ADULT–SHORT QUESTION SET

Policy number

- **Use this question set for a Life Insured, insurance age 18-50, applying for life insurance coverage that, together with inforce life insurance as described below, is equal to or less than $1,000,000 and/or Empire Life CI Protect coverage that is equal toor less than $75,000.**
- **The maximum amount of life insurance coverage that may be applied for using any version of the Adult-Short question set is $1,000,000. This amount includes any inforce coverage that was applied for with Empire Life using the Adult - Short question set.**

Example: Mary is approved for $500,000 of life insurance after completing the Adult–Short Question Set. If at any time before Mary attains age 50, she decides to apply for an additional $500,000 of life insurance coverage, she would be able to complete the Adult–Short Question Set again. However, if Mary decides to apply for an additional $600,000 of life insurance coverage, she would have to complete Adult-Full Question Set.

- The Owner(s) and Life Insured(s) complete this questionnaire, with help from a licensed insurance agent of their choosing (the "Advisor").
- This Adult-Short Question Set forms part of the application with the policy number noted above (the "Application") that has been submitted toEmpire Life.

Print clearly in black ink. Do not use a marker or pencil. Please ensure that boxes are clearly marked. Do not use ditto marks.

If you make an error, strike out and initial the error, then make the correction. Do not erase or use liquid paper.

Initial any additions made after signing the questionnaire. The application form is a legal document that forms part of the insurance contract, if one is issued and takes effect.

Reset Form

First name of Life Insured 1	Middle initial	Last name
Date of birth of Life Insured 1: d d - m m m - y y y y		
First name of Life Insured 1	Middle initial	Last name
Date of birth of Life Insured 1: d d - m m m - y y y y		

Name and address of the personal physician/nurse practitioner for Life Insured 1
Name and address of the personal physician/nurse practitioner for Life Insured 2

General Information	Life Insured 1	Life Insured 2
1. I understand I must answer all questions truthfully.	◯ yes	◯ yes
2. How tall are you? How much do you weigh?	_____ ◯ cm ◯ ft/in _____ ◯ kg ◯ lb	_____ ◯ cm ◯ ft/in _____ ◯ kg ◯ lb
3.a) When did you last use tobacco or nicotine products? **Note**: nicotine and tobacco includes use of cigarette, e-cigarette, cigarillo, cigar, pipe, chewing tobacco, nicotine patch or gum, betel nut, any other tobacco or nicotine products.	Last used: ◯ in the past 12 months ◯ more than 12 months ago ◯ no past usage	Last used: ◯ in the past 12 months ◯ more than 12 months ago ◯ no past usage
b) If nicotine or tobacco were used within the last 12 months please specify product and frequency/amount of usage.		
c) How many drinks of alcohol do you consume per week? **Note**: 1 drink of alcohol is considered to be 1 glass of wine, 1 beer or 1.5 oz of hard liquor.		

Health Information Part 1	Life Insured 1	Life Insured 2
If you answer "yes" to any questions asked in questions 4 to 15, please provide details in the Additional Details section on page 3. Please include date(s) of event(s), duration, treatment, diagnosis, if resolved or continuing, date(s) and result(s) of any testing (excluding genetic testing) and the names and address of all medical advisors and facilities.		
4. In the past 25 years have you had, or been told that you have, received treatment, or been followed for any disease, disorderor condition of:		
a) your heart? ◯ Heart attack ◯ Arrhythmia ◯ Coronary artery surgery ◯ Cardiomyopathy ◯ Heart murmur ◯ Any other disease or disorder of the heart	◯ yes ◯ no	◯ yes ◯ no

Empire Life

ADULT–SHORT QUESTION SET cont'd

Policy number

Health Information Part 1	Life Insured 1	Life Insured 2
If you answer "yes" to any questions asked in questions 4 to 15, please provide details in the Additional Details section on page 3. Please include date(s) of event(s), duration, treatment, diagnosis, if resolved or continuing, date(s) and result(s) of any testing (excluding genetic testing) and the names and address of all medical advisors and facilities.		
4. In the past 25 years have you had, or been told that you have, received treatment, or been followed for any disease, disorderor condition of:		
b) your head or brain? ◯ Stroke (CVA) ◯ Transient ischemic attack (TIA) ◯ Epilepsy or seizure ◯ Head injury or concussion ◯ Any other disease or disorder of the head or brain	◯ yes ◯ no	◯ yes ◯ no
c) your mental health? ◯ Anxiety or stress ◯ Depression ◯ Post-traumatic stress disorder (PTSD) ◯ Bipolar disorder ◯ Schizophrenia or psychosis ◯ Eating disorder ◯ Suicidal ideation or attempt ◯ Hospitalization for mental health	◯ yes ◯ no	◯ yes ◯ no
d) your breathing or lungs? ◯ Asthma ◯ Cystic fibrosis ◯ Sleep apnea ◯ Any other disease or disorder of the lungs or breathing	◯ yes ◯ no	◯ yes ◯ no
e) a cyst, tumour, any other growth, or cancer (other than basal cell carcinoma)? **Note**: This can include but is not limited to the following: lesions, fibroadenomas, lumps, masses, polyps, malignancy, etc.	◯ yes ◯ no	◯ yes ◯ no
f) diabetes, your blood sugar, blood pressure, cholesterol, blood clot or any other disorder of the blood or blood vessels (other than iron deficiency anemia)? **Note**: This can include but are not limited to: aneurysm, anemia not iron deficient, hemophilia, Factor V Leiden, etc.	◯ yes ◯ no	◯ yes ◯ no
g) your liver, kidney, bladder, bowel or digestive system? ◯ Hepatitis ◯ Ulcerative colitis ◯ Crohn's disease ◯ Any other disease or disorder of the liver, kidney, bladder, bowel, or digestive system	◯ yes ◯ no	◯ yes ◯ no
h) your muscles, nerves, joints, or any movement disorders (not including minor injuries or broken bones)? ◯ Arthritis ◯ Lupus ◯ Muscular dystrophy ◯ Multiple sclerosis ◯ Amyotrophic lateral sclerosis (ALS) ◯ Cerebral palsy ◯ Any other disease or disorder of the muscles, nerves, joints, or any movement disorders	◯ yes ◯ no	◯ yes ◯ no
i) Acquired Immunodeficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?	◯ yes ◯ no	◯ yes ◯ no

Health Information Part 2	Life Insured 1	Life Insured 2
5. In the past 2 years have you had chronic pain, chronic fatigue, fibromyalgia, paralysis, or an injury of the back, spine or neck?	◯ yes ◯ no	◯ yes ◯ no
6. In the past 5 years have you been admitted to hospital for more than 2 consecutive days (other than for childbirth)?	◯ yes ◯ no	◯ yes ◯ no
7. Have you been advised to have any clinical test, surgery, or treatment not yet completed, or are you awaiting the result of any clinical test (excluding any genetic test)?	◯ yes ◯ no	◯ yes ◯ no
8. a) Are you awaiting a referral to a specialist?	◯ yes ◯ no	◯ yes ◯ no
b) Are you aware of any symptoms for which you have not yet consulted a health care provider?	◯ yes ◯ no	◯ yes ◯ no

ADULT–SHORT QUESTION SET cont'd

Policy number

Habbits	Life Insured 1	Life Insured 2
9. In the past 2 years have you used any marijuana? **Note**: If yes, provide frequency of use (number of times per day/week/month).	◯ yes ◯ no	◯ yes ◯ no
10. In the past 5 years have you used cocaine, heroin, unprescribed opiates, ecstasy, amphetamines, hallucinogens, or any other drug not prescribed to you, other than over the counter medication?	◯ yes ◯ no	◯ yes ◯ no
11. Have you ever had, sought, or been advised to seek treatment or counselling for alcohol or drug use and/or have you been admitted to any facility because of alcohol or drug use?	◯ yes ◯ no	◯ yes ◯ no

Family History Information	Life Insured 1	Life Insured 2
12. Have any of your biological mother, father, sister(s) or brother(s) been diagnosed before their 60th birthday with cancer, heart attack, coronary artery disease, stroke, cardiomyopathy, diabetes, polycystic kidney disease, Huntington's disease, or Parkinson's disease? **If you answer "yes" to this question, provide details below, but do not provide any genetic test information.**	◯ yes ◯ no ◯ unknown	◯ yes ◯ no ◯ unknown

Related to: ◯ Life Insured 1 ◯ Life Insured 2

Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death

Related to: ◯ Life Insured 1 ◯ Life Insured 2

Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death

Related to: ◯ Life Insured 1 ◯ Life Insured 2

Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death

Personal History Information	Life Insured 1	Life Insured 2
13. In the past 3 years have you:		
a) had more than 3 driving infractions, had your driver's license suspended, and/or been charged with driving while impaired?	◯ yes ◯ no	◯ yes ◯ no
b) flown as a private pilot, student pilot or crew member, or have you engaged in SCUBA diving, sky diving, hang gliding, motor vehicle racing, mountain climbing, heli-skiing, back country skiing, or extreme sports?	◯ yes ◯ no	◯ yes ◯ no
14. Have you ever been charged with any criminal offense, or are there any charges pending?	◯ yes ◯ no	◯ yes ◯ no
15. a) Will you be travelling outside of Canada in the next 12 months? Please provide details of dates, duration, and countries below.	◯ yes ◯ no	◯ yes ◯ no
b) Will you be changing your country of residency in the next 12 months?	◯ yes ◯ no	◯ yes ◯ no

Additional Details

Use this section to provide details of questions 3 to 11, including date(s) of event(s), duration, treatment, diagnosis, if resolved or continuing, date(s) and result(s) of any testing (excluding genetic testing) and the names and address of all medical advisors and facilities.

Question	Life Insured	Details

ADULT–SHORT QUESTION SET cont'd

Policy number

Declaration, Acknowledgement, Agreement and Consent

By signing below, I declare and acknowledge that:

- I have understood the questions asked above and I was present when the answers and statements were recorded on this questionnaire;
- I provided all answers and statements about me in response to the questions in this questionnaire and have reviewed the answers and statements recorded on this questionnaire and confirm them to be complete and true, to the best of my knowledge and belief, as of the date I signed below and may be relied on by Empire Life; and
- In the event that any answers or statements recorded in this questionnaire contain a misrepresentation or non-disclosure of a fact material to the insurance being applied for, Empire Life may void any contract issued based on my application.

I understand and agree that:

- the terms of the Authorization to Release Information contained in the Application apply to the personal information recorded in this questionnaire, including without limitation, that I consent to Empire Life and the other parties referred to in the Important Consumer Information, collecting, using and disclosing my personal information for the purposes set out in that notice; and
- this questionnaire, including all answers and statements recorded in it, will form part of the Application.

A photocopy of this authorization Declaration, Acknowledgement, Agreement and Consent shall be as valid as the original.

Signature of Life Insured 1 **X**	
First name of Life Insured 1	Last name
Signature of Life Insured 2 **X**	
First name of Life Insured 2	Last name
Signature of Owner (if not a Life Insured) **X**	
First name of Owner	Last name
Signed at (city and province)	Date d d - m m m - y y y y

D-0061-EN-04/24