



Supplement to the Application for life insurance (foreign residence/travel)

London Life Insurance Company - Head Office, 255 Dufferin Avenue, London, Ontario, Canada N6A 4K1
London Life Insurance Company - Québec Administrative Centre, 2001 University Street, Montréal, Québec H3A 1T9

Life to be insured:

Danny Kunpeng Liu

Application number:

75050680-1

1. Provide details of travel outside of Canada, The United States and Bermuda, including holidays and business trips.

Details of personal travel	Date(s)	Reason	City, Country, Region	Duration
within the past two years	2014. 2015	Shenzhen, China Shenzhen, China	Visiting Family Visiting Family	2 days 3 days
future intentions – within the next 12 months Provide dates, if known; otherwise indicate frequency.				
Details of business travel	Date(s)	Reason	City, Country, Region	Duration
within the past 2 years				
future intentions – within the next 12 months Provide dates, if known; otherwise indicate frequency.				

2. Provide a brief description of your duties or activities while travelling or residing abroad.

Visiting Family

3. Do you expect to visit non-urban areas?

☐ Yes ☒ No

If "Yes", provide details of:

- a) Location: _____
- b) Type of accommodation: ☐ Hotel ☐ Private home ☐ Other _____
- c) Availability, and type, of medical facilities: _____
- d) Travel arrangements (eg light aircraft, boat, etc.): _____

This supplement is submitted to London Life in connection with, and forms part of, the application for life insurance. I declare that the information provided above is, to the best of my knowledge, complete and true. Misrepresentation of any information may permit London Life to declare the contract void.

Signed at Toronto ON on 10 Jan 2016
City Province Day Month Year

Witness Xiaoda Wang

X
Signature of Life to be insured



Authorization



Application/policy number: 75050630-1

Name of proposed insured (print):

Danny Kunpeng Lin
First name Middle name Last name

For us to process the application under which you are a proposed insured, manage your relationship with us (including any policy resulting from the application), respond to claims, and for any purpose directly related to any of those preceding, you authorize any healthcare provider, medical practitioner, hospital or medically related facility, insurance company, MIB, Inc., motor vehicle department or any other organization or person that has information about you or your health to give that information to London Life Insurance Company and its reinsurers (we/us).

You understand why we've asked for your authorization, that we've asked for it in accordance with applicable laws, and the benefits and risks of giving (or not giving, or withdrawing) your authorization.

Your authorization will take effect on the date you sign this form and will remain in effect as long as we require it, which may continue past your death (for example, in responding to a claim). At any time, you may withdraw your authorization, by telling us in writing, as long as there are no legal reasons preventing your withdrawal.

You agree this form is a part of the application to London Life Insurance Company. If, using the same application form, application is also being made to The Great-West Life Assurance Company, you also agree this form is part of the application to that company, and you understand "we" and "us", as used in this form, also refers to that company. To refer to either application, use the application number or policy number above.

You acknowledge having read, understood and agreed with the contents of the *Notice regarding your personal information and Agreements and signatures* sections in the application form.

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

Date: 10 Jan 2016
(dd/mm/yyyy)

X

Signature of proposed insured

(or, if the proposed insured is a minor child, of a parent or legal guardian (tutor in Quebec) authorizing on behalf of that child)

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