

1. PROPOSED LIFE INSURED	2. OWNER (If not the Proposed Life Insured)
--------------------------	---

Name: \_\_\_\_\_  
Last First Middle

Male Date of Birth Age (last)

Female 

Year	Month	Day
------	-------	-----

 \_\_\_\_\_

Place of Birth: \_\_\_\_\_

If not Canada, date landed immigrant status was received: \_\_\_\_\_

Total Life Insurance now in force: \$ \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

OR  
 Company Name: \_\_\_\_\_

Relationship to Proposed Life Insured: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Province Postal Code

Telephone Numbers (include Area Code):  
 Residence \_\_\_\_\_ Business \_\_\_\_\_

Cellular \_\_\_\_\_ E-mail \_\_\_\_\_

3. BENEFICIARY (Revocable unless otherwise indicated)	In Quebec, a spouse will automatically be considered as irrevocable, unless otherwise indicated.
---	--

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Revocable?  Yes  No

4. ADDRESS OF PROPOSED LIFE INSURED
-------------------------------------

Residence of Proposed Life Insured: \_\_\_\_\_ Telephone numbers (include area code):

\_\_\_\_\_  
Street Address

Residence \_\_\_\_\_ Business \_\_\_\_\_

Cellular \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
City Province Postal Code

5. E-Z TERM COVERAGE DETAILS
------------------------------

Maximum Available Face Amount:	Issues Ages	18-40 \$250,000	Face Amount Applied for: \$ _____
		41-50 \$200,000	Premium \$ _____
		51-60 \$150,000	Mode of Payment:
		61-65 \$100,000	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly PAC

6. ADDITIONAL INFORMATION
---------------------------

1. Have you used any substance or product containing tobacco, nicotine or marijuana within the past 12 months?  Yes  No

2. Will this insurance result in the termination or reduction in value of any existing insurance?  Yes  No

7. BUILD CHART	NOTE: Please refer to the following chart for your height and weight.
----------------	---

Is your weight greater than that shown for your height below?  Yes  No

Height		Weight	
Imperial	Metric (cm)	Imperial (lbs.)	Metric (kg)
4' 10"	145	150	68
4' 11"	148	155	70
5' 0"	150	161	73
5' 1"	153	166	75
5' 2"	155	173	79
5' 3"	158	179	81
5' 4"	160	184	84
5' 5"	163	189	86
5' 6"	165	195	89
5' 7"	168	200	91
5' 8"	170	206	94
5' 9"	173	213	97

Height		Weight	
Imperial	Metric (cm)	Imperial (lbs.)	Metric (kg)
5' 10"	175	218	99
5' 11"	178	224	102
6' 0"	180	230	105
6' 1"	183	238	108
6' 2"	185	244	111
6' 3"	188	251	114
6' 4"	190	258	117
6' 5"	193	264	120
6' 6"	195	271	123
6' 7"	198	279	127
6' 8"	200	285	130
6' 9"	203	293	133

**8. PERSONAL DECLARATION**

- 1) Has any application for insurance been rated, declined or modified in any way? .....  Yes  No
- 2) Have you had your driver's license suspended or been convicted of 3 or more moving violations in the past 3 years? .....  Yes  No
- 3) In the past 3 years have you engaged in aviation activity other than as a passenger, or other hazardous sports or activities or do you intend to do so in the future? .....  Yes  No
- 4) Other than for colds, flu or annual physical examinations, have you consulted your usual medical advisor within the past 6 months? .....  Yes  No
- 5) Have you ever had, or been told you had, or received treatment or advice for:
  - a) abnormal blood pressure, coronary artery disease, elevated cholesterol, chest pain, palpitations or any other disease or disorder of the heart, blood vessels or cardiovascular system? .....  Yes  No
  - b) epilepsy, seizures, brain disorder, stroke, transient ischemic attack (TIA), or any other disease or disorder of the nervous system? .....  Yes  No
  - c) anxiety, depression or any emotional, behavioural, mental or nervous disorder? .....  Yes  No
  - d) any disease or disorder of the stomach, intestines, liver or pancreas? .....  Yes  No
  - e) cancer, tumour or any other growth or malignancy? .....  Yes  No
  - f) diabetes; kidney, bladder or urinary disorder; prostate disorder; thyroid disorder; anemia, hepatitis or hepatitis-carrier state or any other blood or glandular disorder? .....  Yes  No
  - g) AIDS (Acquired Immune Deficiency Syndrome), positive HIV test, or any other immunological disorder? .....  Yes  No
- 6) Have you ever required hospitalization for any nose, throat, eyes, ears, lung or any other respiratory disorder? .....  Yes  No
- 7) Within the past 10 years have you used cocaine or other illegal drugs or received treatment or counseling for excess alcohol use or abuse or drug abuse? .....  Yes  No
- 8) Other than for minor ailments and surgery, have you in the past 5 years been under observation, had medical or surgical advice or treatment, had any abnormal medical test results or been hospitalized for any disease or disorder not mentioned above? .....  Yes  No
- 9) Have any of your first degree relatives (parents and siblings) had a history of heart disease, kidney disease, diabetes, cancer, stroke, Huntington's Chorea, or any hereditary disease prior to reaching their age 60? .....  Yes  No
- 10) Have you resided in Canada for less than 12 months? .....  Yes  No

**IF ANY OF THE ANSWERS IN SECTIONS 7 OR 8 ARE "YES," DO NOT PROCEED WITH COVERAGE**

**9. AUTHORIZATION**

Each undersigned agrees that: (a) the statements and answers contained in all Parts of the Application and any other evidence of insurability 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 each 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.

Each undersigned acknowledges receipt of a form describing the Medical Information Bureau (M.I.B.) AND AUTHORIZES M.I.B. to give the Insurer and its reinsurers any information in its files. Each undersigned authorizes any licensed physician, medical practitioner, hospital, clinic or medically related facility, insurance company or other organization, institution or person having records or knowledge of the health of any Proposed Life Insured to provide same to the insurer. A photographic copy of this authorization shall be as valid as the original.

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 a 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. 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.

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

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 write to us at: Unity Life of Canada, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8, Attn: Chief Privacy Officer.

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

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

\_\_\_\_\_  
Signature of Owner(s)

\_\_\_\_\_  
Witness to all signatures

**BROKER'S REPORT**

(Please print)

- 1. Are you related to the Proposed Life Insured?  Yes  No (If YES, please state relationship) \_\_\_\_\_
- 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) 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.

\_\_\_\_\_  
 Broker's Signature Broker's Name (Please print) Broker's Code

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

**APPLICATION FOR TEMPORARY INSURANCE**

(Do not detach)

To be answered by the Proposed Life Insured

- 1) Have you ever been treated for or had any indication of heart or blood vessel disease, diabetes, elevated blood pressure, chronic kidney, liver or lung disease? .....  Yes  No
- 2) To the best of your knowledge and belief, have you had any symptoms of or treatment for cancer, cysts or tumour within the last 4 years? .....  Yes  No
- 3) Have you had any symptoms of or treatment for any medical condition that resulted in hospitalization (other than normal childbirth) within the last 2 years? .....  Yes  No
- 4) Have you been absent from work for more than 7 days within the last 6 months because of sickness or injury? .....  Yes  No
- 5) Are you age 65 or over? .....  Yes  No
- 6) Has any application for insurance on your life ever been rated, declined or modified in any way? .....  Yes  No
- 7) Are you aware of any symptoms for which you have not yet sought treatment or for which treatment is planned or pending? .....  Yes  No

**THE TEMPORARY INSURANCE AGREEMENT WILL ONLY BE GIVEN IF ALL OF THE ABOVE QUESTIONS ARE ANSWERED "NO" AND WILL ONLY BE VALID AND ENFORCEABLE IF SUCH ANSWERS ARE TRUE.**

An applicant is only eligible to be considered for temporary insurance where the total amount of insurance under all plans being applied for from the Insurer is \$500,000 or less and the Proposed Life Insured is under the age of 65 years. When temporary insurance is available and the Insurer agrees to grant temporary insurance, the amount of such temporary insurance provided will be the amount applied for under the Plan shown on Section 5, but such temporary insurance shall not exceed the amount of \$500,000. This Application for Temporary Insurance may be completed only at the time of completion of the Life Insurance Application, and payment of at least 1/12 of the annual premium must be paid on that same date. If the Proposed Life Insured dies by an act of intentional self destruction Unity Life's liability is limited to a refund of the payment made.

**I agree to the terms and conditions of the Temporary Insurance Agreement set out on page 5.**

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

\_\_\_\_\_  
Signature of Owner (if other than Proposed Life Insured)

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

\_\_\_\_\_  
Witness to all signatures

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

NOTE: The modal premium quoted may change following underwriting review. 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:

Monthly Pre-Authorized Cheque (PAC) withdrawal

Cheque (payable to Unity Life)

Monthly Withdrawals under this PAC Agreement are:  Personal related

Business related

Withdrawal date requested (Check one):

1st

8th

15th

22nd

PAC bank account information to be taken from:  Attached VOID cheque

or  Banking information below (complete only if cheque NOT available):

Transit # (5 digits) \_\_\_\_\_ Bank # (3 digits) \_\_\_\_\_ Account # \_\_\_\_\_

Type of account:  Chequing

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 as though the payor made it personally;
- 3) Unity Life 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 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 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 at the address and phone number 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

**TEMPORARY INSURANCE AGREEMENT (TIA) AND RECEIPT** Detach and present to Owner if TIA has been completed

**TERMS, LIMITATIONS AND CONDITIONS**

**PREMIUM – NO COVERAGE** will take effect under this Agreement unless the advance payment is at least equal to one-twelfth of the total annual premium.

**DATE COVERAGE BEGINS**

Temporary Life Insurance under this Agreement will begin on the date of this Agreement but only if this Application has been completed on the same day.

**DATE COVERAGE TERMINATES – 90 DAY MAXIMUM**

Temporary Life Insurance under this Agreement will terminate automatically on the earliest of:

- a) 90 days from the date of this Agreement, or
- b) the date that insurance takes effect under the policy applied for, or
- c) the date a policy, other than applied for, is offered, or
- d) the date the Company mails notice of termination of coverage to the owner's mailing address designated in this Application.

The Company may terminate coverage at any time.

**SPECIAL LIMITATIONS**

- a) Whether the proposed insured is sane or insane, this Agreement does not provide benefits, for any disability insurance or suicide.
- b) There is no coverage under this agreement if the cheque submitted as payment is not honoured on presentation.
- c) No person has the authority to modify or waive any requirements or conditions of this agreement.

**AMOUNT OF COVERAGE - \$500,000 MAXIMUM FOR ALL APPLICATIONS AND AGREEMENTS**

If the Proposed Life Insured dies while this temporary insurance is in effect, the Company will pay, upon approval of a claim, to the designated beneficiary the lesser of (a) the amount of all death benefits applied for in the Application, including any accidental or supplemental death benefits if applicable, or (b) \$500,000. This total benefit limit applies to all insurance applied for under this and any other current applications to the Company and any other Temporary Life Insurance Agreement with the Company.

It is acknowledged that the sum of \$ \_\_\_\_\_ was paid with the Application for insurance when it was completed and signed.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Broker(s)

**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, 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 M.I.B. PRE-NOTICE**

Detach and present to Proposed Insured

Information regarding your insurability will be treated as confidential. We, or our reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life, disability or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction. The address of MIB's information office is: Medical Information Bureau, 330 University Avenue, Suite 501, Toronto, Ontario M5G 1R7. Telephone (416) 597-0590.

We, or our reinsurers, may also release information in your file to other life insurance companies to whom you may apply for life, disability or health insurance or to whom a claim for benefits may be submitted.

**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 rectified by submitting a written request to the following address:

**Vice President and Assistant Secretary  
Unity Life of Canada  
1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8  
(905) 219-8000 1-800-267-8777 Fax: (905) 219-8102 www.unitylife.ca**



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

**T (905) 219-8000  
1-800-267-8777  
F (905) 219-8102  
[www.unitylife.ca](http://www.unitylife.ca)**