Account

*or*  **Alternate order 2:**

- Funds are withdrawn in the following order:
- DIA
  - GIAs (taken first from layers closest to maturity)
  - Managed accounts in proportion to the balance of each managed account
  - Sun Life Diversified Account

**5 Plan/benefit information (continued)**

## e) Maintaining your policy's tax-exempt status

Check one of the boxes below. **Note:** If not completed, default is Increase insurance amount as required (to a maximum of 8%) but reverse the increase when this can be done without losing tax-exempt status (note the cost of insurance will be changed accordingly).

- Retain insurance amount
- Increase insurance amount as required (to a maximum of 8%) but reverse the increase when this can be done without losing tax-exempt status (note the cost of insurance will be changed accordingly) **Note:** This adjustment is not available for the "Level plus" death benefit options.
- Increase insurance amount as required (to a maximum of 8% and the cost of insurance will be increased accordingly), but do not reverse the increase.

In addition, a service account must be established for any excess funds. **Note:** If not indicated, default will be DIA.

- Daily interest account
- Guaranteed interest account – 1 year

## f) Defaults

If the required illustration isn't attached with this application and/or you haven't provided all the required information, your policy will have the following options:

- Death benefit option – Insurance amount plus your policy fund value
- Cost of insurance – Guaranteed level rates
- Service account – Transfer to DIA
- Tax-exempt status – Increase insurance amount as required (to a maximum of 8%) but reverse the increase when this can be done without losing tax-exempt status (note the cost of insurance will be changed accordingly)
- Investment account options – DIA 100%
- Withdrawal order – Proportional per account balance

**5.6 SunUniversalLife Pro**\$ 

- a)  Single life    Joint first-to-die    Joint last-to-die
- COI payable to first death
- COI payable to second death

## b) Death benefit options (Choose one.)

- Insurance amount plus policy fund value
- Level insurance amount
- Level plus adjusted cost basis

## c) Cost of insurance (COI)

- Level
- Yearly to 85
- Yearly to 100

## d) Investment account options

You must allocate your payment to any of the following Investment account options. Your choices must be in multiples of 5% and they must add up to 100%. Each of your investment accounts must also have a minimum amount of \$100.00. We'll move your payment to your Investment account options when the amount you give us is large enough to put at least \$100.00 in each of your selected options.

If you've selected an Investment account option which is no longer available but is not yet reflected in this application, we will allocate your selection to the Daily interest account (DIA). We'll tell you what options are then available for you to make an alternative selection. You can tell us which option you want to use in place of the option that's no longer available. We will move your funds from the Daily interest account (DIA) to your alternative selection on the date you tell us.

Interest rate accounts	Percentage
Daily interest account	
Guaranteed interest account (GIA) 10 year	
Sun Life Diversified Account Pro	

Total  % = 100%

**5 Plan/benefit information (continued)**

Your GIA earnings will automatically compound until the account matures.

On maturity, your GIA account balances will automatically transfer to the Activity account unless you check this box:

Rollover to a new account of the same term

In what order do you want your investment account withdrawals and transfers processed? If not specified, your withdrawal order will be Proportional. (Check one.)

**Proportional order:**

- Proportional from all investment accounts, based on account value at time of withdrawal.

or

**Alternate order:**

Funds are withdrawn in the following order:

- DIA
- GIA (taken first from layers closest to maturity)
- Sun Life Diversified Account Pro

e) Maintaining your policy's tax-exempt status

Check one of the boxes below. **Note:** If not completed, default is Increase insurance amount as required (to a maximum of 8%) but reverse the increase when this can be done without losing tax-exempt status (note the cost of insurance will be changed accordingly).

Retain insurance amount

Increase insurance amount as required (to a maximum of 8%) but reverse the increase when this can be done without losing tax-exempt status (note the cost of insurance will be changed accordingly) **Note:** Not available if the death benefit option selected is Level plus adjusted cost basis.

Increase insurance amount as required (to a maximum of 8% and the cost of insurance will be increased accordingly), but do not reverse the increase

**Note:** A DIA service account will be established for any excess funds.

f) Defaults

If the required illustration isn't attached with this application and/or you haven't provided all the required information, your policy will have the following options:

- Death benefit option – Insurance amount plus your policy fund value
- Cost of insurance – Guaranteed level to 100
- Service account – Transfer to DIA
- Tax-exempt status – Increase insurance amount as required (to a maximum of 8%) but reverse the increase when this can be done without losing tax-exempt status (note the cost of insurance will be changed accordingly)
- Investment account options – DIA 100%
- Withdrawal order – Proportional per account balance

**5.7 Sun Critical Illness Insurance**

\$

Term 10

Term 75

Guaranteed payment period

15 years  To age 75

Lifetime

Guaranteed payment period

10 years  15 years  To age 100

**5.8 Other**

\$

Name of plan

**5 Plan/benefit information (continued)**

**5.9 Optional benefits**

**Note:** Not all benefits or changes shown below are available with every type of insurance plan. Advisors should refer to our illustration software or to the applicable product information section on the advisor web site for availability.

**a) Available on life plans**

Total disability waiver  Person 1  Person 2

Term insurance benefit on Person 1

- 10 Year Renewable Term \$
- 10 Year with Renewal protection \$
- 15 Year Renewable Term \$
- 20 Year Renewable Term \$
- 30 Year Renewable Term \$

Term insurance benefit on Person 2

- 10 Year Renewable Term \$
- 10 Year with Renewal protection \$
- 15 Year Renewable Term \$
- 20 Year Renewable Term \$
- 30 Year Renewable Term \$

Term insurance benefit on Person 1's additional insured person

- 10 Year Renewable Term \$
- 10 Year with Renewal protection \$
- 15 Year Renewable Term \$
- 20 Year Renewable Term \$
- 30 Year Renewable Term \$

Term insurance benefit on Person 2's additional insured person

- 10 Year Renewable Term \$
- 10 Year with Renewal protection \$
- 15 Year Renewable Term \$
- 20 Year Renewable Term \$
- 30 Year Renewable Term \$

Guaranteed insurability Person 1 \$  Person 2 \$

Accidental death Person 1 \$  Person 2 \$

Child term Person 1 \$  Person 2 \$

Owner waiver disability **Note:** Complete sections 8 and 9 on the proposed owner.

Owner waiver death **Note:** Complete sections 8 and 9 on the proposed owner.

Business value protection \$  Person 1 \$  Person 2 \$

Other benefits

Person 1 \$  Benefit name

Person 2 \$  Benefit name

**b) Sun Par Protector II and Sun Par Accumulator II only**

Plus premium benefit (PPB) (Not available on 10 pay.)

Payment option for PPB

Scheduled (regular monthly or annual payments):

Monthly \$   Annual \$

**c) Sun Permanent Life only (Only available on 15 and 20 pay.)**

Guaranteed return of premium on death benefit

**5 Plan/benefit information (continued)****d) SunTerm only**

- Renewal protection (**SunTerm Term 10**):  Person 1  Person 2  
 Partner protection (Only with 3 or more proposed insureds.)

**e) Sun Critical Illness Insurance only**

**Note:** An increase or addition to the **Sun Critical Illness** attached benefits is **not** available after the policy is issued, with the exception of Long term care conversion option. This option may only be added after the policy is issued on juvenile policies between the policy anniversaries nearest the insured person's 18<sup>th</sup> and 19<sup>th</sup> birthday.

- Total disability waiver  
 Long term care conversion option  
 Return of premium on:
- |                                                                      |                                                              |                                                       |
|----------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Death                                       |                                                              | <input type="checkbox"/> Cancellation (Lifetime only) |
| <input type="checkbox"/> Cancellation or expiry (Term 10 or Term 75) |                                                              | <input type="checkbox"/> Adult:                       |
| <input type="checkbox"/> Adult:                                      |                                                              | <input type="checkbox"/> 15 years                     |
| <input type="checkbox"/> 15 years                                    |                                                              | <input type="checkbox"/> age 65                       |
| <input type="checkbox"/> age 65                                      |                                                              | <input type="checkbox"/> age 75                       |
| <input type="checkbox"/> age 75                                      |                                                              | <input type="checkbox"/> Child                        |
| <input type="checkbox"/> Child                                       |                                                              | <input type="checkbox"/> Advanced                     |
| <input type="checkbox"/> Advanced                                    |                                                              | <input type="checkbox"/> age 35                       |
| <input type="checkbox"/> age 35                                      |                                                              |                                                       |
| <input type="checkbox"/> Owner waiver disability                     | <b>Note:</b> Complete sections 9 - 13 on the proposed owner. |                                                       |
| <input type="checkbox"/> Owner waiver death                          | <b>Note:</b> Complete sections 9 - 13 on the proposed owner. |                                                       |

**6 Acknowledgement of variability**

In this section, I refers to the proposed owner(s).

I acknowledge there are many variables that can affect an insurance policy's performance, including the following (where applicable):

- the type of and future investment performance of the Investment account option(s) selected
- the future investment performance of the participating account
- future dividend scales
- the timing and amount of future payments to and withdrawals from the policy
- the cost of insurance
- mortality and morbidity rates, lapse rates and expenses
- policy loans, and
- future federal income tax rules and provincial income and premium taxes.

More specifically, I understand interest rates, future dividend scales and the performance of securities markets in particular can fluctuate significantly and that even a small change in any one of these variables could have a dramatic negative or positive impact on the policy's non-guaranteed benefits and values. I understand that past performance does not predict nor is it a good indicator of future results.

I acknowledge that any illustrations shown to me in connection with the sale of the policy will not become part of the policy and were provided solely to show me how policy values may change over time based on different sets of assumptions.

I understand that, unless indicated as 'Guaranteed', the benefits and values in an illustration are not guaranteed, are hypothetical only and are based on assumptions that are certain to change. I realize they are neither an estimate nor a guarantee of future policy performance.

I understand actual results will differ upward or downward from those illustrated because they are highly dependent upon a number of variables (including those listed above) and that even a small change in any one of these variables could have a dramatic negative or positive impact on the non-guaranteed figures shown in an illustration.



**7 Identity verification, third party determination and politically exposed persons (PEP)/head of an international organization (HIO)**

Completion of this section is mandatory if:

- this application is for universal or permanent life insurance, and
- any proposed owner **is an individual**.

**Notes:**

- In this section, *you* and *your* refer to the proposed owner(s), which includes sole proprietors.
- The questions must be answered by the proposed owner(s) of this application.
- If any proposed owner **is not an individual** (ie Corporation or other entity), forms 4831 (*Identity verification and third party determination for entity owners*) and 4545 (*International tax classification for an entity*) must be completed for that proposed owner.
- Additional form 4355 (*Non face-to-face identity verification by agent or mandatary, third party determination and politically exposed persons (PEP)*) must be completed for any proposed owner who:
  - **is a Canadian resident but is not present at the time this application is being completed,** or
  - **does not reside in Canada.**

Always verify the identity of clients and find out whether any third parties are involved. This helps Sun Life Financial and you to manage risk and to comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and other relevant legislation/regulations. If additional space is required for any part of this section, complete form 4830 for each proposed owner.

If you have completed form 4830, indicate how many have been completed for this application:

**Identity verification**

Proposed owner 1's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Detailed occupation/pre-retired occupation/principal business			
Residential address (street number and name) <b>Note:</b> PO Box and General Delivery addresses are not acceptable.			
City	Province	Country	Postal code

Identification method – Complete one of the below methods (a or b). Record all the information; do not attach photocopies.

 **a) Photo identification:**

View an original, valid and current Canadian passport, driver's licence or document issued by a Canadian federal, provincial or territorial government for that individual. A foreign photo identification document is acceptable if it is equivalent to an acceptable Canadian photo identification document.

Type of document	Document number	Document expiry date (dd-mm-yyyy)	Province of issue	Country of issue	Date of verification (dd-mm-yyyy)

 **b) Dual process:**

View 2 original, valid and current documents from 2 different independent and reliable sources. Must collect all information from 2 out of the 3 options listed below;

1. Name and address.
2. Name and date of birth.
3. Name and proof of Canadian deposit account, or Canadian loan account.

**Note:** Some examples of acceptable reliable sources would be: federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers. Detailed information is required (i.e. CIBC/Union Gas/BC marriage certificate).

Source 1	Type of document	Account or reference number	Information collected according to method used <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account	Date of verification (dd-mm-yyyy)
Source 2	Type of document	Account or reference number	Information collected according to method used <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account	Date of verification (dd-mm-yyyy)

PIVERIDE



**7 Identity verification, third party determination and politically exposed persons (PEP)/head of an international organization (HIO) (continued)**

Proposed owner 2's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Detailed occupation/pre-retired occupation/principal business			
Residential address (street number and name) <b>Note:</b> PO Box and General Delivery addresses are not acceptable.			
City	Province	Country	Postal code

Identification method – Complete one of the below methods (a or b). Record all the information; do not attach photocopies.

 **a) Photo identification:**

View an original, valid and current Canadian passport, driver's licence or document issued by a Canadian federal, provincial or territorial government for that individual. A foreign photo identification document is acceptable if it is equivalent to an acceptable Canadian photo identification document.

Type of document	Document number	Document expiry date (dd-mm-yyyy)	Province of issue	Country of issue	Date of verification (dd-mm-yyyy)
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 **b) Dual process:**

View 2 original, valid and current documents from 2 different independent and reliable sources. Must collect all information from 2 out of the 3 options listed below;

1. Name and address.
2. Name and date of birth.
3. Name and proof of Canadian deposit account, or Canadian loan account.

**Note:** Some examples of acceptable reliable sources would be: federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers. Detailed information is required (i.e. CIBC/Union Gas/BC marriage certificate).

Source 1	Type of document	Account or reference number	Information collected according to method used <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account	Date of verification (dd-mm-yyyy)
Source 2	Type of document	Account or reference number	Information collected according to method used <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Address <input type="checkbox"/> Financial account	Date of verification (dd-mm-yyyy)

**7.1 Third party determination**

Types of a third party include but are not limited to:

- Payor
- Attorney (Power of Attorney) or Mandatary
- Collateral Assignee/Hypothecary Creditor

Is the contract to be paid for by a third party or used by or on behalf of a third party?  Yes  No

If 'yes', what is the type of third party?  Individual  Entity  Both

Name (If individual, indicate first name, middle initial and last name.)			If individual, date of birth (dd-mm-yyyy)	
Type of third party	Relationship to proposed owner	Detailed occupation/pre-retired occupation/principal business		
Address/residential address (street number and name) <b>Note:</b> PO Box and General Delivery addresses are not acceptable.				Apartment or Suite
City	Province/State	Country	Postal/Zip code	
If an entity, registration number	Province/state of registration	Country of registration		

**7 Identity verification, third party determination and politically exposed persons (PEP)/head of an international organization (HIO) (continued)**

Name (If individual, indicate first name, middle initial and last name.)		If individual, date of birth (dd-mm-yyyy)	
Type of third party	Relationship to proposed owner	Detailed occupation/pre-retired occupation/principal business	
Address/residential address (street number and name) <b>Note:</b> PO Box and General Delivery addresses are not acceptable.			Apartment or Suite
City	Province/State	Country	Postal/Zip code
If an entity, registration number	Province/state of registration	Country of registration	

If unable to obtain any required information for any third party, record the measures taken and why you were unsuccessful below:

--

**7.2 Politically exposed persons (PEP)/Head of international organization (HIO)**

To the best of every proposed owner's knowledge, has any proposed owner, their family members or close associates, held any of the positions indicated in a), b) or c) below? Indicate **Yes** or **No** in a), b) and c) below.

Record all that apply in the charts below.

**Notes:**

- Family member means spouse, civil union spouse or common-law partner, children/step children, siblings/half siblings/step siblings of any proposed owner, biological/adoptive/step parent of any proposed owner, biological/adoptive/step parent of spouse, civil union spouse or common-law partner.
- Close associate is someone who is closely associated with any proposed owner for personal or business reasons. Examples of circumstances that may lead to the determination that someone is closely associated with any proposed owner include, but are not limited to:
  - Transactions that occur between a PEP or an HIO and any proposed owner;
  - Business activities between a PEP or an HIO and any proposed owner;
  - Media coverage linking a PEP or an HIO and any proposed owner; or
  - A personal relationship such as a romantic relationship or close friendship between a PEP or an HIO and any proposed owner.

**a) Politically exposed foreign persons (PEFP) - (living or deceased, current or ever held) .....  Yes  No**

- |                                                       |                                                                                  |
|-------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. member of the executive council of government      | 8. leader (or president) of a political party represented in a legislature       |
| 2. president (head) of a state-owned company          | 9. head of state                                                                 |
| 3. president (head) of a state-owned bank             | 10. head of government                                                           |
| 4. deputy minister (or equivalent rank) in government | 11. head of a government agency                                                  |
| 5. ambassador                                         | 12. judge of a supreme court, constitutional court or other court of last resort |
| 6. counsellor of an ambassador                        | 13. military officer with a rank of general or above                             |
| 7. attaché                                            | 14. member of a legislature                                                      |

Proposed owner 1's first name		Middle initial	Last name
First name (PEFP) if not proposed owner	Middle initial	Last name	Relationship to proposed owner (PEFP)
Country where position held	Organization or institution	Position held (Indicate all applicable numbers from list)	
Proposed owner 1's first name		Middle initial	Last name
First name (PEFP) if not proposed owner	Middle initial	Last name	Relationship to proposed owner (PEFP)
Country where position held	Organization or institution	Position held (Indicate all applicable numbers from list)	

**7 Identity verification, third party determination and politically exposed persons (PEP)/head of an international organization (HIO) (continued)**

Proposed owner 2's first name		Middle initial	Last name	
First name (PEFP) if not proposed owner	Middle initial	Last name		Relationship to proposed owner (PEFP)
Country where position held	Organization or institution		Position held (Indicate all applicable numbers from list)	
Proposed owner 2's first name		Middle initial	Last name	
First name (PEFP) if not proposed owner	Middle initial	Last name		Relationship to proposed owner (PEFP)
Country where position held	Organization or institution		Position held (Indicate all applicable numbers from list)	

**b) Politically exposed domestic persons (PEDP) - (living or deceased, current or in the last 5 years) .....  Yes  No**

- |                                                        |                                                                                                              |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 1. governor general                                    | 11. president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province |
| 2. lieutenant governor                                 | 12. head of a government agency                                                                              |
| 3. member of the Senate                                | 13. judge of an appellate court in a province                                                                |
| 4. member of the house of commons                      | 14. judge of the federal court of appeal                                                                     |
| 5. member of a legislature                             | 15. judge of the supreme court of Canada                                                                     |
| 6. deputy minister (or equivalent rank ) in government | 16. leader (or president) of a political party represented in a legislature                                  |
| 7. ambassador                                          | 17. holder of any prescribed office or position                                                              |
| 8. counsellor of an ambassador                         | 18. mayor                                                                                                    |
| 9. attaché                                             |                                                                                                              |
| 10. military officer with a rank of general or above   |                                                                                                              |

Proposed owner 1's first name		Middle initial	Last name	
First name (PEDP) if not proposed owner	Middle initial	Last name		Relationship to proposed owner (PEDP)
Country where position held	Organization or institution		Position held (Indicate all applicable numbers from list)	
Proposed owner 1's first name		Middle initial	Last name	
First name (PEDP) if not proposed owner	Middle initial	Last name		Relationship to proposed owner (PEDP)
Country where position held	Organization or institution		Position held (Indicate all applicable numbers from list)	
Proposed owner 2's first name		Middle initial	Last name	
First name (PEDP) if not proposed owner	Middle initial	Last name		Relationship to proposed owner (PEDP)
Country where position held	Organization or institution		Position held (Indicate all applicable numbers from list)	
Proposed owner 2's first name		Middle initial	Last name	
First name (PEDP) if not proposed owner	Middle initial	Last name		Relationship to proposed owner (PEDP)
Country where position held	Organization or institution		Position held (Indicate all applicable numbers from list)	

**7 Identity verification, third party determination and politically exposed persons (PEP)/head of an international organization (HIO) (continued)**

c) Head of an international organization (HIO) – (currently held) .....  Yes  No

An individual is an HIO if the individual is the head of an international organization or the head of an institution established by an international organization. An international organization is an organization set up by the governments of more than one country and established by means of a formally signed agreement between those governments.

Examples of international organizations include, but are not limited to:

- North Atlantic Treaty Organization (NATO)
- Organization for Economic Co-operation and Development (OECD)
- International Monetary Fund (IMF)
- World Bank Group
- World Health Organization (WHO)
- La Francophonie

Proposed owner 1's first name		Middle initial	Last name	
First name (HIO) if not proposed owner	Middle initial	Last name		Relationship to proposed owner (HIO)
Country where position held	Organization or institution		Position held (Indicate all applicable numbers from list)	
Proposed owner 1's first name		Middle initial	Last name	
First name (HIO) if not proposed owner	Middle initial	Last name		Relationship to proposed owner (HIO)
Country where position held	Organization or institution		Position held (Indicate all applicable numbers from list)	
Proposed owner 2's first name		Middle initial	Last name	
First name (HIO) if not proposed owner	Middle initial	Last name		Relationship to proposed owner (HIO)
Country where position held	Organization or institution		Position held (Indicate all applicable numbers from list)	
Proposed owner 2's first name		Middle initial	Last name	
First name (HIO) if not proposed owner	Middle initial	Last name		Relationship to proposed owner (HIO)
Country where position held	Organization or institution		Position held (Indicate all applicable numbers from list)	

**Source of payment and purpose of product**

**7.3** Provide the source of payment for this application (Select all that apply.)

- |                                                                 |                                                   |                                          |
|-----------------------------------------------------------------|---------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> salary or earned income                | <input type="checkbox"/> proposed owner's savings | <input type="checkbox"/> business income |
| <input type="checkbox"/> existing investment account            | <input type="checkbox"/> pension income           | <input type="checkbox"/> gifted funds    |
| <input type="checkbox"/> proceeds from death benefits or estate | <input type="checkbox"/> sale of property         | <input type="checkbox"/> inherited funds |
| <input type="checkbox"/> social benefits                        | <input type="checkbox"/> borrowed funds           |                                          |
| <input type="checkbox"/> other (give details below)             |                                                   |                                          |

**7.4** What is the purpose and intended use of the product applied for? (Select one only.)

- |                                                     |                                              |                                              |                                                 |
|-----------------------------------------------------|----------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> income replacement         | <input type="checkbox"/> mortgage protection | <input type="checkbox"/> creditor protection | <input type="checkbox"/> asset protection       |
| <input type="checkbox"/> estate protection          | <input type="checkbox"/> business protection | <input type="checkbox"/> charitable donation | <input type="checkbox"/> tax or estate planning |
| <input type="checkbox"/> other (give details below) |                                              |                                              |                                                 |

**Person 1** Evidence number (for H.O. use only)  
E#

**Person 2** Evidence number (for H.O. use only)  
E#

**Proposed owner** Evidence number (for H.O. use only)  
E#

**8 Personal information**

In this section, *you* and *your* refer to the proposed insured(s) and/or proposed owner. The questions must be answered by the proposed insured(s) and/or the proposed owner of the policy who has applied for an owner waiver disability or death benefit. If a proposed insured is under age 16 (18 in Quebec), the questions must be answered by the parent or legal guardian.

It's important you provide complete and true information for us to assess your application. If you're not sure whether some information is relevant, provide it anyway. If you fail to provide all relevant information that you know about, future claims could be denied and any policy we've issued declared void. Do not tell us about genetic testing or genetic test results.

**Notes:**

- If applying for a Term insurance benefit on an additional insured person or a multi-life policy with more than 2 proposed insureds, a separate application must be completed/submitted to provide the required evidence of insurability.
- Only provide information for the proposed owner in sections 8 - 9 if you've applied for additional Owner waiver disability or death benefits.

**8.1 Smoking and tobacco use**

**Notes:**

- Question 8.1 does not need to be answered for proposed insureds under the age of 16.
  - A simple test may be required to check your answer.
- a) When was the last time you used tobacco or nicotine products in any form (e.g., cigars, cigarettes, pipes, chewing tobacco, nicotine patches or nicotine gum)?

Complete the chart below.

Person being insured	Daily	Occasionally (socially)	Used within the last 5 years	Last used more than 5 years ago	Never smoked or used tobacco or nicotine products
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date last used (dd-mm-yyyy): _____	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date last used (dd-mm-yyyy): _____	<input type="checkbox"/>	<input type="checkbox"/>
Proposed owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date last used (dd-mm-yyyy): _____	<input type="checkbox"/>	<input type="checkbox"/>

b) If you selected *Occasionally*, provide details.

Person being insured	Products (check all that apply)	Dates last used (dd-mm-yyyy)	# used in last 12 months for large cigars only
Person 1	<input type="checkbox"/> Large cigars <input type="checkbox"/> Other tobacco and nicotine products	Large cigars: _____ Other: _____	Large cigars only: _____
Person 2	<input type="checkbox"/> Large cigars <input type="checkbox"/> Other tobacco and nicotine products	Large cigars: _____ Other: _____	Large cigars only: _____
Proposed owner	<input type="checkbox"/> Large cigars <input type="checkbox"/> Other tobacco and nicotine products	Large cigars: _____ Other: _____	Large cigars only: _____

Policy number (For H.O. use only.)



**Person 1** Evidence number (for H.O. use only)  
E#

**Person 2** Evidence number (for H.O. use only)  
E#

**Proposed owner** Evidence number (for H.O. use only)  
E#

**8 Personal information (continued)**

**8.2 Insurance history and replacement/disclosure statements and/or Life Insurance Replacement Declaration**

a) Do you have any existing life and/or critical illness insurance in force on your life? ...  Yes  No  Yes  No  Yes  No  
If 'yes', provide details.

Proposed insured	Date issued (mm-yyyy)	Plan type(s)	Amount(s) (including benefits)	Company name(s)	Replacing	Business or personal
Person 1		<input type="checkbox"/> Life <input type="checkbox"/> CII			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Business <input type="checkbox"/> Personal
Person 2		<input type="checkbox"/> Life <input type="checkbox"/> CII			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Business <input type="checkbox"/> Personal
Proposed owner		<input type="checkbox"/> Life <input type="checkbox"/> CII			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Business <input type="checkbox"/> Personal

b) A Comparison Disclosure Statement or Life Insurance Replacement Declaration is required by regulation for a life insurance application that will replace an existing life insurance policy or application.

Is this application intended to replace or reduce the benefits of any existing insurance policy or a pending insurance application of any company (other than by conversion)?  Yes  No

**Notes:**

- If 'yes', complete and attach the required applicable replacement form.
- If more than one policy is being replaced, a separate replacement disclosure form is required for each policy being replaced.
- For critical illness insurance applications, a replacement form is required for Quebec applications only.
- A replacement disclosure form is not required when the application is a conversion or when replacing mortgage insurance with a bank or creditor insurance.

c) Do you have any applications for life, disability, critical illness or long term care insurance **currently** pending or contemplated? .....  Yes  No  Yes  No  Yes  No  
If 'yes', provide details.

Proposed insured	Company name(s)	Plan type(s)	Amount(s) applied for	Total amount of new insurance to be put into effect with all companies
Person 1				
Person 2				
Proposed owner				

d) Have you **ever** had any applications for life, disability, critical illness or long term care insurance declined, rated, postponed, cancelled or modified in any way? .....  Yes  No  Yes  No  Yes  No  
If 'yes', indicate when, which company and why in the box below.

Person 1	
Person 2	
Proposed owner	

**Person 1** Evidence number (for H.O. use only)  
E#

**Person 2** Evidence number (for H.O. use only)  
E#

**Proposed owner** Evidence number (for H.O. use only)  
E#

**8 Personal information (continued)**

**8.3 Employment information**

**Note:** Question in 8.3 does not need to be answered for proposed insureds under the age of 16.

a) What is your occupation?

Person 1	
Person 2	
Proposed owner	

b) What are your occupational duties?

Person 1	
Person 2	
Proposed owner	

c) What is your employer's name and address?

Person 1	
Person 2	
Proposed owner	

**8.4 Financial information**

**Note:** Questions in 8.4 do not need to be answered for proposed insureds under the age of 16.

	Person 1	Person 2	Proposed owner
a) What is your annual earned income, including salary, commissions and bonuses? .....	\$	\$	\$
b) What is your annual unearned income from other sources, including pensions, dividends, interest and income from real estate? .....	\$	\$	\$
c) What is your personal Canadian net worth? .....	\$	\$	\$
d) What is your personal foreign net worth? .....	\$	\$	\$
e) In the <b>last 5 years</b> , have you declared or been petitioned into personal or corporate bankruptcy? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Date discharged (dd-mm-yyyy) Circumstances of bankruptcy**

Person 1		
Person 2		
Proposed owner		

f) If a proposed insured is financially dependent on their spouse, provide the following information on the income earner, if not already indicated in this application.

Spouse's annual income \$	Amount of life insurance in force on the spouse \$	Amount of CII insurance in force on the spouse \$
------------------------------	-------------------------------------------------------	------------------------------------------------------

Policy number (For H.O. use only.)



**Person 1** Evidence number (for H.O. use only)  
E#

**Person 2** Evidence number (for H.O. use only)  
E#

**Proposed owner** Evidence number (for H.O. use only)  
E#

**8 Personal information (continued)**

**8.5 Drug use**

Note: Questions in 8.5 do not need to be answered for proposed insureds under the age of 16.

- a) In the **last 5 years**, have you used marijuana or hashish? .....  Yes  No |  Yes  No |  Yes  No  
 If **'yes'**, indicate which of the following best describes you average frequency of use.

Proposed insured	Daily	Weekly	Monthly	Less than once per month	Date last used (dd-mm-yyyy)
Person 1	<input type="checkbox"/> # per day: _____ Amount per use in grams: _____	<input type="checkbox"/> # per week: _____ Amount per use in grams: _____	<input type="checkbox"/> # per month: _____ Amount per use in grams: _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Person 2	<input type="checkbox"/> # per day: _____ Amount per use in grams: _____	<input type="checkbox"/> # per week: _____ Amount per use in grams: _____	<input type="checkbox"/> # per month: _____ Amount per use in grams: _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Proposed owner	<input type="checkbox"/> # per day: _____ Amount per use in grams: _____	<input type="checkbox"/> # per week: _____ Amount per use in grams: _____	<input type="checkbox"/> # per month: _____ Amount per use in grams: _____	<input type="checkbox"/>	<input type="checkbox"/> _____

- b) If **'yes'** to a), do you mix the marijuana or hashish with tobacco? .....  Yes  No |  Yes  No |  Yes  No  
 c) If **'yes'** to a), do you use it for medicinal purposes? .....  Yes  No |  Yes  No |  Yes  No  
 d) If **'yes'** to c), did a physician prescribe it? .....  Yes  No |  Yes  No |  Yes  No  
 If **'yes'**, is this your usual physician or health care professional? .....  Yes  No |  Yes  No |  Yes  No  
 If **'no'**, provide details below.

First name		Middle initial	Last name	
Physician's residential address (street number and name)				Apartment or suite number
City	Province	Country	Postal code	

- e) If **'yes'** to d), what condition is being treated?  
 \_\_\_\_\_

**Person 1** Evidence number (for H.O. use only)  
E#

**Person 2** Evidence number (for H.O. use only)  
E#

**Proposed owner** Evidence number (for H.O. use only)  
E#

**8 Personal information (continued)**

f) In the **last 10 years**, have you used any drugs or narcotics that weren't prescribed to you (such as cocaine, LSD, ecstasy, heroin, fentanyl, anabolic steroids or amphetamines)? .....  Yes  No |  Yes  No |  Yes  No

If 'yes', provide details below.

Proposed insured	Drug or narcotic	Amounts and frequency of use	Date last used (dd-mm-yyyy)
<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2 <input type="checkbox"/> Proposed owner			
<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2 <input type="checkbox"/> Proposed owner			
<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2 <input type="checkbox"/> Proposed owner			

g) Have you **ever** been treated, counselled or gone to meetings for alcohol or drug abuse? .....  Yes  No |  Yes  No |  Yes  No

h) If 'no' to g), has a doctor or health care professional ever recommended you get treatment or counselling or limit the amount of alcohol or drugs you use? .....  Yes  No |  Yes  No |  Yes  No

**8.6 Individual insurance for a child**

**Note:** Complete the following section if the proposed insured is under the age of 16 and applying for individual life or critical illness insurance.

a) Relationship of proposed owner to the proposed insured Does the proposed insured live with the proposed owner?  
 Yes  No

---

If 'no', with whom and where does the proposed insured live (name, city/town)?

---

Does the proposed owner have full knowledge of the proposed insured's medical history?  Yes  No If 'no', provide name and relationship of person who is providing the required personal and medical information on this child. This person must also sign on page 32.

b) What is the total amount of existing and applied for life, critical illness, disability and long term care insurance and the annual earned income on one of the parents?

Life \$	Critical illness \$	Disability \$	Long term care \$	Annual earned income \$
------------	------------------------	------------------	----------------------	----------------------------

c) What is the total amount of existing and applied for life, critical illness, disability and long term care insurance and the annual earned income on the other parent?

Life \$	Critical illness \$	Disability \$	Long term care \$	Annual earned income \$
------------	------------------------	------------------	----------------------	----------------------------

d) What is the Canadian net worth of the parents? \$

e) What is the foreign net worth of the parents? \$

Policy number (For H.O. use only.)

**Person 1** Evidence number (for H.O. use only)  
E#

**Person 2** Evidence number (for H.O. use only)  
E#

**Proposed owner** Evidence number (for H.O. use only)  
E#

**8 Personal information (continued)**

- f) Does the proposed insured have any siblings age 15 or less?  Yes  No If 'no', proceed to 9.2.
- i) If 'yes', for all insurable siblings age 15 or less, is there a similar amount of life and/or critical illness insurance in force, currently pending or contemplated?  Yes  No
- ii) If 'no' to i) and applying for life insurance coverage, provide the sibling's amount of insurance and reason for the difference in the box below.
- 
- iii) If 'no' to i) and applying for critical illness insurance coverage, provide the sibling's amount of insurance and reason for the difference in the box below.
- 

**9 Additional personal information for RapidApp only**

In this section, *you* and *your* refer to the proposed insured(s) and/or proposed owner. The questions must be answered by the proposed insured(s) and/or the proposed owner of the policy who has applied for an owner waiver disability or death benefit. If a proposed insured is under age 16 (18 in Quebec), the questions must be answered by the parent or a legal guardian.

**9.1 Driving history**

**Note:** Questions in 9.1 do not need to be answered for proposed insureds under the age of 16.

- |                                                                                                                                               | <b>Person 1</b>                                          | <b>Person 2</b>                                          | <b>Proposed owner</b>                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| a) Have you been charged with or convicted of:                                                                                                |                                                          |                                                          |                                                          |
| i) in the last 10 years, an alcohol or drug related driving offence or refusing a breathalyzer test? .....                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii) in the last 3 years, any other driving offences (Exclude tickets for parking and failure to provide insurance or ownership cards.)? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If 'yes' to i) or ii), provide details in the box below. For speeding convictions, include the number of kilometres per hour over the speed limit.

Proposed insured	Date(s) of offence(s) (dd-mm-yyyy)	Type(s) of offence(s)	Details
Person 1			
Person 2			
Proposed owner			

**9.2 Foreign residence/travel**

- |                                                                                                                                                            | <b>Person 1</b>                                          | <b>Person 2</b>                                          | <b>Proposed owner</b>                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| a) In the last 12 months, have you travelled or resided outside of Canada? (Exclude travel or residence of less than 6 months in the United States.) ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Policy number (For H.O. use only.)

**Person 1** Evidence number (for H.O. use only)  
E#

**Person 2** Evidence number (for H.O. use only)  
E#

**Proposed owner** Evidence number (for H.O. use only)  
E#

**9 Additional personal information for RapidApp only (continued)**

If 'yes' provide details below.

Proposed insured	Countries and cities	Length of stay in each	Purpose of stay in each	Date(s) of travel (mm-yyyy)
Person 1				
Person 2				
Proposed owner				

b) In the next 12 months, do you intend to travel or reside outside of Canada?  
(Exclude travel or residence of less than 6 months in the United States.) .....  Yes  No

Person 1	Person 2	Proposed owner
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'yes' provide details below.

Proposed insured	Countries and cities	Length of stay in each	Purpose of stay in each	Date(s) of travel (mm-yyyy)
Person 1				
Person 2				
Proposed owner				

**9.3 Other information**

Note: Questions in 9.3 do not need to be answered for proposed insureds under the age of 10.

a) In the last 12 months, have you flown in an aircraft as a pilot, crew member or flight attendant, or do you intend to do so in the next 12 months? .....  Yes  No

Person 1	Person 2	Proposed owner
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'yes', complete and attach an *Aviation questionnaire* (E4).

b) In the last 12 months, have you participated in motorized racing, underwater diving, mountain climbing, skydiving, hang gliding, heli-skiing, backcountry or out of bounds skiing/snowboarding/snowmobiling or any other dangerous activity, or do you intend to do so in the next 12 months? .....  Yes  No

Person 1	Person 2	Proposed owner
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'yes', complete and attach the appropriate questionnaire

c) In the last 10 years, have you been charged with, convicted of or imprisoned for any criminal offence; or are you currently on probation, parole or statutory release? .....  Yes  No

Person 1	Person 2	Proposed owner
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'yes', provide details.

Proposed insured	Details
Person 1	
Person 2	
Proposed owner	

Policy number (For H.O. use only.)

**10 Authorization to disclose information to your advisor**

In this section, *you* and *your* refer to the proposed insured(s) and/or proposed owner who has applied for an owner waiver disability or death benefit.

**Purpose**

If you check 'yes' below, you give us permission to disclose your personal information to your advisor, who may use it to discuss insurance options with you.

We don't need this authorization to review and make a decision about your application.

**Sharing of information**

The information we may share with your advisor could include:

- medical testing and laboratory results
- other confidential personal information about illness, including mental illness, infectious diseases, other medical conditions or use of medications
- other information about your health discovered as we assess your application but that you may not know about when you apply
- drug and alcohol use and rehabilitation
- employment history and personal finances
- any record of criminal activity, and
- other facts about your life and how they affect our decision to insure you.

We may choose not to share information about you that we have obtained from a physician or medical facility where that information was not disclosed to us as part of the application process.

**Authorization**

By checking 'yes' below, you authorize the company to share information about you:

- which was collected for underwriting this application, and
- only to the advisor indicated in the box below.

Advisor's first name	Middle initial	Last name	Advisor code

By checking 'yes' below, you also understand that:

- even though you have indicated 'yes' below, we have the right to withhold highly sensitive personal information from your advisor
- you may cancel this authorization at any time by calling us at 1-877-SUN-LIFE (1-877-786-5433), and
- you understand that this authorization remains valid until 30 days after the later of the day we:
  - (a) issue a new insurance policy, or
  - (b) mail you a notice telling you that we have declined your application.

Does Person 1 agree to the disclosure of their information?  Yes  No (If not indicated, answer is 'no'.)

Does Person 2 agree to the disclosure of their information?  Yes  No (If not indicated, answer is 'no'.)

Does the proposed owner agree to the disclosure of their information?  Yes  No (If not indicated, answer is 'no'.)



**11 Temporary insurance/payments**

In this section, *you* and *your* refer to the proposed insured(s). The questions must be answered by the proposed insured(s) of the policy. If the proposed insured is under age 16 (18 in Quebec), the questions must be answered by the parent or legal guardian.

**11.1 Temporary insurance**

Does the proposed owner wish to apply for temporary insurance?  Yes  No If 'yes', answer questions a) - c) below. If 'no', proceed to section 11.2.

**Note:** If questions a), b) or c) are answered 'yes' or not answered, there is no temporary insurance coverage. **Advisors: Review the Certificate of temporary insurance with your clients so they understand the terms, conditions and exclusions that apply to temporary insurance.**

- |                                                                                                                                                                                                                                                  | Person 1                                                 | Person 2                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| a) Within the <b>last 12 months</b> , have you consulted a doctor for chest pain, any known or suspected heart attack, stroke, cancer or HIV/AIDS? .....                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Have you <b>ever</b> applied for life, critical illness or health insurance and been refused coverage or been offered coverage that is modified in any way? .....                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Within the <b>last 60 days</b> , have you been admitted or told to be admitted to a hospital or clinic as an in-patient ( <b>except for pregnancy or childbirth</b> ), or have you been told to have any tests or surgery not yet done? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**11.2 Payments**

If temporary insurance has been applied for, payment is required. Provide at least 1/12th of the annual premium to secure temporary insurance or pay by pre-authorized chequing (PAC). To pay by PAC, complete section b).

If not to be made by PAC, indicate amount paid to advisor with application.

**a) Method of payment information**

- Notes:**
- We do not accept cash payments.
  - If a method of payment is not selected, we will proceed on a Payment on delivery basis and we assume PAC with payment instruction will be provided on delivery.
  - Payments will not be taken from the payor's account until the policy is in effect unless initial payment has been selected in section b).

i)  Pre-authorized chequing (PAC)

**Notes:**

- If **PAC**, complete section b).
- If all payors do not agree to all of the terms of the PAC authorization in section b), PAC may not be used.
- We will withdraw all payments, including the initial payment, from the account shown in section b).

ii)  Annual

If **annual**, submit the total annual payment to the advisor at the time the application is completed. Make the cheque payable to Sun Life Assurance Company of Canada.

Amount paid to advisor with application.

iii)  Payment on delivery (POD) **Note:** Not applicable if applying for temporary insurance.

If **POD**, indicate how initial payment will be made:

- cheque on delivery for full annual payment
- cheque on delivery for initial monthly payment with subsequent payments as per PAC information provided in section b) below
- PAC withdrawal based on PAC information provided in section b) below, or
- PAC withdrawal with PAC information/payment instructions to be provided on delivery

Complete for universal life applications.

Future periodic payment information

**11 Temporary insurance/payments (continued)****b) Pre-authorized chequing (PAC) authorization****Notes:**

- All PAC payors must agree to all of the following terms in order to use the PAC payment option.

All PAC payors agree:

- Sun Life Assurance Company of Canada (company) may make deductions, at any time, for regular recurring payments and/or one-time payments from time to time, from their bank account indicated in this application for insurance,
- all pre-authorized debits will be processed as personal under the Payments Canada rules (this means having 90 calendar days from the date any payment is processed to claim reimbursement for any unauthorized payment),
- the withdrawal amount is considered variable under the Payments Canada rules,
- any notices to be sent to them under this agreement may be sent to the proposed owner/owner's most recent address that the company has on record at the time a notice is sent,
- the company may charge a fee and may cancel the PAC for any withdrawal that is not honoured,
- all persons whose signatures are required to sign on the bank account indicated below have signed section 13 as a PAC payor,
- the company may not assign this authorization to another company or person in order to permit them to debit the PAC payor's account for these payments (e.g. where there has been a change in control of the company) without providing at least 10 days prior written notice, and
- to waive the requirement that the company notify them of:
  - this authorization before the first payment is processed,
  - any subsequent payments, and
  - any changes to the amount or date of the payment initiated by them or the company.

- i) Withdraw funds to pay the initial payment  Yes  No

(If 'yes', complete ii) or iii). If 'no', submit the total initial payment to the advisor at the time the application is completed.) We will immediately withdraw 1/12<sup>th</sup> of the annual payment as the initial payment.

- ii) Start a new PAC  Yes  No

(If 'yes' complete iv) and v). Regular PAC withdrawals for this policy will start one month from the policy date, unless otherwise indicated in iv.)

- iii) Add to existing PAC that is paying for policy   Yes  No

(Regular PAC monthly withdrawals for this policy will be withdrawn on the same day each month as the existing PAC for the policy number listed above, unless otherwise indicated in iv.)

- iv) Sun Life Assurance Company of Canada will withdraw funds to pay all payments, including the initial payment if selected, on this policy each month (monthly) from the bank account shown on the sample cheque attached or any account designated.

All persons whose signatures are required to sign on this account must sign the authorization on page 32. For a joint account requiring more than one signature to withdraw funds, all the account holders must sign the authorization on page 32.

We will withdraw the initial payment immediately.

Regular PAC withdrawals will start one month from the policy date or on \_\_\_\_\_ (dd-mm-yyyy).

The payor may cancel this authorization at any time, subject to providing the company with 10 days notice. Payors should contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at [www.payments.ca](http://www.payments.ca).

Payors have certain recourse rights if any debit does not comply with this agreement. For example, payors have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. To obtain more information on recourse rights, payors should contact their financial institution or visit [www.payments.ca](http://www.payments.ca).

Contact us at any time at:

Sun Life Assurance Company of Canada  
 227 King Street South  
 PO Box 1601 Stn Waterloo  
 Waterloo, ON N2J 4C5  
 1-877-SUN-LIFE (1-877-786-5433)  
 Fax 1-866-487-4745  
[www.sunlife.ca](http://www.sunlife.ca)

**11 Temporary insurance/payments (continued)**

v) Attach a sample cheque marked void OR complete the following: (Only accounts with chequing privileges may be used.)

Account holder's first name	Last name	Account holder's first name	Last name
Name of financial institution			
Address of financial institution (street number and name)			
City		Province	Postal code
Transit number		Account number	



**12 Translation agreement and declaration**

Was this application translated for any proposed insured(s) and/or proposed owner(s) in a language other than English?  Yes  No  
If 'yes', you must complete the sub sections below.

**Note:** The translator must be 18 years of age or older and may not be:

- a beneficiary,
- a proposed owner, or
- any other person who has an interest in the policy (excluding the advisor).

**12.1 Proposed insured(s) and/or proposed owner(s) agreement**

In this section, *you* and *your* refer to the proposed insured(s) and/or proposed owner(s).

1. Who was this application translated for in a language other than English?

Person 1  Person 2  Proposed owner 1  Proposed owner 2

2. Do you agree that your answers to the questions asked and translated for you are complete and true, and do you understand they form part of the application?

Person 1:  Yes  No Person 2:  Yes  No Proposed owner 1:  Yes  No Proposed owner 2:  Yes  No

**Note:** If 'no', we are unable to continue with your application at this time. The application must not be submitted.

3. Do you agree that this application was fully explained to you in your preferred language, and do you understand the content provided by the translator?

**Note:** If 'no', we are unable to continue with your application at this time. The application must not be submitted.

Person 1:  Yes  No Person 2:  Yes  No Proposed owner 1:  Yes  No Proposed owner 2:  Yes  No

4. Name of person who provided the translation:

Translator's first name	Middle initial	Last name
-------------------------	----------------	-----------

5. Translator's relationship to person translation was provided for:

Person 1	<input type="checkbox"/> Advisor <input type="checkbox"/> Other Indicate: _____	Proposed owner 1	<input type="checkbox"/> Advisor <input type="checkbox"/> Other Indicate: _____
Person 2	<input type="checkbox"/> Advisor <input type="checkbox"/> Other Indicate: _____	Proposed owner 2	<input type="checkbox"/> Advisor <input type="checkbox"/> Other Indicate: _____

6. In what language were the questions translated?

Proposed insured 1		Proposed owner 1	
Proposed insured 2		Proposed owner 2	

**12.2 Translator's declaration/signature (if other than advisor)**

In this section, *you* refers to the translator.

By signing below, you declare that for any proposed insured(s) and/or proposed owner(s) indicated above in sub-section 12.1, you:

- faithfully and truly translated this application and the answers provided to you,
- read over the entire contents of this application and the answers provided to you were recorded, and
- explained the information and everyone understood the contents of this application and provided all requested information.

You also declare that you do not have any interest in this application and are age 18 or older.

Province signed	Date (dd-mm-yyyy)	Translator's signature <b>X</b>
-----------------	-------------------	------------------------------------

**13 Acknowledgement and agreement****Acknowledgement and agreement**

The proposed owner(s) confirm they've received, read and agree to:

- the Certificate of temporary insurance, when applicable, and
- the Guide to critical illness definitions, if critical illness insurance was applied for.

The proposed owner(s) and proposed insured(s) (if other than proposed owner) confirm they've received, read and agree to the Sun Life Financial Privacy Statement for Canada.

**Declaration**

The proposed owner(s), proposed insured(s) and pre-authorized chequing (PAC) payor(s) confirm:

- they were present when their portion of this application with Sun Life Assurance Company of Canada (company), was completed,
- they reviewed all of their answers and statements recorded in the application,
- that all the information they supplied in connection with this application is complete and true, and was provided by them to the advisor (or some other person authorized by the company) for underwriting, administration of insurance and claims paying purposes,
- they understand that if they do not completely and truthfully answer all of their questions (if they misrepresent any of their answers or statements) the company may void the policy(ies),
- they agree that their personal, medical and financial information may be shared as set out in the Sun Life Financial Privacy Statement for Canada,
- they agree that their personal information may be shared with or disclosed to our distribution partners such as managing general agencies or national accounts, market intermediaries and their employees and agents for the purposes identified in the Sun Life Financial Privacy Statement for Canada;
- they have read and agreed to the Acknowledgement of variability, if applicable,
- they are satisfied with the level of product information they received before signing this application and are aware that additional product information is available to them under the "Products and services" section of the website at [www.sunlife.ca](http://www.sunlife.ca) or by calling our toll-free Customer Care Centre at 1-877-SUN-LIFE (1-877-786-5433),
- they understand the company is not responsible for the validity of any beneficiary appointments, and
- PAC payors, by signing below, agree to the terms of the PAC authorization, as set out in section 11.2.

The proposed insured(s) and/or proposed owner confirm the information described in section 10, may be shared with their advisor if they answered 'yes' in that section.

**Authorization of all proposed insureds**

The proposed insureds (parent or legal guardian, if proposed insured is under age 16 (18 in Quebec)) authorize:

- any health care professional, physician, hospital, clinic or medically-related facility, insurance company, investigation agencies, MIB Inc. or other organization, institution or person, including the members of the Sun Life Financial group of companies, which includes this company, that have records or knowledge of any proposed insured, to give only that information necessary for underwriting, administration of insurance and claims paying purposes to the company, its representatives and its reinsurers,
- the performance of such examinations, electrocardiograms, blood profiles, and tests for HIV (AIDS) antibody and hepatitis, if needed to underwrite this application, and
- the company to release only the necessary personal information obtained during the underwriting process to their personal physician, to MIB, Inc., to the company's reinsurers, to any insurance company, if an application has been made to that company for an insurance policy on their life, and for any infectious or communicable disease, to the Medical Office of Health where required by law.

Province signed	Date (dd-mm-yyyy)	Signature
	Signed on:	Proposed owner (indicate title of signing officers if applicable) X
	Signed on:	Proposed owner (indicate title of signing officers if applicable) X
	Signed on:	Proposed insured (if other than proposed owner or if under 16 [18 in Quebec] signature of parent or guardian) X
	Signed on:	Proposed insured (if other than proposed owner) X
	Signed on:	PAC payor (if other than proposed owner or proposed insured) X
	Signed on:	PAC payor (if other than proposed owner or proposed insured) X

A copy of this authorization is as valid as the original.

**14 Advisor's report**

In this section, *you* and *your* refer to the advisor who is selling the policy.

Attach a business card.

If this application qualifies for a policy cover, would you like one provided with the printed policy?  Yes  No  
 (If not indicated, answer is 'no'.)

**14.1 About the advisor(s)**

Is commission being shared?  Yes  No If 'yes', provide details below.

**Note:** Shares must be a minimum of 10%.

**Lead service advisor**

First name	Middle initial	Last name
Sun Life advisor code	Office	Share %

**Advisor sharing commission**

First name	Middle initial	Last name
Sun Life advisor code	Office	Share %

Indicate distribution partner name (MGA, NA or IAP) as well as your own company or advisor address in the box below.

--

Are you related to the people to be insured and/or proposed owner(s)?  Yes  No

Related means:

- a) a family member such as a spouse, parent, grandparent, sibling, child, grandchild or in-law
- b) a corporation where you or a family member, individually or together own 50% or more of any class of shares of the corporation
- c) where your business is incorporated, any director, officer, employee or agent and any parent, subsidiary or affiliated corporation
- d) a trust arrangement where you have a relationship to the trust, the trustee or a trust beneficiary, or you are a settler, trustee or trust beneficiary of the trust.

If 'yes', provide details below.

--

**14.2 About the proposed insured(s)**

**Person 1**

Did you meet with the proposed insured in person? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'no', provide details below.
Details
How long have you known the proposed insured?

**Person 2**

Did you meet with the proposed insured in person? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'no', provide details below.
Details
How long have you known the proposed insured?



**14 Advisor's report (continued)****14.3 Underwriting requirements****Notes:**

- Advisors must arrange for all applicable evidence requirements on RapidApp applications.
- A *Paramedical examination* form (0003-E) or a tele-interview must be completed for this application.
- If a non-medical is required, do not order a paramedical. A non-medical can only be replaced by a tele-interview only.

If submitting a tele-interview application, who will be making arrangements for all the applicable requirements?

Advisor  Back office  Head office

If you or your back office will be making arrangements for the applicable requirements, indicate which requirements you have arranged. (Select all that apply.)

	Person 1	Person 2
None	<input type="checkbox"/>	<input type="checkbox"/>
Tele-interview	<input type="checkbox"/>	<input type="checkbox"/>
Paramedical	<input type="checkbox"/>	<input type="checkbox"/>
Vitals (height, weight, blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
Blood profile	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments or special instructions:

	Person 1	Person 2
Inspection report	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Provide name of insurance company we are to obtain medical evidence from:		

Provide name of service provider you have ordered the medical evidence from:

**14.4 Advisor declaration and notice of disclosure (Must be signed by advisor only.)**

With the understanding that Sun Life Financial will rely on all of the information collected to process this application to conduct customer due diligence and to satisfy applicable regulatory requirements, I, the advisor, confirm that:

- all of the identification details provided in this application match the original identification documents shown to me;
- reasonable effort was exercised to determine if each proposed owner is acting on behalf of a third party;
- the dual purpose method for identity verification is not the preferred method. If I have used it in this application, I have only done so because the proposed owner/sole proprietor does not possess the required photo identification. I have ensured that the 2 documents viewed are originals from reliable and independent sources;
- I have disclosed to each proposed owner that I am an independent advisor that has a contract to sell products issued by Sun Life Assurance Company of Canada, and I have also identified any other companies I represent;
- I have disclosed to each proposed owner that I will receive compensation in the form of commissions or salary for the sale of life and health insurance products;
- I have disclosed to each proposed owner that I may also receive additional compensation in the form of bonuses or non-monetary benefits such as travel incentives or attendance at conferences;
- I have disclosed to each proposed owner any conflicts of interest that I may have with respect to this transaction; and
- I am licensed in the province in which this application was completed and this signature page was signed.

If indicated in the Translation agreement and declaration section that I acted as a translator, by signing below, I declare that for any proposed insured(s) and/or proposed owner(s) indicated in that section, I:

- faithfully and truly translated this application and the answers provided to me,
- read over the entire contents of this application and the answers provided to me were recorded, and
- explained the information and everyone understood the contents of this application and provided all requested information.

If applicable (see 14.5 below) I, the advisor, also confirm that:

- I have reviewed the details provided in this application with each proposed owner/sole proprietor, proposed insured and PAC payor;
- to the best of my knowledge, all details in this application are complete, true and given to me by the client in a face-to-face meeting (unless form 4355 has been completed);
- it has all the facts material to the insurance applied for; and
- I saw every person sign this application.

**14 Advisor's report (continued)**

If there are reasonable grounds to suspect that there is an undisclosed third party, PEP or HIO involved with this contract, email details to [money.laundering@sunlife.com](mailto:money.laundering@sunlife.com).

Advisor's first name		Middle initial	Last name
Office	Advisor code	Email address	
Date (dd-mm-yyyy)	Advisor's signature X		
Date (dd-mm-yyyy)	Supervisor's signature X		

**14.5 Licensed administrative assistant's declaration**

**Note:** This must be completed if a licensed administrative assistant completed the application.

Did a licensed administrative assistant complete the application (excluding section 7, if applicable)?  Yes  No

I, the licensed administrative assistant, confirm that:

- I have reviewed the details provided in this application with each proposed owner/sole proprietor, proposed insured and PAC payor;
- to the best of my knowledge, all details in this application are complete, true and given to me by the client in a face-to-face meeting;
- it has all the facts material to the insurance applied for; and
- I saw every person sign this application.

Licensed administrative assistant's first name		Middle initial	Last name
Date (dd-mm-yyyy)	Licensed administrative assistant's signature X		

# Important information you should know



Policy number

**Note:** Note: This page is to be detached and given to the proposed insured. Do not submit with the application.

## Sun Life Financial Privacy Statement for Canada

### Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy).

### Access to your information

We or our reinsurers may also submit a brief report of our findings to MIB, Inc. (MIB), a non-profit organization of life and health insurance companies, which operates an information exchange on behalf of its members. If the person named in this application also applies for insurance coverage or submits a claim with another life or health insurance company that is an MIB member, MIB will, on request, supply that insurance company with the information on its files.

MIB receives personal information and the collection, use and disclosure of such information is governed by the Personal Information Protection and Electronic Documents Act (PIPEDA) and provincial laws. Therefore, MIB has agreed to protect such information in a manner that is substantially similar to the company's privacy and securities practices, and in accordance with applicable laws. As a U.S. based company, MIB is bound by, and such personal information may be disclosed in accordance with, applicable U.S. laws. If you have any questions about MIB's commitment to protect the confidentiality and security of your personal information, you may contact the MIB Privacy Department at [privacy@mib.com](mailto:privacy@mib.com).

To learn more about MIB, Inc., you may visit the website at [www.mib.com](http://www.mib.com), call 416-597-0590 or write to:

MIB, Inc.

330 University Avenue

Suite 501

Toronto, Ontario M5G 1R7

You may ask to see your personal information on file with MIB, Inc. and correct anything that is inaccurate or incomplete.

### About Sun Life Financial

As a leading international financial services organization, we're proud to offer a diverse range of wealth accumulation and protection products and services. Tracing our roots back to 1865, Sun Life Financial has operations in key markets around the world. But most importantly, we're in business to help people achieve and maintain the peace of mind that comes from having sound financial solutions in place.

If you'd like more information about Sun Life Financial, please visit our website at [www.sunlife.ca](http://www.sunlife.ca) or call 1-877-SUN-LIFE (1-877-786-5433).

ADMINIE



# Tele-interviewing – what to expect

## Introduction

Thank you for choosing Sun Life Financial for your insurance needs.

To properly assess your application, our underwriters need to collect personal and medical information from you.

A Tele-interviewer, representing Sun Life Financial, will phone you to obtain that information. The phone call may last approximately 20 minutes depending on your medical history.

## Preparing for the Tele-interview

You can help speed up the process by being prepared. Please have the following information ready:

- The name, address and phone number of any doctors you've visited within the last five years, the reason for the visit, any tests performed and the results.
- The name and dosage of any medications you are taking and the reason for taking it.
- If you are answering questions on behalf of any children, please have their information ready.

## Contacting you

If you are not available when the Tele-interviewer calls:

- The Tele-interviewer will leave a message.
- Until they hear from you, the Tele-interviewer will attempt to contact you for the next ten days.

## Important highlights of the Sun Life Financial Tele-interviewing process

- If additional underwriting evidence is required, a nurse will call to arrange a suitable time to visit in order to obtain the necessary medical information.
- Once all evidence is received, we will continue to review your application. If approved, a policy will be issued.

We want to assure you that access to your personal information, including that collected by the Tele-interviewer, is restricted to employees and representatives who are responsible for underwriting, administration of insurance and claims paying purposes with us.

# Certificate of temporary insurance



We, us, our and the company refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Policy number

## Please read the following to understand the coverage under the Certificate of temporary insurance.

Sun Life Assurance Company of Canada and you, the proposed owner, agree to the following:

### What is this certificate?

This certificate provides immediate insurance coverage until it ends as described below.

This means if a proposed insured dies or suffers a covered critical illness during our underwriting process, we'll pay the benefit amount we would have paid if we had issued the policy being applied for, subject to the conditions and exclusions set out below.

### When does this certificate come into effect?

This certificate comes into effect on the date the proposed insured signs section 13 of this application if:

- the temporary insurance questions in the application have been truthfully answered no
  - all other required questions in the application have been truthfully and completely answered, and
  - a payment of at least 1/12<sup>th</sup> of the annual premium for your base plan and any additional benefits has been made with the application.
- A decision to accept or decline your application for insurance may take up to 90 days.

The beneficiary for temporary insurance is the person or persons named as beneficiary in your application.

### When does temporary insurance end?

The temporary insurance automatically ends on the earliest of:

- the instant the insurance applied for comes into effect
- the date we decline your application for insurance, following which we will mail a notice of the decline to the address given in the application
- the 90<sup>th</sup> day following the date the application for insurance was signed
- the date the proposed owner asks us to cancel the application
- the date the proposed owner declines our offer of insurance, or
- the 30<sup>th</sup> day following the date the application for insurance was signed and we have not received the required Identity verification and third party determination information with this application.

If the temporary insurance ends for reasons b), c), d), e) or f), we'll refund any amount you've paid us while your application was being processed.

### When can you expect to receive your policy, or your refund if we decline the application?

You should receive your policy, or any payment refund if your application is declined, within 90 days of completing your application. If you don't, please contact your advisor.

### Conditions and exclusions

This certificate forms part of your application for insurance. Insurance coverage is subject to certain conditions and exclusions, which depend on the type of insurance you requested.

### Reduction of death benefit or coverage

If you've asked us to cancel an in force Sun Life Financial policy in this application and a proposed insured dies or suffers a covered critical illness while we're underwriting this application, we will:

- pay any death or critical illness insurance benefit amount payable on the policy you've asked us to cancel, and
- reduce any amount payable under this certificate by the amount payable under the policy you've asked us to cancel.

### The following conditions and exclusions apply to life insurance:

#### 1. Amount we pay under this certificate (Conditions)

If any of the proposed life insureds are age 71 or older, then the total amount of any death benefit payable under this certificate is the lesser of \$100,000 and the total amount of any death benefit (including any accidental death benefit) applied for under this application and any other pending life insurance applications with the company.

If the proposed life insureds are all under age 71, then the total amount of any death benefit payable under this certificate is the lesser of \$1,000,000 and the total amount of any death benefit (including any accidental death benefit) applied for under this application and any other pending life insurance applications with the company.

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## 2. When we won't pay benefits under this certificate (Exclusions)

We won't pay a death benefit under this certificate if:

- a) a proposed insured takes their own life, regardless of whether the insured person has a mental illness or understands or intends the consequences of their action(s)
- b) a proposed insured or proposed owner misrepresents or fails to disclose any fact within their knowledge that is material to the risk
- c) a proposed insured dies before reaching the age of 15 days, or
- d) on the date the application for insurance was signed, a proposed insured named on the application:
  - i) due to illness or injury, was prevented from performing their usual activities or occupation for a period **exceeding 2 weeks**
  - ii) has or had any signs or symptoms associated with cancer within the **last 12 months**
  - iii) had suffered a stroke or a heart attack within the **last 12 months**, or
  - iv) was confined to a hospital, nursing home, sanitarium, psychiatric facility, or any other health-related facility in the **last 45 days**.

### The following conditions and exclusions apply to critical illness insurance:

#### 1. Amount we pay under this certificate (Conditions)

If the proposed insured is age 17 or under, the total amount payable under this certificate is the lesser of \$250,000 and the total amount of critical illness insurance applied for under this application and any other pending critical illness insurance applications with the company.

If the proposed insured is between the ages of 18 and 65, the total amount payable under this certificate is the lesser of \$500,000 and the total amount of critical illness insurance applied for under this application and any other pending critical illness insurance applications with the company.

#### 2. When we won't pay benefits under this certificate (Exclusions)

This certificate covers only the illnesses and medical conditions defined in the applied for critical illness insurance policy. We won't pay benefits for any illness or condition not specifically mentioned in that policy.

We won't pay the critical illness insurance benefit under this certificate if:

- a) the proposed insured person is over age 65
- b) on the date the application for insurance was signed, the proposed insured:
  - i) had previously been diagnosed with a covered critical illness or had any signs or symptoms of a covered critical illness, medical consultations, investigations, tests, treatment or counselling that led to a diagnosis of a covered critical illness
  - ii) had any signs or symptoms of a chronic kidney, liver or lung disease, medical consultations, investigations, tests, treatment or counselling that led to a diagnosis of chronic kidney, liver or lung disease within the **last 24 months**
  - iii) due to illness or injury, was prevented from performing their usual activities or occupation for a period **exceeding 2 weeks**, or
  - iv) was confined to a hospital, nursing home, sanitarium, psychiatric facility, or any other health-related facility in the **last 45 days**
- c) the proposed insured suffers a covered critical illness which is directly or indirectly associated with:
  - i) attempting to take their own life or causing themselves bodily injury, regardless of whether the insured person has a mental illness or understands or intends the consequences of their action(s)
  - ii) committing or attempting to commit a criminal offence
  - iii) intentionally taking any drug other than as prescribed by a licensed medical practitioner and in accordance with the instructions given
  - iv) intentionally taking any intoxicant, narcotic, poisonous substance, or
  - v) was operating a vehicle while their blood alcohol level was more than 80 milligrams of alcohol per 100 milliliters of blood. A vehicle includes any form of ground, air or marine transportation that can be put into motion by any means, including muscular power. We do not take into account whether or not the vehicle was in motion.
- d) the proposed insured had or has signs or symptoms associated with:
  - i) cancer or benign brain tumour, or
  - ii) Parkinson's disease or any specified atypical parkinsonian disorders
- e) the proposed owner or proposed insured misrepresents or fails to disclose any fact within their knowledge that is material to the risk, or
- f) the proposed insured does not survive for 30 days following the date of diagnosis of a covered critical illness.

### How your universal life funds will be invested

Any money paid with this application will be invested in the Investment account options selected, subject to applicable minimums, on the date we have received all requirements and they are satisfactory to us.

All cheques must be payable to Sun Life Assurance Company of Canada.

**Receipt** – Received from:

Name	Amount paid for initial payment for this application \$ _____ (Indicate 'Nil' if no payment.)	Date (dd-mm-yyyy)
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Banking information provided and PAC agreement signed to take initial payment by pre-authorized chequing?  Yes  No

Advisor's signature

X