

<b>1. PROPOSED LIFE INSURED</b>	
a) NAME _____	b) BIRTH DATE _____ <small>MM/DD/YY</small>
c) AGE NEAREST _____	d) ADDRESS (including Postal Code) _____
e) BIRTH PLACE _____	f) <input type="checkbox"/> Male <input type="checkbox"/> Female
g) E-MAIL ADDRESS _____	
h) Employer Name & Address _____ Specific Occupation Duties _____	
<b>2. OWNER (if other than Proposed Life Insured)</b>	
a) NAME _____	b) MAILING ADDRESS _____
c) RELATIONSHIP TO PROPOSED INSURED _____	d) EMAIL ADDRESS _____
<b>3. INSURANCE</b>	
a) PLAN OF INSURANCE - <b>HEALTH SECURITY PLUS</b>	b) FACE AMOUNT \$ _____
c) MODE OF PREMIUM PAYMENT <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> PAC If PAC, attach VOID specimen cheque	
d) PREMIUM PAID WITH APPLICATION \$ _____	e) RIDERS: <input type="checkbox"/> WP <input type="checkbox"/> Return of premium on Expiry
<b>4. BENEFICIARY (Revocable unless otherwise indicated)</b>	
a) Critical Illness Benefit: Name _____	Relationship to the Insured _____
Revocable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Death Benefit: Name _____	Relationship to the Insured _____
Revocable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5. SMOKING STATUS</b>	
a) Have you used any form of nicotine or marijuana product in the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6. APPLICABLE TO THE PROPOSED INSURED (If any of these questions are answered Yes, do not proceed with the application)</b>	
a) Have you ever consulted a Doctor for, been diagnosed with or had any symptoms of:	
Cancer, tumour or polyp, malignant melanoma, blood disorder or any form of malignant disease? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any disorder of the breasts requiring biopsy or abnormal mammogram; or abnormal PSA test for prostate cancer? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest pain, heart attack, high blood pressure, elevated cholesterol, stroke or transient ischemic attack (TIA), or other heart or circulatory disorder? Diabetes, kidney disease? Hepatitis or any disorder of the liver or colon? Paralysis or any other neurological disorder? Positive HIV test or AIDS? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have two or more of your immediate family members (father, mother, brother, sister) had heart disease, stroke, Polycystic kidney disease, breast or colon cancer, the ONSET of which was prior to their reaching age 65? ....	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have you ever had an application for life, disability or critical illness insurance declined, rated, postponed, cancelled or modified in any way? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Each undersigned agrees that: (a) the statements and answers contained in this Application are true and complete and form the basis of the contract of insurance applied for or issued; (b) the contract will not take effect until the policy has been delivered to the Proposed Life Insured/Owner (or in the province of Quebec, the date the policy is issued) and the first premium has been paid to the Insurer or its agent with no change in the insurability of the Proposed Life Insured from the time of completion of the application to the time of delivery of the policy; (c) no person other than the President or Vice President together with the Secretary or Actuary of the Insurer has the power to change or modify the policy or contract on behalf of the Insurer or to waive the Insurer's rights or requirements and any such change, modification or waiver must be in writing, signed by such officers.</p> <p>The person or firm advising me on the purchase of this product has provided me with written materials advising (a) about the company(s) they represent; (b) that they receive compensation (such as commissions or salary) for the sale of life and health insurance products; (c) that they may receive additional compensation in the form of bonuses, conference programs or other incentives; (d) of any conflicts of interest they may have with respect to this transaction.</p>	
Continued...	

Unity Life of Canada and its duly sponsored and authorized agents and brokers and its participating reinsurers adhere to the Personal Information Protection and Electronic Documents Act (Canada) (PIPEDA) and any other applicable privacy legislation of your province or territory. Your personal information will be used only for the purposes we have identified and will be conveyed only to the applicable department, authorized agency or servicing bureau and/or wholly owned subsidiary for servicing. All such information will be safeguarded in accordance with applicable legislation. You have the right to request access to your personal information to verify its accuracy and completeness and to request amendments. Please submit your request in writing to:

**Privacy Officer, Unity Life of Canada, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8.**

Unity Life may use your personal information to determine other insurance products and services that may meet your needs and to offer them to you.

If you do not wish your information to be used for any of these future offerings, check here  or you can write to us at:

**Unity Life of Canada, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8, Attn: Privacy Officer.**

The language of the policy and all correspondence shall be the same as that of the application unless requested otherwise.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Proposed Life Insured

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Witness

**AGENT'S REPORT (PLEASE PRINT)**

1. ARE YOU RELATED TO THE PROPOSED INSURED? (IF YES, PLEASE STATE RELATIONSHIP)  Yes  No
2. MAIN PURPOSE OF INSURANCE \_\_\_\_\_
3. WAS A FINANCIAL NEEDS ANALYSIS COMPLETED?  Yes  No If no, why not? \_\_\_\_\_
4. REMARKS / RECOMMENDATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We the writing Broker(s) to the best of my/our knowledge and belief affirm that:

- a) The answers in this Application are true representations of the facts stated and I am not aware of additional information material to the Proposed Life Insured except as stated above in the space marked "Remarks / Recommendations".
- b) I/We am/are properly licensed to do business in the province of \_\_\_\_\_  
Licence No. \_\_\_\_\_
- c) Is replacement intended?  Yes  No  
If replacement is intended I/We declare that all rules and regulations relevant to replacement have been complied with.
- d) I confirm that I have provided the disclosure as outlined in the declaration signed by the Proposed Life Insured on the front of this application.
- e) I confirm that I have seen the original document of  Driver's Licence,  Permanent Residence Card,  Canadian Citizenship Card  
 Birth Certificate  Passport Document Number \_\_\_\_\_ Place/Country of Issue \_\_\_\_\_

\_\_\_\_\_  
Broker's Signature

\_\_\_\_\_  
Broker's Name

\_\_\_\_\_  
MGA/GA Name

\_\_\_\_\_  
Broker's Name

\_\_\_\_\_  
MGA/GA Name

**AMENDMENTS BY THE COMPANY (to be completed by Head Office)**

**PAYMENT INFORMATION & PRE-AUTHORIZED CHEQUE (PAC) PLAN AGREEMENT** (Please Attach a VOID Specimen Cheque)

NOTE: All premiums for coverages applied for in this Application, including initial premium at issue (if not paid with this Application), will be drawn from the account identified on the VOID cheque, unless otherwise instructed below:

Initial premium payment to be made by:	
<input type="checkbox"/> Monthly Pre-Authorized Cheque (PAC) withdrawal	<input type="checkbox"/> Cheque (payable to Unity Life)
Monthly Withdrawals under this PAC Agreement are:	<input type="checkbox"/> Personal related <input type="checkbox"/> Business related
Withdrawal date requested (Check one):	<input type="checkbox"/> 1st <input type="checkbox"/> 8th <input type="checkbox"/> 15th <input type="checkbox"/> 22nd
PAC bank account information to be taken from: <input type="checkbox"/> Attached VOID cheque	
or <input type="checkbox"/> Banking information below (complete <b>only</b> if cheque NOT available):	
Transit # (5 digits) _____	Bank # (3 digits) _____ Account # _____
Type of account:	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings
Name of financial institution _____	
Street address _____	
City _____	Province _____ Postal Code _____

**PAC Plan Agreement**

The payor, by signing below, verifies that the payor is an account holder of the account identified on the attached VOID cheque or in the banking information section above and agrees that:

- 1) Unity Life of Canada ("Unity Life") is authorized to debit deductions monthly under this PAC Plan Agreement from that account or another account later identified or substituted by the payor for premium and insurance charges for the insurance contract(s) issued by it in response to this Application for Insurance;
- 2) The financial institution from which payments are to be drawn is authorized to treat each debit by Unity Life/Foresters as though the payor made it personally;
- 3) Unity Life/Foresters reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for the insurance contract(s) issued by it;
- 4) This PAC Plan Agreement is effective immediately and will continue until terminated, which either the payor or Unity Life/Foresters may do at any time, providing notice of at least 30 days to the other. Payor may obtain a sample cancellation form or further information on the right to cancel a PAC Plan Agreement at his/her financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca);
- 5) Should funds not be available due to insufficient funds, Unity Life/Foresters may, at its option, debit from my account on the next scheduled withdrawal date for the insufficient amount applicable to each insurance contract while that insurance contract is in effect;
- 6) I understand I have certain recourse rights if any debit does not comply with this PAC Plan Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAC Plan Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- 7) The payor may contact Unity Life and Foresters at their respective addresses and phone numbers shown in this application.

**The Payor waives the right to receive pre-notification of the amount and date of the first debit and of a change in a debit amount required as premium, or charges for the insurance contract(s) in effect, or a change in amount requested by the Payor by whatever means.**

The bank account holder must sign this PAC Plan Agreement as his/her name appears on bank records for the account provided.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Signature of Joint Account Holder (if applicable)

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Initials of Proposed Life Insured

**DISCLOSURE STATEMENT FOR THE PROVINCE OF B. C.**

(DETACH AND PRESENT TO PROPOSED INSURED)

Pursuant to S.90 of the Financial Institutions Act of British Columbia, the financial product you are being offered is supplied by Unity Life of Canada, a company licensed to carry on business in British Columbia. In relation to any application you make for the acquisition of life insurance, annuities or other financial products,

- a) I am acting as a licensed insurance broker on behalf of the company,
- b) I will be entitled to receive commission from the company on successful completion of this transaction. This commission may take the form of an acquisition commission and/or an on-going service commission; and
- c) There is no condition associated with this transaction requiring that you must transact additional or other business with either the company or myself.

\_\_\_\_\_  
Name and Address of Broker

\_\_\_\_\_  
Signature of Broker

**IMPORTANT NOTICE CONCERNING FILES AND PERSONAL INSURANCE**

(DETACH AND PRESENT TO PROPOSED INSURED)

In order to ensure the confidentiality of the personal information held concerning you, Unity Life of Canada will establish a Life Insurance file in which the information concerning your application for insurance will be placed, as well as information concerning any insurance claim. Only Unity Life of Canada, its employees, reinsurers and professional consultants, who will be responsible for underwriting, administration and claims, or any other person whom you authorize, in writing, or persons required by law will have access to this file. Your file will be kept by Unity Life of Canada and you are entitled to consult personal information contained in the file and if applicable, to have it corrected by sending a written request to: Vice President and Assistant Secretary, Unity Life of Canada, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8.

To find out about our Privacy Policy, visit our Web site at [www.unitylife.ca](http://www.unitylife.ca) or call 1-800-267-8777 and request that a copy of our Privacy Brochure be sent to you.

If you have any questions about your insurance coverage, please call 1-800-267-8777.



**UNITY LIFE OF CANADA**  
**1660 TECH AVENUE, SUITE 3**  
**MISSISSAUGA, ONTARIO, L4W 5S8**

**T (905) 219-8000**  
**1-800-267-8777**  
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