

Group Policy Number **60253**

Refinance on Original Canada Life Certificate Number: _____

Interest Only Loan (Life Insurance Only)

Applicant Information			Life Insurance		Disability Insurance		Critical Illness Insurance Only available with Life Insurance		Initial here to waive all coverage.
	Name of Applicant	Date of Birth (mm/dd/yyyy)	Age	Premium	Initial to accept	Premium	Initial to accept	Premium	Initial to accept
1	Skyler Zanth	06/15/1988	31	\$43.28		\$29.69		\$57.71	
2	Natashia Michinski	03/21/1993	26	\$28.85		\$23.35		\$39.67	
Joint Premium				\$57.70				\$77.90	

This insurance is not available in the provinces of Québec and British Columbia.

- a) Premium per month includes PST
b) 20% discount applied to Life & Critical Illness premium amounts when there are two insured applicants.
c) Partial insurance coverage may be granted where Insured Mortgage Balance exceeds \$350,000. To inquire contact Canada Life at 1-800-380-4572.
d) If you are a smoker, the Life premium rate is 60% more than the non-smoker rate.
e) If you select only Disability Insurance, your monthly premium rate will be the rate shown in the table in the Certificate of Insurance, plus 20%.
f) Interest-only Mortgages may be covered for Life Insurance only, and only for up to 36 months.

Eligibility Requirements - You are eligible to apply for Life, Disability and Critical Illness Insurance:

- If you have or have entered into an agreement to obtain a mortgage with respect to a single family dwelling, duplex, triplex, quadruplex or condominium unit that is the security for the mortgage, and the Life Insurance benefit does not exceed the lesser of the principal amount insured shown on the Application or \$1,000,000; for Critical Illness the max is \$500,000 and;
- on the date that you sign this application, you are between 18 and 64 years of age, you are a resident of Canada, and if you are applying for Disability Insurance, you must be gainfully employed for a minimum of 20 hours per week and not currently receiving Worker's Compensation or disability benefits.
- Only the first 2 applicants may be insured with respect to a single Mortgage. Any additional applicants are not eligible.

Free Accidental Death coverage - From the date you apply for insurance by signing this Application for Insurance, you qualify for free Accidental Death Coverage as set out in the Plan Summary and Certificate of Insurance. This free coverage ends on the earlier of the date funds are advanced and the date your Application is declined.

Frequency of premium withdrawal:

Monthly

Mortgage Loan Duration (Interest-only coverage up to 36 months):

Mortgage Obligation	Mortgage Loan Amount:	\$333,944.00	Mortgage Payment Amount:	\$1,544.61 Monthly
Mortgage Application Number	Insured Mortgage Balance	Insured Monthly Mortgage Payment	Mortgage Funding Date (mm/dd/yyyy)	Mortgage Broker
01-0000-01791276	\$ 333,944.00	\$ 1,544.61	09/05/2019	Jean Lamarche

Requested Effective Date: I/we would like our insurance to start: ☐ As soon as my/our Application is approved ☐ On the Mortgage Funding Date above

Premium Collection Charge all insurance premium payments to:

In accordance with the PAD Agreement set out in the Plan Summary, I/We authorize Canada Life, and the financial institution designated to debit the total insurance premiums, in the frequency chosen by me, from my bank account, indicated on the attached "VOID" cheque. I/We understand my bank account will automatically be debited in the frequency chosen by me.

☐ Attach VOID cheque

Health Questions (Do not complete if you are waiving coverage)

	Applicant #1		Applicant #2	
	No	Yes	No	Yes
1. In the past 24 months, have you been tested for, received any treatment, medical advice, consultation, diagnosis, required follow-up for or had any known indication of: • problems relating to heart, circulation, high blood pressure, high cholesterol, stroke, cancer, tumor, leukemia, lupus, asthma or any other lung or respiratory condition • diabetes, hepatitis, liver or kidney disease, stomach or intestinal condition, multiple sclerosis or any other condition affecting the central nervous system, including paralysis • alcohol or substance abuse, depression or other mental, nervous or psychiatric condition, or have you ever tested positive for, or been diagnosed as having any HIV virus or any other associated disease including AIDS or any other immunological disease or condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 12 months, have you used tobacco and/or nicotine products by smoking cigarettes, e-cigarettes, cigarillos, pipe, cigars, hookah, vaping; used nicotine patches and/or gum; chewed tobacco; or used tobacco and/or nicotine in any other form? Please note that if you answer "Yes", you will be classified as a smoker. Smoker premium rates are 60% more on the Life coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applying for Disability Insurance, please also answer questions 3 and 4:				
3. In the past 24 months, have you received any treatment for, or consulted a physician or other health care provided for, or been diagnosed as having sprains, strains or other problems or conditions of the neck, back, shoulder, elbow or other joints, muscles, ligaments or tendons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently receiving or have you ever received disability or workers' compensation benefits for a period longer than one month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applying for Critical Illness Insurance, please also answer question 5:				
5. Have you or any of your immediate family members (mother, father, brothers or sisters) ever had cancer, a tumour, stroke, heart disease, heart attack or diabetes before the age of 60?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorization and Declarations

I understand that:

- The product applied for is optional group creditor insurance underwritten by Canada Life, distributed by Simplinsur. I confirm that I am under no obligation to purchase this insurance and that the distributor of this insurance is not a licensed insurance agent or salesperson except where required by law, and that I may wish to seek advice of a licensed insurance agent or salesperson in connection with this insurance. I understand that I may cancel this insurance at any time by notifying Canada Life in writing.
- I have received and read the Canada Life Plan Summary that describes the Plan and contains the Privacy Statement, and agree to the terms of the Pre-Authorized Debit (PAD) Agreement for the collection of premiums described therein.
- If the answer is "No" to the Health Questions above, and if the Initial Mortgage Balance plus the balance of any other existing Insured Mortgages under this Policy Number 60253 with Canada Life do not exceed \$500,000, provided the first Premium is paid when due, the Effective Date of Insurance is on the later of the Requested Effective Date or the date on which the Application for Insurance is approved. In all other cases, a representative of Canada Life or its administrator may contact me or may request a medical examination or tests such as a general blood profile which will be carried out at no expense to me, or other additional information (the "Medical Evidence"). After reviewing the Application and Medical Evidence, Canada Life may either approve or decline coverage and Canada Life will notify me accordingly. As long as the first Premium is paid when due, the Effective Date of Insurance will be the date of such approval or, if later, the Requested Effective Date. If the Requested Effective Date is not selected, the Requested Effective Date will be the Mortgage Funding Date.
- This Application may be transmitted to Canada Life as an original or electronic copy ("Submitted Application"), with a copy being as valid as the original, and the Submitted Application will form part of any contract of insurance issued. If I cancel my coverage, in writing, within 30 days of the mailing date of my Certificate of Insurance, coverage will be deemed never to have been in force and I will receive a full refund of any premium I have paid. I agree to be bound by the terms and conditions of the Policy and the Certificate of Insurance. I understand that coverage is subject to limitations and exclusions including a limitation for Pre-Existing Conditions. I understand that the Group Policyholder/Mortgage Broker receives remuneration for performing administrative duties in respect of the Policy.
- Concealment, misrepresentation or a false or incomplete declaration on the application or in any other communication with Canada Life or Simplinsur could cause my insurance to be void.
- The parties have requested that the application be in English/Les parties ont exigé que cette demande soit rédigée en anglais.
- I certify that all the information shown and all answers and statements made in this application and in any other communication with Canada Life or Simplinsur are accurate and complete. I acknowledge the need for this information and my authorization takes effect on the date this Application is signed. I may withdraw my authorization at any time; however, doing so may result in insurance coverage not being offered and/or claims not being paid.
- I hereby authorize Canada Life (only if I apply for the insurance), any healthcare or rehabilitation provider, other insurance or reinsurance companies, any person having knowledge of me or my health, and service providers working with Canada Life to exchange information; and Canada Life to exchange information with the creditor and Simplinsur, when relevant and necessary for the purposes of processing my application, administering any insurance extended hereunder, and assessing any claim.
- I understand that by initialing above, and by my signature below, I hereby apply for, or waive, the insurance under the Policy.

Applicant #1 Signature

Date (mm/dd/yyyy)

Applicant #2 Signature

Date (mm/dd/yyyy)

For Customer Service, please call 1-800-380-4572

Should there be any discrepancies between this Summary and the Certificate of Insurance, the Certificate of Insurance shall prevail.

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