

Contact Sheets  
- To Do's & Action Accelerator

Correspondence

Models  
- Intro Questions & Questionnaire

Moves

Policies with Corresponding Quotes

Policy Statements

Policy Service

Contact : Mr. Marc Bailey

July 26, 2007 @ 12:30  
Meeting at QFS

Directions: Hwy 7 to Weston Rd, south on  
Weston Rd.

Home Address: 215 Park Avenue  
Holland Landing, ON  
L9N 1J7

Title: Owner

Home Directions:

Company: Whitney-Bailey Associates Inc.

Home Phone: 905-853-7251

530 Rowntree Dairy Road  
Unit #3  
Woodbridge, ON  
L4L 8H2

Home Fax: 905-853-5802

Phone: 905-851-0616 x: 223

Cottage Phone:

Alt Phone: x:

Chalet Phone:

Fax:

Birthday: 1/23/1968

Cell Phone: 416-984-7251

SIN: 485 451 405

E-mail: mbailey@whitney-bailey.com

Style: ?

Assistant:

Smoker: No

Assistant Phone: x:

Anniversary:

Asst. E-mail:

Children:

ID>Status: SHAREHOLDER

Erin Whitney 8/11/1998 528-965-734  
Charles William 10/2/2000 534-746-912

Service Level: B

Income:  
Spouses Inc:

Sold to Date:

Lawyer: Gwen Benjamin

Insurance: Yes

Accountant: Bill Trotter

Investments: Yes

Mortgage:  
Mortgage Date:

CI: No  
DI: Yes  
Wills:

Notes:

- Take off ~~decision~~ is supply or exclusion
- Life Ins option for anxiety to two year.
- your holiday
- reliable refund.
- reduce 500K. \* your holiday
- ~~RCA~~ does liability.

1,600,000

- 785,607

\* 800,000

800000

Tax      384,000  
          416,000

825

585

24 def.

834,701

629,000

205,701

~~830  
175  
85~~

\* 530  
(200)

834,000

629,000

Contact : **Mr. Marc Bailey**

April 17, 2007 @ 11:30

His office

Directions: Hwy 7 to Weston Rd, south on  
Weston Rd.

Home Address: 215 Park Avenue  
Holland Landing, ON  
L9N 1J7

Title: Owner

Home Directions:

Company: Whitney-Bailey Associates Inc.

Home Phone: 905-853-7251  
Home Fax: 905-853-5802

530 Rowntree Dairy Road  
Unit #3  
Woodbridge, ON  
L4L 8H2

Cottage Phone:

Phone: 905-851-0616 x: 223

Chalet Phone:

Alt Phone: x:

Birthday: 1/23/1968  
SIN: 485 451 405  
Style: ?  
Smoker: No

Fax:

Spouse: Nancy Bailey  
Spouse Birthday: 12/19/1967  
Spouse SIN: 473 427 714  
Spouse Style:  
Spouse Smoker:

Cell Phone: 416-984-7251

E-mail: mbailey@whitney-bailey.com

Assistant:

Assistant Phone: x:

Anniversary:

Asst. E-mail:

Children:

ID>Status: SHAREHOLDER

Erin Whitney 8/11/1998 528-965-734  
Charles William 10/2/2000 534-746-912

Service Level: B

Income:  
Spouses Inc:

Sold to Date:

Lawyer: Gwen Benjamin

Insurance: Yes

Accountant: Bill Trotter

Investments: Yes

Mortgage:  
Mortgage Date:

Cl: No  
Dl: Yes  
Wills:

Notes:

- Test #. V. move. → 66 to 518  
by Int. → replace
  - Test. G.G. & P.Q. with unions  
new #
  - send just on chst.
  - clean up. 85, 6.
- 

IDENTIFY TOTAL DEPOSITS FOR BOTH MARC + NANCY  
WORKSHEET

PROFITS FROM OPEN MONEY PAYS  
FROM INSURANCE

HEET 1

G6 PROJECT FOR 20 YRS

SHEET 2

G6 FUNDS INSURANCE FOR 20

Contact :

**Mr. Marc Bailey**

April 10, 2007 @ 3:30

Phone meeting - review

Directions: Hwy 7 to Weston Rd, south on Weston Rd.

Home Address: 215 Park Avenue Holland Landing, ON L9N 1J7

Title: Owner

Home Directions:

Company: Whitney-Bailey Associates Inc.

Home Phone: 905-853-7251

530 Rowntree Dairy Road  
Unit #3  
Woodbridge, ON  
L4L 8H2

Home Fax: 905-853-5802

Phone: 905-851-0616 x: 223

Cottage Phone:

Alt Phone: x:

Chalet Phone:

Fax:

Birthday: 1/23/1968

Cell Phone: 416-984-7251

SIN: 485 451 405

E-mail: mbailey@whitney-bailey.com

Style: ?

Assistant:

Smoker: No

Assistant Phone: x:

Spouse: Nancy Bailey

Asst. E-mail:

Spouse Birthday: 12/19/1967

ID&gt;Status: SHAREHOLDER

Spouse SIN: 473 427 714

Service Level: B

Spouse Style: Spouse Smoker:

Income:  
Spouses Inc:

Anniversary:

Lawyer: Gwen Benjamin

Children:

Accountant: Bill Trotter

Erin Whitney  
Charles William8/11/1998  
10/2/2000528-965-734  
534-746-912Mortgage:  
Mortgage Date:

Sold to Date:

Notes:

Insurance: Yes

Investments: Yes

CI: No

DI: Yes

Wills:

Cover several  
 bail C's.

New accountant. Argon. Santnelly

loan \$70. pay R.C.A to B.E.  
\$74,701 → involves in mutual fund.  
10K  receivable at B.E. over  
mutual fund. 10K interest

Hold. 147<sup>4</sup>  $\rightarrow$  30% B.E.  
↓ ↑ \$1,80K. annual. → will pay interest  
on loan.  
W.B.A

---

120 - 185 Read again on next B.E.

next meeting  
11:30 18th  
Notes touch on

C/ review with me. notes made to P.S.C.

1 - personal and Bus.

C/ get up dates from Peter - Most Monies on Bailey  
RESP - RR<sup>50</sup> - open & in Bailey Engineering

C/ do up copy ledger

# Contact Report

02/20/2006

Contact : Mr. Marc Bailey

Feb. 22, 2006 @ 9 am

Meeting here with Marc & Nancy

**Directions:** Hwy 7 to Weston Rd, south on Weston Rd.

**Title:** Owner

**Company:** Whitney-Bailey Associates Inc.

530 Rowntree Dairy Road  
Unit #3  
Woodbridge, ON  
L4L 8H2

**Phone:** [1] 905-851-0616 x: 223

**Alt Phone:**

**Fax:**

**Cell Phone:** [1] 416-984-7251

**E-mail:** mbailey@whitney-bailey.com

**Assistant:**

**Assistant Phone:**

**Asst. E-mail:**

**ID/Status:** Active Client

**Service Level:** Platinum

**Income:  
Spouses Inc:**

**Lawyer:** Gwen Benjamin

**Accountant:** Bill Trotter

**Mortgage:  
Mortgage Date:**

**Home Address:** 215 Park Avenue  
Holland Landing, ON  
L9N 1J7

**Home Directions:**

**Home Phone:** [1] 905-853-7251

**Home Fax:** [1] 905-853-5802

**Cottage Phone:**

**Chalet Phone:**

**Birthday:** 23-Jan-68  
**SIN:** 485 451 405  
**Style:** ?  
**Smoker:** No

**Spouse:** Nancy Bailey  
**Spouse Birthday:** 19-Dec-67  
**Spouse SIN:** 473 427 714  
**Spouse Style:**  
**Spouse Smoker:**

**Anniversary:**

**Children:**

Erin Whitney	11-Aug-98	528-965-734
Charles William	02-Oct-00	534-746-912

**Sold to Date:**

**Insurance:** No

**Investments:** No

**CI:** No  
**DI:** Yes  
**Willis:**

**Notes:**

Top Turn 1 m.

722.28, 3,709.80, 8891.16

---

Going to make

Mark: 8749 2° \$ 600. 3 \$ 1,360.  
7495  $\frac{20}{40}$  685 } \$ 400. J.A.  
" " fd.  
 $\frac{12}{28} \rightarrow$

15.

---

- Look at paying Ins. annually.

Contact : **Mr. C. Marc Bailey**

Thursday April 7 @ 8:30am

Review new Present Plan, here

Title:	Owner	Home Address:	215 Park Avenue Holland Landing, ON L9N 1J7
Company:	Whitney-Bailey Associates Inc.  530 Rowntree Dairy Road Unit #3 Woodbridge, ON L4L 8H2	Home Phone:	905-853-7251
Phone:	905-851-0616 x: 223	Home Fax:	905-853-5802
Alt Phone:		Cottage Phone:	
Fax:		Chalet Phone:	
Cell Phone:	416-984-7251	Birthday:	1/23/1968
E-mail:	mbailey@whitney-bailey.com	SIN:	485 451 405
Assistant:		Style:	?
Assistant Phone:		Smoker:	No
1st E-mail:		Spouse:	Nancy Bailey
ID/Status:	Active Client	Spouse Birthday:	12/19/1967
Service Level:	Platinum	Spouse SIN:	473 427 714
Income:		Spouse Style:	
Spouses Inc:		Spouse Smoker:	
Lawyer:	Gwen Benjamin	Anniversary:	
Accountant:	Bill Trotter	Children:	
Mortgage:		Erin Whitney	8/11/1998
Mortgage Date:		Charles William	10/2/2000
			528-965-734
			534-746-912
		<u>Sold to Date:</u>	
		Insurance:	No
		Investments:	No
		CI:	No
		DI:	Yes
		Wills:	

---

Notes:

**Name:** Mr. C. Marc Bailey

**Meeting Date:** Thursday April 7, 2005

**Time:** 8:30am

---

**Topics Discussed:**

- |                               |                          |                               |                          |
|-------------------------------|--------------------------|-------------------------------|--------------------------|
| - PS&G Model                  | <input type="checkbox"/> | - Business PS&G               | <input type="checkbox"/> |
| - Questionnaire               | <input type="checkbox"/> | - Planning Worksheet          | <input type="checkbox"/> |
| - D.O.S.                      | <input type="checkbox"/> | - Cash Flow Management        | <input type="checkbox"/> |
| - Dream List                  | <input type="checkbox"/> | - Family Security Calculator  | <input type="checkbox"/> |
| - Wealth Coordination Account | <input type="checkbox"/> | - Protection Internal Design  | <input type="checkbox"/> |
| - Accordion File              | <input type="checkbox"/> | - Personal Estate Engineering | <input type="checkbox"/> |

**Time**

Estimate on time frame to collect necessary information \_\_\_\_\_

Estimate on client expectation of timeline of process \_\_\_\_\_

**Referrals**

How many referrals do you THINK you would be able to provide? \_\_\_\_\_

**Cost**

Discuss 'Ground Rules' of Fees

---

**Notes:**

Bill Trotter.      <sup>500 hr</sup>      west beaver creek.  
west wilmett.  
905-764-2555

✓ J. P. Barron.      he is in with us.  
he runs a hedge account.  
# 905 668 8959.  
place for his # phone

E amking a new present plan  
you suggested me on Curr & Clark  
to the no annual Beneficial - PAC to Annual

Contact : Mr. C. Marc Bailey

Tuesday March 22 @ 8:30am

Review Present Plan, here

Title:	Owner	Home Address:	215 Park Avenue Holland Landing, ON L9N 1J7
Company:	Whitney-Bailey Associates Inc.  530 Rowntree Dairy Road Unit #3 Woodbridge, ON L4L 8H2	Home Phone:	905-853-7251
		Home Fax:	905-853-5802
Phone:	905-851-0616 x: 223	Cottage Phone:	
Alt Phone:		Chalet Phone:	
Fax:		Birthday:	1/23/1968
Cell Phone:	416-984-7251	SIN:	485 451 405
E-mail:	mbailey@whitney-bailey.com	Style:	?
Assistant:		Smoker:	No
Assistant Phone:		Spouse:	Nancy Bailey
Alt E-mail:		Spouse Birthday:	12/19/1967
ID/Status:	Active Client	Spouse SIN:	473 427 714
Service Level:	Platinum	Spouse Style:	
Income:		Spouse Smoker:	
Spouses Inc:		Anniversary:	
Lawyer:	Gwen Benjamin	Children:	
Accountant:	Bill Trotter	Erin Whitney	8/11/1998
Mortgage:		Charles William	10/2/2000
Mortgage Date:		528-965-734	534-746-912
Lawyer:	Gwen Benjamin	Sold to Date:	
Accountant:	Bill Trotter	Insurance:	No
Mortgage:		Investments:	No
Mortgage Date:		CI:	No
		DI:	Yes
		Wills:	

Notes:

**Name:** Marc & Nancy Bailey

**Meeting Date:** Tuesday March 22, 2005

**Time:** 8:30am

---

**Topics Discussed:**

- |                               |                          |                               |                          |
|-------------------------------|--------------------------|-------------------------------|--------------------------|
| - PS&G Model                  | <input type="checkbox"/> | - Business PS&G               | <input type="checkbox"/> |
| - Questionnaire               | <input type="checkbox"/> | - Planning Worksheet          | <input type="checkbox"/> |
| - D.O.S.                      | <input type="checkbox"/> | - Cash Flow Management        | <input type="checkbox"/> |
| - Dream List                  | <input type="checkbox"/> | - Family Security Calculator  | <input type="checkbox"/> |
| - Wealth Coordination Account | <input type="checkbox"/> | - Protection Internal Design  | <input type="checkbox"/> |
| - Accordion File              | <input type="checkbox"/> | - Personal Estate Engineering | <input type="checkbox"/> |

**Time**

Estimate on time frame to collect necessary information \_\_\_\_\_

Estimate on client expectation of timeline of process \_\_\_\_\_

**Referrals**

How many referrals do you THINK you would be able to provide? \_\_\_\_\_

**Cost**

Discuss 'Ground Rules' of Fees

---

**Notes:**

- reviewed new structure since old partner now gone.
- gravel pit did not pan out, hope to get capital back.
- should look at restructuring ownership of life insurance.
- should review B & S., meet C.A.  
& tax returns.

Contact : **Mr. C. Marc Bailey**

Thursday June 24 @ 11:00am

Policy Delivery/Celebration, here

Title: Owner

Company: Whitney-Bailey Associates Inc.  
530 Rountree Dairy Road  
Unit #3  
Woodbridge, ON L4L 8H2

Directions: Hwy 7 to Weston Rd, south on  
Weston Rd. turn right

Phone: 905-851-0616 x:223

Alt Phone:

Pager:

Fax:

Cell Phone: 416-984-7251

E-mail: mbailey@whitney-bailey.com

Web Site: none

Assistant:

Phone:

Asst. E-mail:

Other Contacts:

Accountant: Bill Trotter

Lawyer: Gwen Benjamin

ID>Status: Active Client

Client Rep: John

Service Level: Platinum

SIN: 485 451 405

Smoker: No

Home Address: 215 Park Avenue  
Holland Landing, ON  
L9N 1J7

Home Phone: 905-853-7251

Home Fax: 905-853-5802

Cottage Phone:

Chalet Phone:

Birthday: 1968-01-23

Anniversary:

Mortgage:

Mortgage Date:

Wills:

Income:

Spouses Inc:

Style: ?

Spouse Style:

Clubs:

Spouse: Nancy Bailey

Spouse B-day: 1967-12-19

Spouse SIN: 473 427 714

Spouse Smoker:

Children:

Erin Whitney: 1998-08-11 528-965-734  
Charles William: 2000-10-02 534-746-912  
:

Sold to date:

Insurance: No

Investments: No

CI: No

DI: Yes

Will:

Newsletter:

Birthday Card: Yes

Xmas Card: Yes

Other:

**Name:** Marc & Nancy Bailey

**Meeting Date:** Thursday June 24, 2004

**Time:** 11:00am

---

**Topics Discussed:**

- Accordion File
- PS&G Model
- Questionnaire
- Planning Worksheet
- Cash Flow Management
- Family Security Calculator
- Protection Internal Design
- Personal Estate Engineering
- Business PS&G
- Wealth Coordination Account
- D.O.S.
- Wish List

**Notes:**

- \* Create additional \$

If we do scenarios  
completed

**Other Comments:**

Contact : **Mr. C. Marc Bailey**

Friday April 16 @ 8:30am

**Policy Delivery Requirements, here**

**Title:** Owner  
**Company:** Whitney-Bailey Associates Inc.  
530 Rowntree Dairy Road  
Unit #3  
Woodbridge, ON L4L 8H2  
**Directions:** Hwy 7 to Weston Rd, south on  
Weston Rd. turn right  
**Phone:** 905-851-0616 x:223  
**Alt Phone:**  
**Pager:**  
**Fax:**  
**Cell Phone:** 416-984-7251  
**E-mail:** mbailey@whitney-bailey.com  
**Web Site:** none  
**Assistant:**  
**Phone:**  
**Asst. E-mail:**  
**Other Contacts:**  
**Accountant:** Bill Trotter  
**Lawyer:** Gwen Benjamin  
**ID>Status:** Active Client  
**Client Rep:** John  
**Service Level:** Platinum  
**SIN:** 485 451 405  
**Smoker:** No

**Home Address:** 215 Park Avenue  
Holland Landing, ON  
L9N 1J7  
**Home Phone:** 905-853-7251  
**Home Fax:** 905-853-5802  
**Cottage Phone:**  
**Chalet Phone:**  
**Birthday:** 1968-01-23  
**Anniversary:**  
**Mortgage:**  
**Mortgage Date:**  
**Wills:**  
**Income:**  
**Spouses Inc:**  
**Style:** ?  
**Spouse Style:**  
**Clubs:**  
**Spouse:** Nancy Bailey  
**Spouse B-day:** 1967-12-19  
**Spouse SIN:** 473 427 714  
**Spouse Smoker:**  
**Children:**  
Erin Whitney: 1998-08-11 528-965-734  
Charles William: 2000-10-02 534-746-912  
:  
**Sold to date:**  
**Insurance:** No  
**Investments:** No  
**CI:** No  
**DI:** Yes  
**Will:**  
**Newsletter:**  
**Birthday Card:** Yes  
**Xmas Card:** Yes  
**Other:**

- n. look for projection work sheets.
- J.A. re do "
- update. 85, 6
- new projection on 85, 6 to age 50.

Date: June 24, 2004

Name: Marc & Nancy Bailey

TO DO

- 1. talk to brother re: another type of corporate protection
- 2. personal line of credit
- 3. umbrella insurance - policy not valuable
- 4. wills - guardianship  
- corporate wills (co-plaintiffs)
- 5. notes to kids
- 6. video house contents - don't CD in safety deposit box.
- ✓ 7. increase deductible
- 8.
- 9.
- 10.

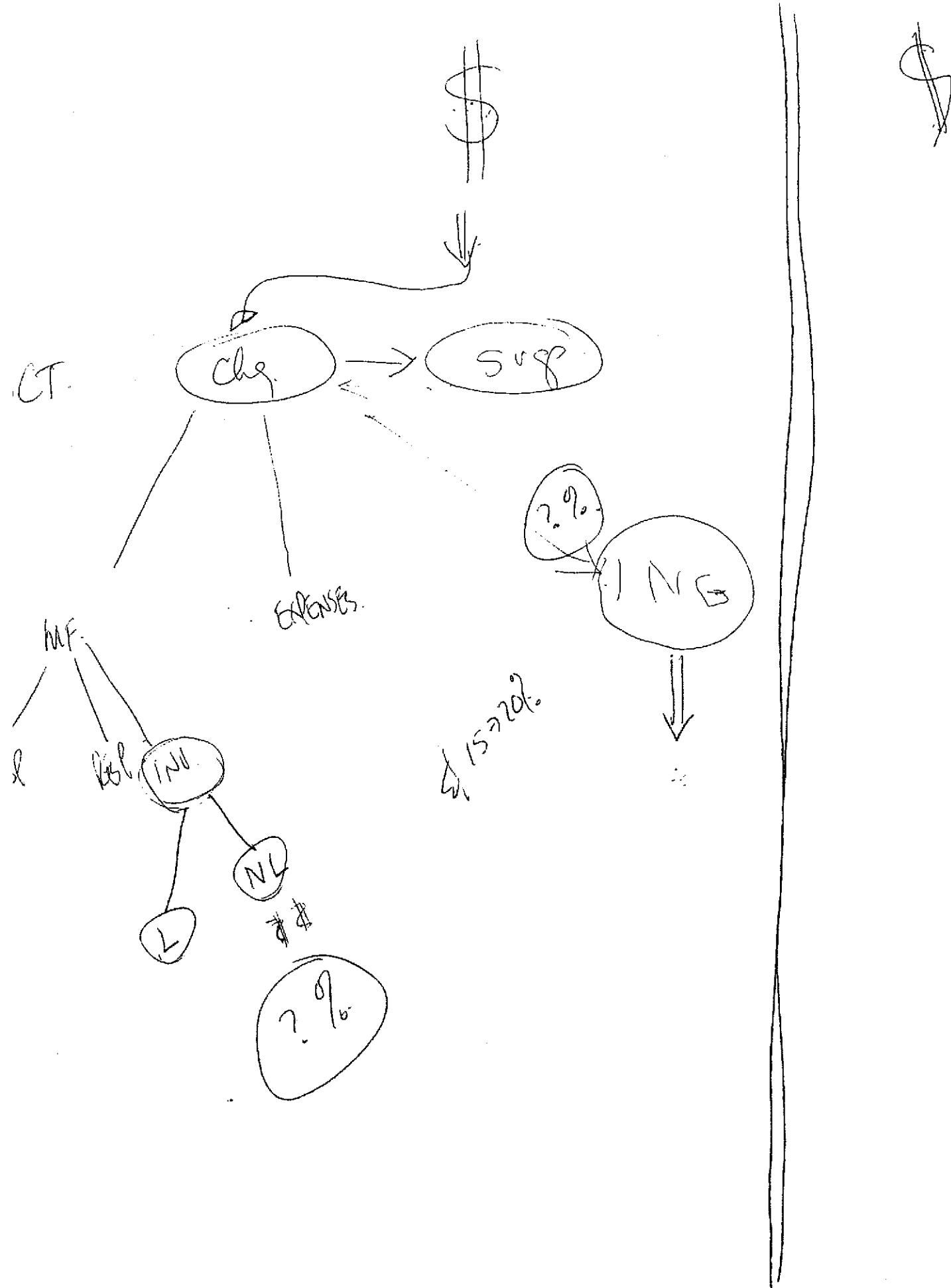
Ins. for car & home not the same.

Name: Marc & Nancy Bailey

7 NOV 03

**TO DO**

1. Talk to Father re how to create another layer  
protectively. ⇒ meet w Father individually?
2. John to find a local lawyer to act on man's  
behalf for SVA exit strategy and critique SVA.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.



Weston Park 15 Oct 03

## Boat Insurance

## Investors Breakdown

Car insurance - \$1,000

House insurance -

Umbrella policy 3.5M

Willis - 18 kids

Final notes to kids

RRSP - Nancy + Nancy's Spouse

## Group Plan

- expenses dropped and no ortho company coverage review

- min plan for executives

read wills

medicals done

Oct 29 8:30 John

## Wills

- 1 share / 1 share
- guardian
- leave to kids
- trustee - give complete discretionary decisions
  - preservation of capital

## Boat Insurance

- replacement value?
- salvage?

Video house + boat. cd in safety deposit

Memo - depression reasons.

Mar/22/05

GSS - Pres.  
CMB - VP & Sec  
RS - Treasurer

2.5 m  
WBA  
YE: 30 June  
ALCIT  
STRUCT ENG.  
CORP.  
(Op. CO.)

1.5 m  
right  
100 Common.  
5000 Class A Special.

GSS - Pres.  
CMB - VP & Sec  
R.S. - Treasurer

1474117  
ONT INC.  
YE: 30 APR

Total Shares 210,000

Special Income  
, 20K

61 C.

~~700K~~

recently

100% Mop (60%)

550K used  
JESSIC  
HOLDINGS  
INC.  
YE: 30 Sept

BALLEY  
ENGINEERING  
INC.  
YE: 31 Oct.

SANCTEA  
DESIGN  
LTD.  
YE: 01 Nov

1525367  
ONTARIO  
INC.  
31 MARCH.

GSS - Pres.  
MSS - Sec.

CMB - Pres.  
- Sec.

Rd - Pres.  
Raia - Sec.

GSS - Pres.  
- Sec.

GSS - 1000 Special  
- 50 A Common

MSS - 50 A Common

CMB 1000

B Special

NMS 5

A Common

CMB 5

A Common.

Rd - 50 A Common R.S. - Tres.

CMB - VP.

- 1000 B Special

Raia - 50 A Common GSS F. Trust

40 Common

CMB F. Trust

30 Common

R.S. F. Trust

30 Common.

All done only

600K

1564957  
ONTARIO  
INC.  
29 Feb YE.

GSS - Pres. - 100 Common  
CMB - VP. - 100 Common  
RS - Sec. - 100 Common.

(LAND WORD CO.)

Organized by More > Many @ 497a Bay

Next 1.5 yrs pay off liabilities showing on next 2 pages

## RCA's

① GSS \* 2,007,419.34

② CMB \* 1,589,403.14

③ RS \* 1,091,903.54

④ Due to error in calculations

~~RS owes GSS~~ \* 83,056.56 ~~and~~

CMB owes GSS \* 83,056.56

subject to interest @ 7% starting @ 01 Oct 04.

Mars' reasons will come from LCA 120K

## OBIGATIONS MADE DURING CREATION OF RCA'S.

1. 156 4957 Out Inc (Landlord) owes. GSS RCA TRUST.  
\$ 288,611.66 effective 01 Oct 04 @ 7%  
- GSA } registered against 530 Rowntree Dairy Rd #3  
PPSA }
2. 1474117 Ontario Inc (HoldCo.) owes GSS RCA TRUST.  
\$ 100,000.00 effective 01 Oct 04 @ 7%  
- GSA } registered against assets of 1474117 Out. Inc  
PPSA }
3. Bailey Engineering Inc owes CMB RCA TRUST.  
\$ 794,701.57 effective 01 Oct 04 @ 7%  
- GSA } registered against assets of Bailey Engineering Inc.  
PPSA }
4. 156 4957 Ontario Inc (Landlord) owes RS RCA TRUST.  
\$ 288,611.66 effective 01 Oct 04 @ 7%  
- GSA } registered against 530 Rowntree Dairy Rd #3.  
PPSA }
5. 1474117 Ontario Inc (HoldCo.) owes RS RCA TRUST.  
\$ 100,000.00 effective 01 Oct 04 @ 7%  
- GSA } registered against assets of 1474117 Out. Inc.  
PPSA }
6. Items 2 & 5 have Peri Passu Agreement (equal  
priority of securities).

Colin

**From:** "Eryn Beintema" <eryn@ardillfinancial.com>  
**To:** "Colin Ardill" <colin@ardillfinancial.com>  
**Sent:** Friday, January 06, 2006 1:25 PM  
**Subject:** Fw: QUEST: ORDER #1839227 - CLIENT: Bailey, C.

Please print and put in file.

Thanks!

----- Original Message -----

**From:** <Helen\_McLeod@QU.ca>  
**To:** <eryn@ardillfinancial.com>  
**Sent:** Friday, January 06, 2006 1:18 PM  
**Subject:** QUEST: ORDER #1839227 - CLIENT: Bailey, C.

> ATTN: JOHN ARDILL  
>  
> PLEASE BE ADVISED THAT YOUR REQUEST FOR SERVICES CONDUCTED ON  
APPLICANT  
> Charles (Marc) Bailey WERE COMPLETED ON THURSDAY, JANUARY 05, 2006.  
>  
> THIS IS IN CONNECTION TO THE APPLICATION WITH MANULIFE FINANCIAL - LIVING  
BENEFITS DISABILITY ONLY.  
>  
> THE SERVICE(S) COMPLETED INCLUDE:  
> (175) HIV URINE  
> (523) MILEAGE SUPPLEMENTAL  
> (533) LABONE URINE KIT (Barcode: 0103717451)  
>  
> THANK YOU.  
>  
> <https://www.ourapp.com/quest/orderSummary.asp?OrderID=1560911&SubOrderID=1839227>

# QUEST

[order summary](#)[create order](#)[edit my profile](#)[help](#)[logout](#)[E-MAIL](#)[BACK](#)**ORDER#:** 1839227**ORDER DATE:** 21-Dec-2005 **BRANCH:** TORONTO EAST**USER:** JARDILL**Applicant Info**

<b>NAME:</b>	Bailey, Marc	<b>SEX:</b>	Male	<b>DOB:</b>	23-Jan-1968
<b>HOME:</b>	215 Park Ave. Holland Landing, ON, L9N 1J7 Ph: (905)853-7251	<b>BUSINESS:</b>			
<b>PRODUCT:</b>	Disability - Standard (except 'injury only' Healthflex and Buy-Sell Plus) Proguard, Venture Series - is age nearest Expense Comp,PensionGuard - is age last	<b>POLICY#:</b>	<b>AMOUNT:</b> \$4,000		

<b>SUBORDER#</b>	1839227	<b>APPOINTMENT</b>			
<b>STATUS</b>	ASSIGNED	DATE	TIME	CREATED	COMPLETED
Unassigned				21-Dec-2005	
( 175 ) HIV URINE					
( 523 ) MILEAGE SUPPLEMENTAL					
( 533 ) LABONE URINE KIT					

**Requirement URINE HIV (Health Care Professional requires blood with Hep Screen)****Comments** VIP Case**Customer Info**

<b>NAME:</b>	MANULIFE FINANCIAL - LIVING BENEFITS DISABILITY ONLY		
<b>CONTACT:</b>	LYNN BIDEN	<b>ADDRESS:</b>	2 QUEEN STREET EAST
	Ph: (519)747-7000		TORONTO, ON, M5W 4Z2
	x46277		
<b>LAB:</b>	LAB ONE		

**Agent Info****REQUESTED** Eryn**BY:**

**AGENT:** ARDILL, JOHN  
Ph: 905-713-3795  
Email: [eryn@ardillfinancial.com](mailto:eryn@ardillfinancial.com)

**AGENCY:** ARDILL FINANCIAL  
2 ORCHARD HEIGHTS BLVD.  
SUITE 27  
AURORA, ON, L4G 3W3  
Contact: ERYN  
Ph: (416)657-2057  
Fax: (905)841-0782

**Eryn Beintema**

---

**From:** "John Ardill" <john@ardillfinancial.com>  
**To:** "Marc Bailey, P.Eng." <mbailey@whitney-bailey.com>  
**Sent:** December 2, 2005 2:53 PM  
**Subject:** Re: Line of Credit

Marc,

Thanks for the information. Would you like to set up a time to discuss your disability coverage?

John

----- Original Message -----

From: "Marc Bailey, P.Eng." <mbailey@whitney-bailey.com>  
To: <john@ardillfinancial.com>  
Cc: "home" <fourbaileys@rogers.com>  
Sent: Monday, November 21, 2005 1:57 PM  
Subject: Line of Credit

> John,

>

> For your information, we have secured a line of credit with our house as  
> security in the amount of \$285k. Our house was appraised at approximately  
> \$380k. the terms of the line are interest only at prime.

> Regards,

>

> Marc Bailey, P.Eng.  
> Consulting Engineer  
> Whitney-Bailey Associates Inc.  
> Principal  
> 905 851-0616, fax 905 851-7148  
> [mbailey@whitney-bailey.com](mailto:mbailey@whitney-bailey.com)

>

>

>

Put into  
into W&P

**Eryn Beintema**

**From:** <lb-prelim\_underwriting\_inquiry@manulife.com>  
**To:** <eryn@ardillfinancial.com>  
**sent:** October 25, 2005 1:29 PM  
**Subject:** Re: Fw: client with Disability ins.

Good afternoon,

Could possibly consider with a nervous disorder exclusion subject to favorable review of a regular attending physician statement.

*Initial Marc from SA*  
- recommend do this  
- need to get app  
signed by him.  
*Initial*  
*Nov 14/05*

Did you know that the "Advisors Guide to Disability Insurance" as well as the "Medical Appendix" and "Occupation Schedule" are all available on Repsource by typing any of these names in the Search Bar?

Did you know that the "Understanding Lifecheque Underwriting" guide is also available on RepSource by typing this on the Search Bar?

All tentative assessments are subject to a fully completed application and routine age and amount requirements, proof of income (if applicable), as well as any other requirements deemed necessary by Manulife Underwriting Department. Please note that all assessments are TENTATIVE in nature, and all requirements are subject to full underwriting review.

A copy of this correspondence MUST accompany all applications submitted to Manulife.

This e-mail message (including attachments, if any) is intended for the use of the individual to whom it is addressed and may contain information that is privileged and confidential. If you are not the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender and erase this e-mail message immediately.

To: [lb-prelim\\_underwriting\\_inquiry@Manulife](mailto:lb-prelim_underwriting_inquiry@Manulife)  
David Mayer cc:  
Subject: Fw: client with Disability ins.  
10/25/2005 12:27  
PM

Hi: Please review this di request.

Thanks,

Dave

Dave Mayer, BA, MA, FALU  
Senior Underwriter  
ILC Underwriting-Large Case Unit  
25 Water St., Kitchener, ON  
(519) 747-7000 Ext 38809  
Delivery Stn KC-1

----- Forwarded by David Mayer/Canadian Division/Manulife on 10/25/2005  
12:26 PM -----

"Diana Care"  
[<diana.care@qfsc.ca.com>](mailto:<diana.care@qfsc.ca.com>) To  
[<prelim\\_underwriting\\_inquiry@manulife.com>](mailto:<prelim_underwriting_inquiry@manulife.com>)  
10/25/2005 10:22 AM cc

Subject  
FW: client with Disability ins.

From: Eryn Beintema [mailto:[eryn@ardillfinancial.com](mailto:eryn@ardillfinancial.com)]  
Sent: Monday, October 24, 2005 3:11 PM  
To: Diana Care  
Subject: client with Disability ins.

Hi Diana,

Have a question...

Have a client who currently has a disability policy, but wondering if Manulife would insure him. Was taking Zoloft for depression in 2003 as a result of stressful situation with his business and his partners at the time. Had never taken medication for depression before and

- hasn't taken any since Aug. 2003. The situation with the business has since been completely cleared up. Would be replacing existing policy.

● Where to go from here?

Thanks,  
Eryn

~ Helping clients discover the true worth of their assets ~

7

**Eryn Beintema**

**From:** "Eryn Beintema" <eryn@ardillfinancial.com>  
**To:** "Four Baileys" <fourbaileys@rogers.com>  
**sent:** December 9, 2005 10:29 AM  
**Subject:** Re: Latest Bailey News

Marc,

Thanks so much for the continued updates...really want to know how Nancy is doing and that things are going well. I really can't believe (or can I ??!) that she's done this to herself! Give her our best and let her know we're thinking of her. Hopefully she can get this surgery and be home soon!

Also wanted to follow up on the voicemail you left me the other day. Sorry it's taken me so long to get back to you, but I believe that you spoke with John and Peter and they've got things rolling. Please let me know if you need anything else!

Take care and best wishes to Nancy!

Eryn

----- Original Message -----

From: "Four Baileys" <fourbaileys@rogers.com>  
To: "Four Baileys" <fourbaileys@rogers.com>; "Rick & Mary Ann Geertsema" <geertsema@sprint.ca>; "Andrew&Janice Jamison" <janice.jamison@sympatico.ca>; "Dennis and Charmaine St. Jean" <deniscow@hotmail.com>; "Scott Dion" <learning2ski@hotmail.com>; "Eryn Beintema" <eryn@ardillfinancial.com>; "Greg Smith" <gidsmithsathome@rogers.com>; "Khura McMullin" <khura.mcmullin@royalbank.com>; "Laurie & Marv Radsma" <mlradsma@aol.com>; "Melony Visentin" <melony@queststeel.com>; "Peter and Faye Barrick" <pfbarrick@sympatico.ca>; "Tamara S" <tshaham@hotmail.com>; "Good Shepherd Child Care Centre" <goodshepherdchildcare@on.aibn.com>; <Ingrid.Lapish@jmsmucker.com>; "Jean Marques" <hounder@sympatico.ca>; "Jim&Karen Whitney" <jkwhitney@sympatico.ca>; "Gord Whitney" <pgboys@sympatico.ca>; "Chuck&Chere Bailey" <cbailey11@cogeco.ca>; "Nancy Ellen Bailey" <ellen.castle@sympatico.ca>; "Bill Whitney" <w.whitney@sympatico.ca>; "Marg Whitney" <marg.whitney@sympatico.ca>; "Laurissa Stebeleski" <Laurissa.Stebeleski@omd.com>  
Cc: "1Bailey Marc" <mbailey@whitney-bailey.com>  
Sent: Thursday, December 08, 2005 10:41 PM  
Subject: Latest Bailey News

> Hi folks, still no surgery. They let her eat some wonderfully dry mashed  
> potatoes and a couple of slices of mystery grey meat late this evening. I  
> did go down and see her with the kids tonight. Hopefully she will be  
> higher  
> up the ladder tomorrow. I guess the down side of seeing the best elbow  
> surgeon in Toronto also means that he gets to see all the Trauma patients  
> as

> well.  
>  
> On the wait and see,  
>  
Marc  
> \_\_\_\_\_  
>  
> From: Four Baileys [mailto:[fourbaileys@rogers.com](mailto:fourbaileys@rogers.com)]  
> Sent: Thursday, December 08, 2005 9:40 AM  
> To: Rick & Mary Ann Geertsema ([geertsema@sprint.ca](mailto:geertsema@sprint.ca)); Andrew&Janice Jamison  
> ([janice.jamison@sympatico.ca](mailto:janice.jamison@sympatico.ca)); Dennis and Charmaine St. Jean  
> ([deniscow@hotmail.com](mailto:deniscow@hotmail.com)); 'Scott Dion'; Eryn Beintema  
> ([eryn@ardillfinancial.com](mailto:eryn@ardillfinancial.com)); Greg Smith ([gjdsSmithsathome@rogers.com](mailto:gjdsSmithsathome@rogers.com)); Khura  
> McMullin ([khura.mcmullin@royalbank.com](mailto:khura.mcmullin@royalbank.com)); Laurie & Marv Radsma  
> ([mlradsma@aol.com](mailto:mlradsma@aol.com)); Melony Visentin ([melony@queststeel.com](mailto:melony@queststeel.com)); Peter and  
> Faye  
> Barrick; 'Tamara S'; 'Good Shepherd Child Care Centre';  
> '[Ingrid.Lapish@jmsmucker.com](mailto:Ingrid.Lapish@jmsmucker.com)'; Jean Marques ([hounder@sympatico.ca](mailto:hounder@sympatico.ca));  
> Jim&Karen Whitney ([jkwhitney@sympatico.ca](mailto:jkwhitney@sympatico.ca)); Gord Whitney  
> ([pgboys@sympatico.ca](mailto:pgboys@sympatico.ca)); Chuck&Chere Bailey ([cbailey11@cogeco.ca](mailto:cbailey11@cogeco.ca)); Nancy  
> Ellen  
> Bailey ([ellen.castle@sympatico.ca](mailto:ellen.castle@sympatico.ca)); Bill Whitney ([w.whitney@sympatico.ca](mailto:w.whitney@sympatico.ca));  
> Marg Whitney ([marg.whitney@sympatico.ca](mailto:marg.whitney@sympatico.ca)); 'Laurissa Stebeleski'  
> Subject: Latest Bailey News  
>  
>  
latest update:  
>  
> No surgery yesterday however she was admitted to Sunnybrook. The surgeon  
> has stopped by this morning and told her that she is on the waiting list  
> with a 70-80% chance of operating today. She is on the 6th floor in room  
> C648 bed 1. She has a wonderful view south over the city with lots of  
> EARLY  
> morning sun. She can be reached at 416 480-4246x84376. She says best  
> wishes only.  
>  
> We'll keep everyone posted.  
>  
Marc  
> \_\_\_\_\_  
>  
> From: Four Baileys [mailto:[fourbaileys@rogers.com](mailto:fourbaileys@rogers.com)]  
> Sent: Monday, December 05, 2005 1:55 PM  
> To: Rick & Mary Ann Geertsema ([geertsema@sprint.ca](mailto:geertsema@sprint.ca)); Andrew&Janice Jamison  
> ([janice.jamison@sympatico.ca](mailto:janice.jamison@sympatico.ca)); Dennis and Charmaine St. Jean  
> ([deniscow@hotmail.com](mailto:deniscow@hotmail.com)); 'Scott Dion'; Eryn Beintema  
> ([eryn@ardillfinancial.com](mailto:eryn@ardillfinancial.com)); Greg Smith ([gjdsSmithsathome@rogers.com](mailto:gjdsSmithsathome@rogers.com)); Khura  
> McMullin ([khura.mcmullin@royalbank.com](mailto:khura.mcmullin@royalbank.com)); Laurie & Marv Radsma  
> ([mlradsma@aol.com](mailto:mlradsma@aol.com)); Melony Visentin ([melony@queststeel.com](mailto:melony@queststeel.com)); Peter and  
> Faye  
> Barrick  
> Subject: Bailey News

>  
>  
> Thought I should update everyone of the latest happenings in the Bailey  
> Household.

● I fell at the Granite club and badly broke my elbow. It needs surgery by a  
> specialized orthoped. It is undecided if they will replace it or use a  
> metal  
> plate. The radial bone in the forearm, I have broken the ball off the end  
> of the bone. Right now I am living on lots of pain killers. I have to  
> return  
> to Sunnybrook on Wed. They will probably operate on Wed and it is unknown  
> how long I will stay. I did this on Thurs and I was Marc's sister's  
> matron  
> of honour on Sat...oh joy. Got through it with tylenol 3s and  
> tequila...HAHA.

>  
> We will keep everyone posted.

>  
> Nancy

>  
>  
> --

> No virus found in this outgoing message.  
> Checked by AVG Free Edition.  
> Version: 7.1.362 / Virus Database: 267.13.12/192 - Release Date: 12/5/2005  
>

●  
>  
> --

> No virus found in this outgoing message.  
> Checked by AVG Free Edition.  
> Version: 7.1.371 / Virus Database: 267.13.12/194 - Release Date: 12/7/2005  
>  
>  
>  
> --

> No virus found in this outgoing message.  
> Checked by AVG Free Edition.  
> Version: 7.1.371 / Virus Database: 267.13.12/194 - Release Date: 12/7/2005  
>  
>

**Eryn Beintema**

**From:** "Eryn Beintema" <eryn@ardillfinancial.com>  
**To:** "Nancy Bailey" <nbailey@rogers.com>  
**Sent:** October 14, 2005 9:04 AM  
**Subject:** Re: RRSPs

Glad to hear that things are better.

Unfortunately, I'm going to need the original of Marc's letter. If you want to drop it in the mail I will send it along as soon as I have it.

Thanks,  
Eryn

----- Original Message -----

**From:** "Nancy Bailey" <nbailey@rogers.com>  
**To:** "Eryn Beintema" <eryn@ardillfinancial.com>  
**Sent:** Friday, October 14, 2005 8:40 AM  
**Subject:** RE: RRSPs

> Hi Eryn  
>  
> All is well....Thank heavens there have been no more hospital visits.  
> That  
> all seems to be finally over!!!!  
  
> Thank you so much for stopping the RRSPs. Yes we would like to leave the  
> RESP contributions as they are.  
>  
> I will be faxing over Marc's letter shortly.  
>  
> Hopefully things will pick up again soon and we can go back to the way  
> things were.  
>  
> Thanks again.  
> Nancy  
>  
>  
> -----Original Message-----  
> From: Eryn Beintema [mailto:eryn@ardillfinancial.com]  
> Sent: Thursday, October 13, 2005 10:52 AM  
> To: Nancy Bailey  
> Subject: Re: RRSPs  
>  
> Hi Nancy,  
>  
> It's nice to hear from you. All is well...how are you? No more visits to  
> the hospital I hope.  
  
> I have gone ahead and cancelled the monthly contributions for both of your  
> RSP's. I assumed you wanted to leave the RESP contributions as they are ~  
> let me know if you want those stopped too.

>  
> For Marc's insurance, the base premium that must be paid is \$823.25 per  
> month. I have attached a letter that Marc would need to sign (and send  
> back  
●  
> here to us) to cancel the deposit option payment of \$482.89 per month.  
>

> Hopefully this helps, let me know if you need anything else.  
>

> Eryn  
>

> ----- Original Message -----  
> From: "Nancy Bailey" <nbailey@rogers.com>  
> To: "Eryn Beintema" <eryn@ardillfinancial.com>  
> Sent: Wednesday, October 12, 2005 12:19 PM  
> Subject: RRSPs  
>  
>  
●>> Hi Eryn  
>>  
>>  
>>  
>> Hope all is well with you.  
>>  
>>  
>>  
●>> Work is still really slow with Marc. We are going to have to stop our  
>> RRSP  
>> contributions for the time being.  
>>  
>>  
>>  
>> We were also wondering, at one time John said we could decrease the  
>> contributions to Marc's life insurance. Would you be able to find out,  
>> how  
>> low we can decrease it.  
>>  
>>  
>>  
>>  
>> Thanks  
>>  
>> Nancy  
>>  
>>  
>



**ARDILL**  
Creator of  
*The Lifecycle Puzzle™*

2 Orchard Heights Blvd., Unit 27

Aurora, Ontario L4G 3W3

Tel: (416) 657-2057

(905) 713-3795

Fax: (905) 841-0782

Email: info@ardillfinancial.com

## THE WIN-WIN NETWORK

More than ever before, people are acutely aware of their need for sound financial advice. Now that you have worked with The Lifecycle Puzzle please share your experience with others in your sphere of influence.

### Name of Referral

15. Jugid : Mike Lapish

### Address

109<sup>2</sup> Colonel Wayling  
Sharon, ON  
L0L 1V0

### Telephone

Blrd:   
Day:   
Evening: 905-478-1429  
June 28/04

25 Mary Ann : Rick Geertsen  
GEERTSEN

12<sup>th</sup> line  
Bradford, ON  
LR#2 L3Z 2A5

Day:   
Evening: 905-775-8543  
June 29/04

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Day: \_\_\_\_\_  
Evening: \_\_\_\_\_

Day: \_\_\_\_\_  
Evening: \_\_\_\_\_

Day: \_\_\_\_\_  
Evening: \_\_\_\_\_

We appreciate your loyalty and support. By working together we can build a long-lasting and productive relationship.

### DESIRED CLIENT PROFILE

**AGE:** 35 - 55

**AGE OF CHILDREN:** Under 18

**MARITAL STATUS:** First Marriage

**INCOME:** \$125,000+

**OCCUPATION:** Executive, Professional, Business Owner

**REFERRAL LETTER**

June 28, 2004

Mr. and Mrs. Lapish  
109 Colonel Wayling Blvd.  
Sharon, Ontario  
L0G 1V0

Dear Mike and Ingrid,

We heard from Marc and Nancy Bailey that you may be interested in hearing about the process they are involved in with us. Like Marc and Nancy, you may have found traditional financial planning disappointing.

We at Ardill are different because we work with our clients in an intimate manner so the truth of their financial situation is openly shared. We build the mutual trust that is essential in order to provide an all-inclusive structure into which we can place their financial resources and we prepare for the safe and effective growth of those resources while allowing our clients greater security in any and all situations that may occur.

To jump-start the process you could begin by completing the enclosed Confidential Questionnaire in advance. However, if you prefer to meet face-to-face as a first step that would be fine too.

I have asked Eryn to contact you in the near future to set up an appointment for you and I to meet.

Sincerely,

John R. Ardill, CFP, CLU, CH.F.C.



**ARDILL**

Creator of  
The Lifecycle Puzzle™

## Documents

Car Insurance Policy  
(Include declarations of coverage)

Liability Insurance Policy

Medical Policy/Group Benefit Booklet

Life Insurance Policies  
(for all members of your family)

Dividend Statements

Policy Loan Statements

Canada Pension Plan Statement

Stocks/Bonds

Provincial Bonds

Corporate Bonds

Municipal Bonds

Preferred Stocks

Blue Chip Stocks

Growth Securities

Real Estate/Collectibles

Tax Shelters

Personal Income Tax Returns

Paycheck stub(s) for you and your spouse  
showing deductions from gross income

Notice of Assessment

Property Insurance Policies (Home, Cottage etc.)  
(Include declarations of coverage)

Disability Insurance Policy

Wills and Trust documents

Investment Statements

Regular Savings

Credit Union

Term Deposits

Canada Savings Bonds

GIC's

Money Market

Registered Investment Statements

Tax Deferred

Tax Free

Tax Deductible

### For Business Owners Only:

Business Life Insurance Policies

Business Income Tax Returns *BE 01/02*

Business Financial Statements *BE WBA*

Ownership (Buy-Sell Agreements &  
Shareholder Agreements)

Business Premise Insurance Policy

I/we hereby acknowledge that all personal information and documentation checked above has been given to John R. Ardill and/or associates for participation in The Lifecycle Puzzle™.

Mr. Marc Bailey

Nancy Bailey

Date

I/we hereby acknowledge that all personal information and documentation checked above given to John R. Ardill and/or associates for participation in The Lifecycle Puzzle™ has been returned to me/us in good order.

*mrb*  
Mr. Marc Bailey

Nancy Bailey

Date

*16 Apr 04.*  
except - ~~long term life policy~~  
- RRSP summary

Eryn Beintema

**From:** "Eryn Beintema" <eryn@ardillfinancial.com>  
**To:** "Marc Bailey" <mbailey@whitney-bailey.com>  
**Sent:** Tuesday, March 30, 2004 2:54 PM  
**Subject:** Re: Insurance Policy

Thank you for taking the time to write me. I called the house on Friday and was told that Nancy was in the hospital. I will wait to hear from you that she is home and we will make arrangements then. Give Nancy my best and I hope that she is feeling better soon.

Eryn

-----Original Message-----

**From:** Marc Bailey  
**To:** Eryn Beintema  
**Sent:** Tuesday, March 30, 2004 2:48 PM  
**Subject:** RE: Insurance Policy

Eryn,

My time is a bit precious right now. Nancy has been in the hospital since Wednesday afternoon and has had 33 shots of morphine since to manage the pain. I'll be back to you once the dust settles.

Marc

-----Original Message-----

**From:** Eryn Beintema [mailto:[eryn@ardillfinancial.com](mailto:eryn@ardillfinancial.com)]  
**Sent:** March 24, 2004 10:46 AM  
**To:** Marc & Nancy Bailey  
**Subject:** Insurance Policy

Mr. Bailey,

I am happy to inform you that your approved life insurance policy is here and ready to be delivered. I was just hoping to arrange a time that you would be available to meet with John to do this. John is available today and tomorrow but will be out of

**Detailed values using the current dividend scale (cont'd)**

Guaranteed		No	No	No	Yes	No	No
Policy year	Age	Annual payment	Total cash surrender value	IRR - Total cash surrender value	Guaranteed cash value	Total death benefit	IRR - Total death benefit
11	47	20,970	303,702	4.52	72,103	1,635,430	30.96
12	48	20,970	348,949	4.94	79,399	1,765,773	28.06
13	49	20,970	397,823	5.27	86,696	1,898,848	25.67
14	50	20,970	450,495	5.54	93,992	2,034,841	23.67
15	51	20,970	507,717	5.78	101,717	2,173,920	21.97
16	52	20,970	568,904	5.97	109,013	2,316,227	20.52
17	53	20,970	635,346	6.13	116,739	2,461,904	19.25
18	54	20,970	706,858	6.27	124,464	2,610,844	18.15
19	55	20,970	783,863	6.39	132,189	2,763,177	17.17
20	56	20,970	866,633	6.50	139,915	2,919,056	16.31
21	57	20,970	956,138	6.59	148,069	3,078,678	15.53
22	58	20,970	1,051,853	6.66	155,795	3,242,203	14.84
23	59	20,970	1,155,121	6.73	163,949	3,409,794	14.21
24	60	20,970	1,265,569	6.79	171,674	3,581,621	13.64
25	61	20,970	1,384,424	6.84	179,400	3,757,798	13.11
26	62	20,970	1,512,308	6.88	187,554	3,938,560	12.64
27	63	20,970	1,648,644	6.92	195,280	4,124,118	12.20
28	64	20,970	1,793,610	6.95	203,005	4,314,681	11.80
29	65	20,970	1,938,453	6.94	210,730	4,488,875	11.40
30	66	0	2,079,951	6.96	218,456	4,643,096	11.04
31	67	0	2,228,340	6.97	225,752	4,803,369	10.70
32	68	0	2,384,630	6.97	233,477	4,969,879	10.39
33	69	0	2,548,193	6.96	240,773	5,142,822	10.11
34	70	0	2,718,932	6.95	247,640	5,322,348	9.84
35	71	0	2,899,577	6.94	254,507	5,508,630	9.60

Please consult the **Performax** contract for full plan details.

**Designed for** **C. Marc Bailey**  
Male, age 36, non-smoker

**Presented by** **Mr. John R. Ardill**  
Ardill - Creator of 'The Lifecycle Puzzle'  
Tel: 416-657-2057  
Fax: 905-841-0782

554.0.0-31303113133(E5.2)(R5.2)

**Effective date** November 07, 2003

**Reference #** 31303113133

**Detailed values using the current dividend scale (cont'd)**

Guaranteed		No	No	No	Yes	No	No
Policy year	Age	Annual payment	Total cash surrender value	IRR - Total cash surrender value	Guaranteed cash value	Total death benefit	IRR - Total death benefit
36	72	0	3,088,447	6.92	261,374	5,701,904	9.37
37	73	0	3,286,168	6.90	267,812	5,902,377	9.16
38	74	0	3,493,203	6.88	274,679	6,110,305	8.97
39	75	0	3,710,024	6.86	281,117	6,325,946	8.79
40	76	0	3,937,062	6.84	287,555	6,549,543	8.61
41	77	0	4,173,913	6.81	293,563	6,781,356	8.45
42	78	0	4,420,856	6.78	299,572	7,021,658	8.30
43	79	0	4,677,826	6.75	305,580	7,270,761	8.16
44	80	0	4,944,923	6.72	311,589	7,528,993	8.02
45	81	0	5,224,119	6.69	316,739	7,796,628	7.90
46	82	0	5,516,196	6.66	322,319	8,073,986	7.78
47	83	0	5,820,178	6.63	327,040	8,361,401	7.66
48	84	0	6,137,901	6.60	332,190	8,659,218	7.56
49	85	0	6,470,188	6.57	336,482	8,967,790	7.45
50	86	0	6,818,747	6.54	341,203	9,287,487	7.36
51	87	0	7,181,681	6.51	345,495	9,618,719	7.26
52	88	0	7,559,915	6.48	350,216	9,961,916	7.18
53	89	0	7,953,298	6.45	354,508	10,317,521	7.09
54	90	0	8,368,822	6.42	358,799	10,685,954	7.01
55	91	0	8,810,044	6.40	363,091	11,067,665	6.93
56	92	0	9,283,345	6.37	367,383	11,463,109	6.86
57	93	0	9,798,176	6.36	372,104	11,872,760	6.79
58	94	0	10,357,277	6.34	376,825	12,297,112	6.72
59	95	0	10,965,678	6.33	381,976	12,736,676	6.66
60	96	0	11,643,495	6.33	387,984	13,191,983	6.60

Please consult the Performax contract for full plan details.

Designed for **C. Marc Bailey**  
Male, age 36, non-smoker

Presented by **Mr. John R. Ardill**  
Ardill - Creator of 'The Lifecycle Puzzle'  
Tel: 416-657-2057  
Fax: 905-841-0782

5.4.0-0-31303113133(E5.2)(R5.2)  
Effective date November 07, 2003  
Reference # 31303113133

the office all day on Friday. Please let me know if any time in the next day or so is convenient, or some time next week when this would work.

Talk to you soon,  
Eryn



**ARDILL**

*Creator of  
The Lifecycle Puzzle™*

12 Orchard Heights Blvd, Unit 27

Aurora, Ontario L4G 3W3

Tel: (416) 657-2057

(905) 713-3795

Fax: (905) 841-0782

Email: info@ardillfinancial.com

March 24, 2004

**Mr. C. Marc Bailey**  
215 Park Avenue  
Holland Landing, ON  
L9N 1J7

Dear Marc,

**Congratulations on the approval of your applied Life Insurance.**

Attached is your New Life Insurance policy; we suggest you keep it in a safe place with your other important documents.

When we submitted your application for insurance, it was for \$1,000,000 of coverage with a 'Total Disability Waiver' rider. Unfortunately, the rider was declined because of your arthritis but the coverage amount was approved.

In order to settle the policy, Manulife requires the first annual premium amount of \$12,000.

I appreciate your business and please feel free to contact me if you have any questions.

Sincerely,

John Ardill, CFP, CLU, CH.F.C.



**ARDILL**  
Creator of  
The Lifecycle Puzzle™

12 Orchard Heights Blvd., Unit 27  
Aurora, Ontario L4G 3W3  
Tel: (416) 657-2057  
(905) 713-3795  
Fax: (905) 844-0782  
Email: info@ardillfinancial.com

March 24, 2004

Mr. C. Marc Bailey  
215 Park Avenue  
Holland Landing, ON  
L9N 1J7

Dear Marc,

Congratulations on the approval of your applied Life Insurance.

Attached is your New Life Insurance policy; we suggest you keep it in a safe place with your other important documents.

When we submitted your application for insurance, it was for \$1,000,000 of coverage with a 'Total Disability Waiver' rider. Unfortunately, the rider was declined because of your arthritis but the coverage amount was approved.

In order to settle the policy, Manulife requires the first annual premium amount of \$20,706.62.

I appreciate your business and please feel free to contact me if you have any questions.

Sincerely,

John Ardill, CFP, CLU, CH.F.C.



**ARDILL**

Creator of  
The Lifecycle Puzzle™

2 Orchard Heights Blvd., Unit 27  
Aurora, Ontario L4G 3W3

Tel: (416) 657-2057

(905) 713-3795

Fax: (905) 841-0782

Email: info@ardillfinancial.com

March 24, 2004

Mr. C. Marc Bailey  
215 Park Avenue  
Holland Landing, ON  
L9N 1J7

Dear Marc,

**Congratulations on the approval of your applied Life Insurance.**

Attached is your New Life Insurance policy; we suggest you keep it in a safe place with your other important documents.

When we submitted your application for insurance, it was for \$1,000,000 of coverage with a 'Total Disability Waiver' rider. Unfortunately, the rider was declined because of your arthritis but the coverage amount was approved.

In order to settle the policy, Manulife requires the first annual premium amount of \$20,706.62.

I appreciate your business and please feel free to contact me if you have any questions.

Sincerely,

John Ardill, CFP, CLU, CH.F.C.

Eryn Beintema

---

From: "Susan Dicks" <susan@ardillfinancial.com>  
To: "Eryn Beintema" <eryn@ardillfinancial.com>  
Sent: Tuesday, December 09, 2003 8:49 AM  
Subject: Fw: Disability Insurance

----- Original Message -----

From: "Marc Bailey" <mbailey@whitney-bailey.com>  
To: "Susan Dicks" <susan@ardillfinancial.com>  
Sent: Monday, December 08, 2003 5:08 PM  
Subject: RE: Disability Insurance

> I had a call from the insurance company and they had a bunch of questions  
> for me regarding my application and questions from the doctors report.  
she  
> definitely had an American accent. she said that things should get  
processed  
> tomorrow.

>  
> Marc  
>

> -----Original Message-----

> From: Susan Dicks [mailto:susan@ardillfinancial.com]  
> Sent: December 3, 2003 1:41 PM  
> To: "Bailey, Marc"  
> Subject: Disability Insurance

>  
>  
> Hi Marc,  
>

> I hope you are feeling better! I received an update from the insurance  
> carrier where we have applied for an additional \$4,000 of disability  
> insurance. They have tried to contact Dr. Asha Sondhi on November 7th,  
> November 24th and again today for a medical report and have not received  
any

> reply as of yet. It may be an idea if you check with the doctor and  
explain

> that your disability application is being held up pending receipt of the  
> doctor's report. Sometimes when the patient contacts the doctor, it gets  
> taken care of sooner rather than later.

>

Contact : **Mr. C. Marc Bailey**

Thursday November 6 @ 9:00am

#th LEAP, here

Title: Owner  
Company: Whitney-Bailey Associates Inc.  
530 Rowntree Dairy Road  
Unit #3  
Woodbridge, ON L4L 8H2  
Directions: Hwy 7 to Weston Rd, south on  
Weston Rd. turn right  
  
Phone: 905-851-0616 x:223  
Alt Phone:  
Pager:  
Fax:  
Cell Phone: 416-984-7251  
E-mail: mbailey@whitney-bailey.com  
Web Site:  
Assistant:  
Phone:  
Asst. E-mail:  
Other Contacts:  
  
Accountant: Bill Trotter  
Lawyer:  
ID/Status: Active Client  
Client Rep: John  
Service Level: Platinum  
SIN: 485 451 405  
Smoker: No

Home Address: 215 Park Avenue  
Holland Landing, ON  
L9N 1J7  
Home Phone: 905-853-7251  
Home Fax: 905-853-5802  
Cottage Phone:  
Chalet Phone:  
Birthday: 23-Jan-68  
Anniversary:  
Mortgage:  
Mortgage Date:  
Wills:  
Income:  
Spouses Inc:  
Style: ?  
Spouse Style:  
Clubs:  
Spouse: Nancy Bailey  
*Luc*  
Spouse B-day: 19-Jan-67  
Spouse SIN: 473 427 714  
Spouse Smoker:  
Children:  
Erin Whitney: 11-Aug-98 528-965-734  
Charles William: 02-Oct-00 534-746-912  
:  
Sold to date:  
Insurance: No  
Investments: No  
CI: No  
DI: Yes  
Will:  
Newsletter:  
Birthday Card: Yes  
Xmas Card: Yes  
Other:

**SUSAN**

---

**From:** "Vic Arnaud (CP)" <vica@hunter-mccorqudale.com>  
**To:** "John Ardill" <john@ardillfinancial.com>  
**Sent:** Wednesday, December 03, 2003 4:33 PM  
**Subject:** Charles Bailey - INSUREability Application

John,

An update...

We are awaiting the medical report from Dr. Asha Sondhi. The original request was sent on November 7th. A follow up was sent on November 24th and today, December 3rd.

Your client may wish to contact the doctor's office to advise them to complete the report as soon as possible in order to expedite the application.

Thanks, Vic

See my  
e-mail to  
Marc

**SUSAN**

---

**From:** "Susan Dicks" <susan@ardillfinancial.com>  
**To:** ""Bailey, Marc"" <mbailey@whitney-bailey.com>  
**Sent:** Wednesday, December 03, 2003 1:42 PM  
**Subject:** Disability Insurance

Hi Marc,

I hope you are feeling better! I received an update from the insurance carrier where we have applied for an additional \$4,000 of disability insurance. They have tried to contact Dr. Asha Sondhi on November 7th, November 24th and again today for a medical report and have not received any reply as of yet. It may be an idea if you check with the doctor and explain that your disability application is being held up pending receipt of the doctor's report. Sometimes when the patient contacts the doctor, it gets taken care of sooner rather than later.

Many thanks!

Susan



The Leslie Group Limited  
40 Wynford Drive, Suite 220  
Don Mills, Ontario M3C 1J5

Tel: (416) 510-8966  
Toll Free: 800-269-1538  
Fax: (416) 510-8964  
E-mail: info@lesliegroup.com

November 13, 2003

**Via Email**

**Marc Bailey**  
Consulting Engineer Principal  
Whitney-Bailey Associates Inc.  
530 Rowntree Dairy Road Unit 3  
Woodbridge, Ontario L4L 8H2  
Tel: (905) 851-0616  
Fax: (905) 851-7148  
Email: mbailey@whitney-bailey.com

Dear Mr. Bailey:

**Subject: Employee Benefits**

It was a pleasure meeting with you and discussing the significant tax advantages that a Health Care Spending Account (HCSA) offers to a corporation and its employees if set up properly.

We recommended that this be integrated with your new Manulife Financial plan (effective September 1, 2003) to assist in controlling the future costs of the core plan.

We also recommended that a base Long Term Disability (LTD) plan be implemented to provide income protection for your employees. As you are a while collar professional firm, the rates charged will be very attractive and will also top up any individual coverage the partners have in force.

We can proceed with the setting up of a program with two options; (a) fee for service, (b) appoint The Leslie Group Limited as your Agent of Record for your Manulife Financial plan and the fees incorporated into the current costs will compensate us for the design and implementation of the HCSA as well as the review and management of your core Manulife plan.

We await your direction on how you wish to proceed.

It was a pleasure meeting you and your partners and should you have any questions or concerns, please do not hesitate to contact me.

Yours truly,

Shawn Leslie  
President

shawn@lesliegroup.com

SL/sc

Copy: John Ardill  
Ardill Financial  
Email: john@ardillfinancial.com

Lunch

Employees to take a one-hour lunch break anywhere from 11:00 to 2:00.

### **CONFIDENTIALITY AGREEMENT**

Each employee shall read and sign a 'Confidentiality Agreement' as part of their employment agreement. The purpose of the agreement is to ensure strict client confidentiality in order to maintain integrity and trust of our business and clients.

### **CLIENT SERVICE**

Clients of Ardill Financial, whether existing, prospects or previous clients shall be treated with the utmost respect, accommodating all their needs. If an issue is one of a difficult nature or beyond the realm of our line of expertise, we will make every effort to offer an alternative solution or refer the client to one of our strategic alliances for resolve.



# ARDILL

Creator of 'The Lifecycle Puzzle'™

2 Orchard Heights Blvd, Unit 27,  
Aurora, Ontario L4G 3W3  
Tel: 416-657-2057 or 905-713-3795  
Fax: 905-841-0782  
E-mail: john@ardillfinancial.com

## MEMO

**Name:** Marc Bailey

**Meeting Date:** Wednesday October 1, 2003

**Time:** 4:00pm

**Notes:**

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| - discussed PS&G Model              | N/A                              |
| - delivered questionnaire           | N/A                              |
| - questionnaire was not completed   |                                  |
| - meeting October 15/03 with Nancy  |                                  |
| - * Need to create an additional \$ | for Marc and Nancy at retirement |

**Actions:**

- |   |                                     |
|---|-------------------------------------|
| - send "Questionnaire Delivered" letter | <input checked="" type="checkbox"/> |
| - send letter with Questionnaire        | <input type="checkbox"/>            |

---

*Investment Planning Counsel™*  
*of Canada*

---

FINANCIAL PLANNING PROFESSIONALS

**F A X**

**Date:** October 2, 2003

**To:** Colin Ardill

**From:** Eryn **Pages:** 2

---

**Subject:** For your information!!!



# ARDILL

Creator of 'The Lifecycle Puzzle'™

2 Orchard Heights Blvd, Unit 27,  
Aurora, Ontario L4G 3W3  
Tel: 416-657-2057 or 905-713-3795  
Fax: 905-841-0782  
E-mail: john@ardillfinancial.com

October 2, 2003

Mr. and Mrs. Bailey  
530 Rowntree Dairy Road, Unit #3  
Woodbridge, Ontario  
L4L 8H2

Dear Marc and Nancy,

To recap our meeting, the Financial Engineering Process is a holistic approach to planning. It creates a macro view of your overall financial position in order for you to make informed decisions with increased confidence.

I encourage you to look at the benefits that are potentially available to you.

Benefits to you:

- ♦ Increased Wealth with no additional out of pocket dollars
- ♦ Increased Protection Management
- ♦ Increased control over your money

I am very excited about the journey I can take you on. All I need from you is the Confidential Questionnaire filled out.

The possibility of providing value to you over and above traditional methods of planning is energizing and I look forward to our meeting on the 15<sup>th</sup> of October.

Sincerely,

John R. Ardill, CFP, CLU, CH.F.C.

# M E M O

**Name:** Marc & Nancy Bailey

**Meeting Date:** Wednesday October 15, 2003

**Time:** 8:30am

---

**Topics Discussed:**

- PS&G Model
- Income Tax
- Lifecycle Puzzle
- D.O.S.
- Gravity Reducer

**Prep. For Next Meeting**

- Life Insurance Quote
- Disability Insurance Quote
- Investment review
- Review wills that are here

**Notes:**

- Delivered questionnaire
- \* Create additional \$



**Other Comments:**

- Overall impression of 1<sup>st</sup> meeting is that they liked it, found it quite comprehensive
- Discussed protection boxes in detail
- Nancy created a "To Do" List that we have
- Discussed "Family Protection Calculator": based on this, Nancy feels they should keep current \$400K Term Life Policy on Marc for at least the next 10 years.

**Review with Bob Ball**

- Review how to get Marc closer to his human life value
- Need information related around Florida and what is expected of them if they are chosen as the case

**To Do**

- Need to get information back from them before next meeting. Marc can keep the "Buy/Sell Agreement", but need the rest including the Marine Insurance

Ervs to pick up



# ARDILL

Creator of 'The Lifecycle Puzzle™'

2 Orchard Heights Blvd, Unit 27,  
Aurora, Ontario L4G 3W3  
Tel: 416-657-2057 or 905-713-3795  
Fax: 905-841-0782  
E-mail: john@ardillfinancial.com

September 23, 2003

Mr. Marc Bailey  
530 Rowntree Dairy Road, Unit #13  
Woodbridge, Ontario  
L4L 8H2

Dear Marc,

It was great meeting with you on Tuesday, September 23, 2003. It's great to see how successful you've become.

To recap our meeting, the Financial Engineering Process is a holistic approach to planning. It creates a macro view of your overall financial position in order for you to make informed decisions with increased confidence.

I encourage you to look at the benefits that are potentially available to you.

Benefits to you:

- ♦ No fees
- ♦ More money at retirement
- ♦ No additional out of pocket dollars
- ♦ Risk tolerance remains the same or lower
- ♦ Greater protection of your assets
- ♦ Greater control over your money
- ♦ Greater confidence in making money decisions
- ♦ Your whole financial picture simplified on one page

I am very excited about the journey I can take you on. All I need from you is the Confidential Questionnaire filled out.

At my request, Susan or Eryn will follow up with you to confirm our appointment on Wednesday, October 1, 2003 at 4:00pm to review your information and pick up the completed questionnaire.

The possibility of providing value to you over and above traditional methods of planning is energizing.

Sincerely,

John R. Ardill, CFP, CLU, CH.F.C.



# ARDILL

Creator of 'The Lifecycle Puzzle™'

2 Orchard Heights Blvd, Unit 27,  
Aurora, Ontario L4G 3W3  
Tel: 416-657-2057 or 905-713-3795  
Fax: 905-841-0782  
E-mail: john@ardillfinancial.com

## M E M O

**Name:** Marc Bailey

**Meeting Date:** Tuesday, September 23, 2003

**Time:** 10:00am

### **Notes:**

- Reviewed PS&G Model
- Merged Engineering Company with an architectural firm
- Company has 30 employees
- Takes care of "soft" responsibilities
- Has a financial planner
- Has a good rapport with his accountant
- Wife's name is Nancy
- \*Need an additional \$2 Million for Marc at retirement

### **Actions:**

- Send First Meeting Letter ✓
- Prepare for meeting on October 1/03 @ 4:00pm

**John R. Ardill, CFP, CLU, CH.F.C.**  
Financial Planning

**14845-6 Yonge Street, Suite 170**  
**Aurora, Ontario L4G 6H8**

Tel: 416-201-1966  
Fax: 905-841-0782  
Internet: [ardill@interhop.net](mailto:ardill@interhop.net)

October 30, 1997

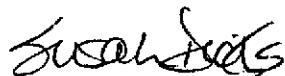
**Mr. Marc Bailey**  
**215 Park Avenue**  
**Holland Landing, Ontario**  
**L9N 1J7**

Dear Marc,

Further to our letter to Unum Canada requesting a reconsideration of the skiing exclusion, Unum has suggested that you send them a letter of direction requesting them to release their medical findings to Dr. Hirtenfeld which outlines how they came to their conclusion. We have a standard letter that I have enclosed for your signature. In order to expedite matters on this, once you have signed the letter, please fax directly to Unum Canada, Attention: Betty-Jo McMillan, fax # 416-777-5295. I have spoken to Betty-Jo and she will be expecting the letter.

If you have any questions, please call me.

Sincerely,



**Susan Dicks**

Enc.

## Clients Dreams

- Short term stay on the wave in business
- 10 years personal level same
- B.E. considerably higher

## Problems Identified

- Short term stay on the wave in business
- 10 years personal level same
- B.E. considerably higher

## Action Items/ To Do's

- Succession planning re. retiring partner in 5 years
- Disability update

WEALTH  
STRATEGIES GROUP  
QUALIFIED FINANCIALS

## Items Completed

Name: Bailey

Date: April 17, 2007

# PS&G

Personal Financial  
Engineering

## Worksheet

### Present Plan

Last Name

Bailey

Date Apr. / 17 / 2007

Page 1

First Name	Age
Marc	39
Client	
Nancy	39
Spouse	
Erin	8
Child	
Charles.	6
Child	
Child	
Occupation	Income
Bus. Owner	60,000
Client	
	60,000
Spouse	

SAVINGS = \_\_\_\_\_ %

### Additional Information

- Income comes from 1474117 Ont. Inc.

Type of Loan	\$/Month	\$ Net of RE Tax	\$ Unpaid Balance	% Rate	Months to Pay
LOC		0	280,000		

4,155

Car Insurance	Home Insurance	Liability Insurance
Disability Insurance 7,350	Medical Insurance	Canada Pension
Wills/Trusts	Ownership	Life Insurance
Y	Y	

Regular Savings 10,000	Credit Union	Term Deposits
629,000 2%		
Canada Savings Bonds	GICs	Money Market
		10,000

Tax Deferred 37,500 RESP	Tax Free	Tax Deductible 80,600 <del>4,630,682</del> RCA
		90,260

Provincial Bonds	Corporate Bonds	Municipal Bonds
Preferred Stocks	Bluechip Stocks	Growth Securities 70,652 J
Collectibles 236,000 136	Real Estate 400,000 H 200,000	Tax Shelters

Corp.  
1564957.

## Worksheet

## Present Plan

Last Name Bailey Engineering Inc. YE 31-Oct Date Apr. 17 / 2007

Page 1

First Name	Age
Marc	39
Client	
Nancy	39
Spouse	
Child	
Child	
Child	
Occupation	Income
	150,000
Client	
Spouse	

SAVINGS = \_\_\_\_\_ %

Additional Information				
-	-	-	-	-

Type of Loan	\$/Month Net of RE Tax	\$ Unpaid Balance	% Rate	Months to Pay
L (RCA)		724,701	5%	
		110,000	interest owing	

15,000

1200

Car Insurance	Home Insurance	Liability Insurance
Disability Insurance	Medical Insurance	Canada Pension
Wills/Trusts	Ownership	Life Insurance
		1,000,000
		100,000
		WL
		WL

Regular Savings	Credit Union	Term Deposits
Canada Savings Bonds	GICs	Money Market
	125,000	*50,000
Tax Deferred 42,824 CV	Tax Free	Tax Deductible
600 CV		

Provincial Bonds	Corporate Bonds	Municipal Bonds
	110,000	
Preferred Stocks	Bluechip Stocks	Growth Securities
	750,000 stock	453,653
Collectibles	Real Estate	Tax Shelters

# PS&G

Personal Financial  
Engineering

## Worksheet

### Present Plan

Last Name

Bailey

Date Apr. 17 2007

Page 1

**First Name**

**Age**

Marc 39

Client Nancy 39

Spouse

Child 8

Child 6

Child

Child

Child

**Occupation**

Bus. Owner Income 60,000

Client 60,000

Spouse

**SAVINGS = \_\_\_\_\_ %**

### Additional Information

- Income comes from 1474117 Ont. Inc.

### Debt Window

Type of Loan	\$/Month	Net of RE Tax	Unpaid Balance	% Rate	Months to Pay
--------------	----------	---------------	----------------	--------	---------------

LOC	0	260,000			

Car Insurance	Home Insurance	Liability Insurance
Disability Insurance 7,350	Medical Insurance Y	Canada Pension
Wills/Trusts Y	Ownership Y	Life Insurance

Regular Savings 10,000 2%	Credit Union	Term Deposits
Canada Savings Bonds	GICs	Money Market 10,000
Tax Deferred 37,500 RESP	Tax Free	Tax Deductible 80,600 1,636,682
		RCA
		90,260

Provincial Bonds	Corporate Bonds	Municipal Bonds
Preferred Stocks	Bluechip Stocks	Growth Securities 70,652 J
Collectibles 236,000	Real Estate 400,000 H	Tax Shelters
	300,000	

Date: 10 April 07.

Client Bailey

## Problem Identification Worksheet

### Problem Identified

P1

P2

P3

P4

P5

P6

P7

P8

P9

S1

S2

S3

S4

S5

S6

S7

S8

S9

Large amount is an R.C.A.

G1

G2

G3

G4

G5

G6

loss from R.C.A

G7

200K boat 35K Time Share

G8

300K in use. → office building in Cog #1564957

G9

Miscellaneous

# PS&G

Personal Financial  
Engineering

## Worksheet

### Present Plan

Last Name: Bailey Engineering Inc. YE 31-Oct Date Apr. / 17 / 2007

Page 1

First Name	Age
Marc	39
Client	
Nancy	39
Spouse	
Child	
Child	15,000
Child	
Child	
Child	
Occupation	Income
	150,000
Client	
Spouse	

SAVINGS = \_\_\_\_\_ %

Additional Information			
-	-	-	-
-	-	-	-
-	-	-	-

Debt Window				
Type of Loan	\$/Month	\$ Unpaid Balance	% Rate	Months to Pay
L (RCA)	724,701	5%		
	110,000			

Car Insurance	Home Insurance	Liability Insurance
Disability Insurance	Medical Insurance	Canada Pension
Wills/Trusts	Ownership	Life Insurance 1,000,000 WL

Regular Savings	Credit Union	Term Deposits
Canada Savings Bonds	GICs	Money Market 125,000 50,000
Tax Deferred 42,824 CV 600 CV	Tax Free	Tax Deductible

Provincial Bonds	Corporate Bonds	Municipal Bonds
Preferred Stocks	Bluechip Stocks	Growth Securities 750,000 453,653
Collectibles	Real Estate	Tax Shelters

Date: 10 April 07.

Client Bailey Engineering Inc. XE<sup>3</sup>,  
Oct.

## Problem Identification Worksheet

### Problem Identified

P1

P2

P3

P4

P5

P6

P7

P8

P9

S1

S2

S3

S4

S5

S6

S7

S8

S9

G1

G2

G3

G4

G5 Vale of Hold Co 1474117.

G6 Hold Co. Loan from RCA 750,000 45 3-653

G7 Boat 200K, Tennis shore 36K.

G8 work home 360K office building own in Corp # 1564957

G9

Miscellaneous Hold Co # 1474117 pays 180K /year to B.E. as a  
management fee.

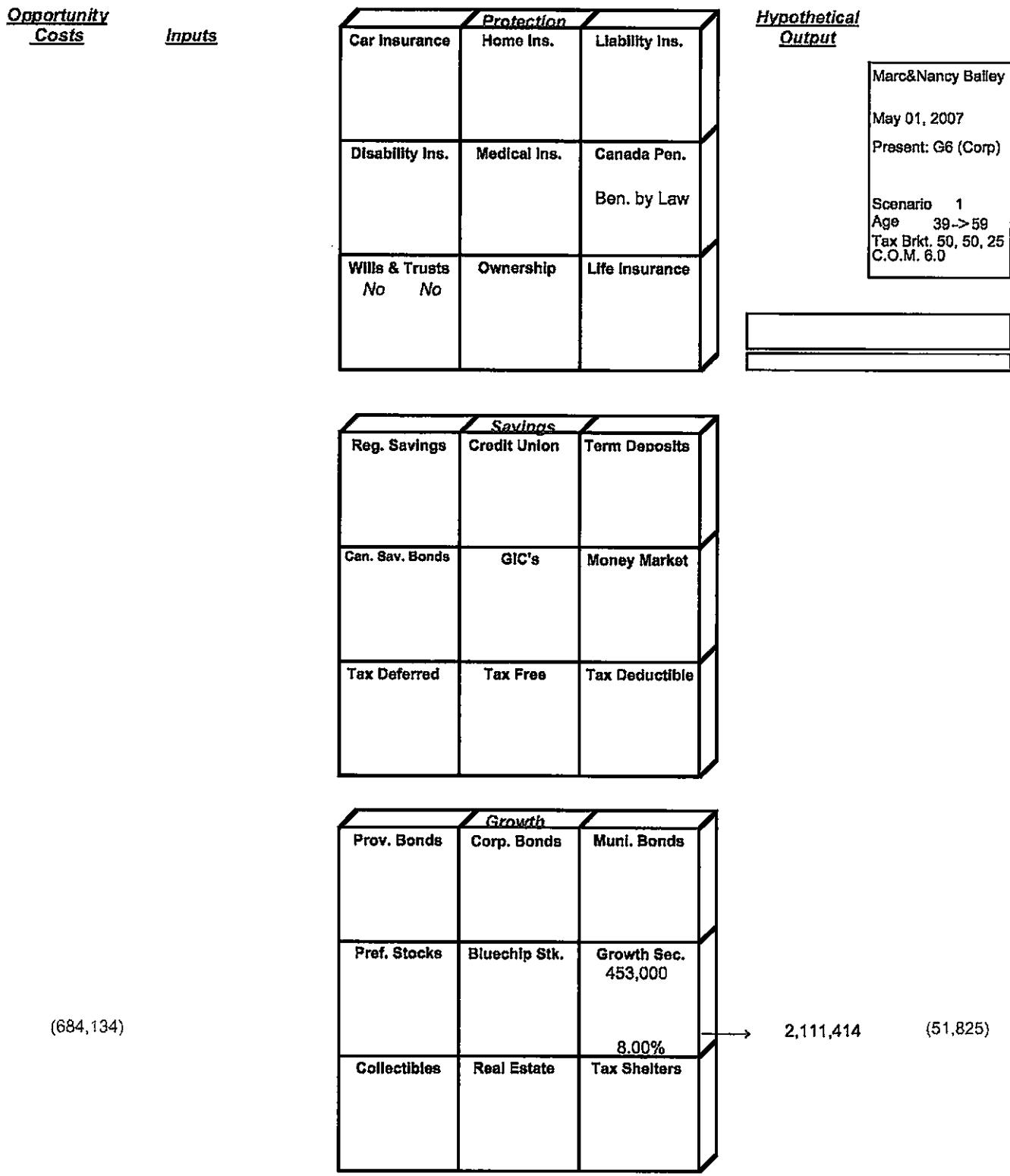
I now my fee.

Marc&Nancy Bailey

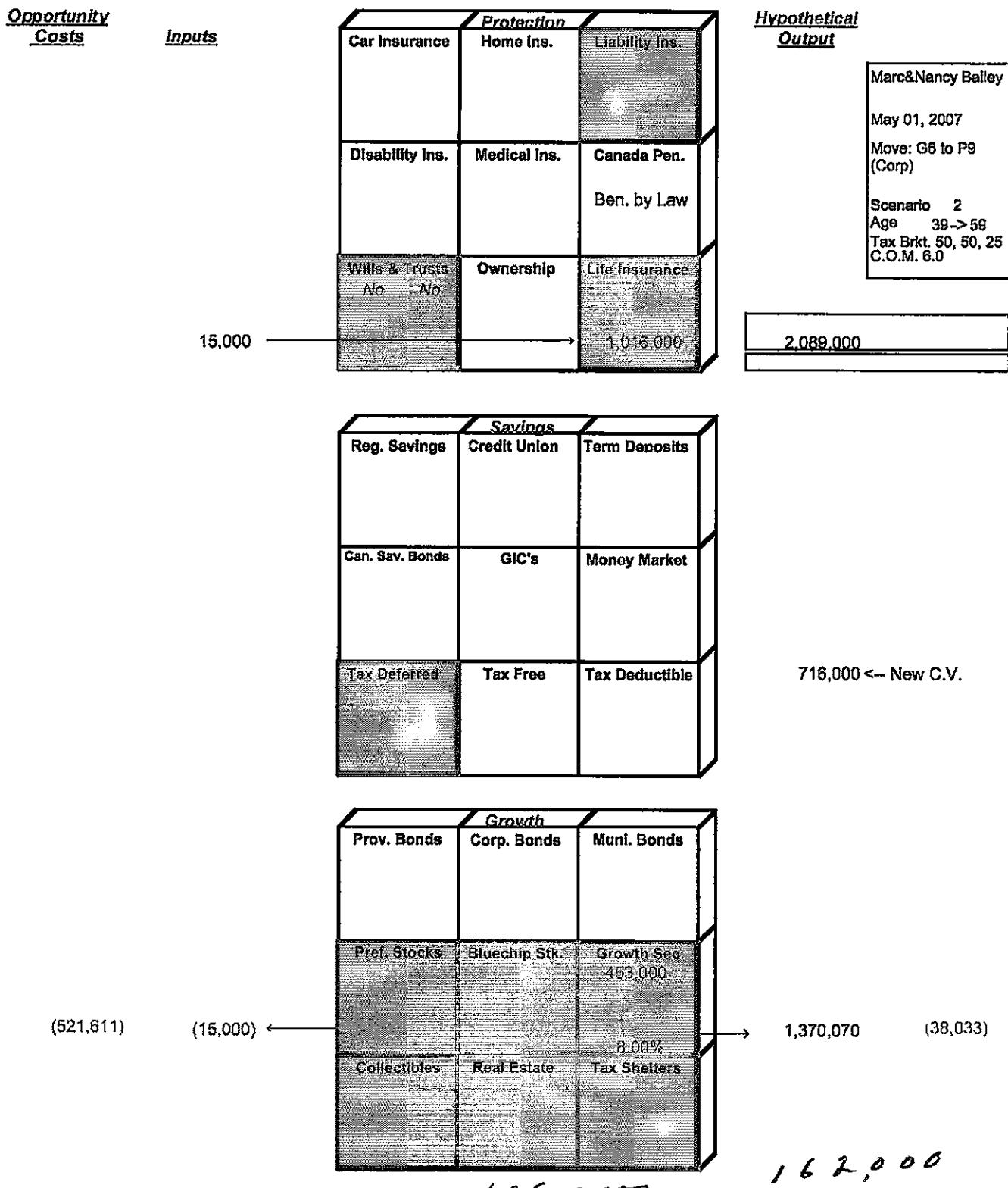
May 01, 2007

<i>Annual Input</i>					
<i>Old Money</i>	453,000	453,000			
<i>Hypothetical Output</i>	2,111,414	3,459,070			
<i>Debt &amp; Deferred Taxes</i>	(51,825)	(38,033)			
<i>Net Hypothetical Output</i>	2,059,588	3,421,036			
<i>Inflation Cost</i>					
<i>Today's Dollars</i>	2,059,588	3,421,036			
<i>Taxes &amp; Lost Opp. Cost</i>					
<i>Recaptured Dollars</i>	(684,134)	(521,611)			
<i>Effectiveness</i>	5.71%	9.73%			
<i>Government Control</i>					
<i>Change over Previous</i>	1,361,448				
<i>Cumulative Change</i>	1,361,448				

Non-Reg Securities & Permanent Life Insurance



<b>Annual Input</b> Growing to <b>Old Money</b> <b>Tax &amp; L.O.C.</b>	<b>Net Hyp. Output</b> Recovered Tax & L.O.C.	<b>Hypothetical Output</b> Debt & Taxes <b>Net Hyp. Output</b>
453,000 (684,134)	2,059,588 (684,134)  <b>Effectiveness</b> 5.71%	2,111,414 (51,825)  <b>Net Hyp. Output</b> 2,059,588



<i>Annual Input</i> <i>Growing to</i> <i>Old Money</i> <i>Tax &amp; L.O.C.</i>	<i>Net Hyp. Output</i> <i>Recovered</i> <i>Tax &amp; L.O.C.</i>	<i>Hypothetical Output</i> <i>Debt &amp; Taxes</i> <i>Net Hyp. Output</i>
453,000 (521,611)	3,421,036 (521,611) Effectiveness 9.73%	3,459,070 (38,033) 3,421,036

Scenario – 1:

G6 Growth Securities

Annual Deposit EOY (New Money)	Existing/Lump Sum Deposit (Old Money)	Cost Basis	Average Dividend Rate	Realized C.G.Rate	UnRealized C.G. Rate	C.O.M.	Def.	% Change
<input type="checkbox"/>	453,000	453,000	3.50 %	3.50 %	1 %	Def.	%	Change
<input type="checkbox"/>					0 %	Def.	%	Change
<input type="checkbox"/>					0 %	Def.	%	Change
<input type="checkbox"/>					0 %	Def.	%	Change

Dividend Withdrawal      6% Flat Withdrawal

Net      Enter      Cancel      Clear

Scenario – 2:

G6 Growth Securities

Annual Deposit EOY (New Money)	Existing/Lump Sum Deposit (Old Money)	Cost Basis	Average Dividend Rate	Realized C.G.Rate	UnRealized C.G. Rate	C.O.M.	Def.	% Change
<input type="checkbox"/>	(15,000.00)	453,000	3.50 %	3.50 %	1 %	Def.	%	Change
<input type="checkbox"/>					0 %	Def.	%	Change
<input type="checkbox"/>					0 %	Def.	%	Change
<input type="checkbox"/>					0 %	Def.	%	Change

Dividend Withdrawal      6% Flat Withdrawal

Net      Enter      Cancel      Clear

**PS&G**Personal Financial  
Engineering**Worksheet****Present Plan**

Last Name

**BAILEY**Date **JAN 25, 06**

Page

First Name

Age

**MARC**

Client

**NANCY**

Spouse

**ERIN**

Child

**CHARLES**

Child

Child

Child

Occupation

Income

**50,000**

Client

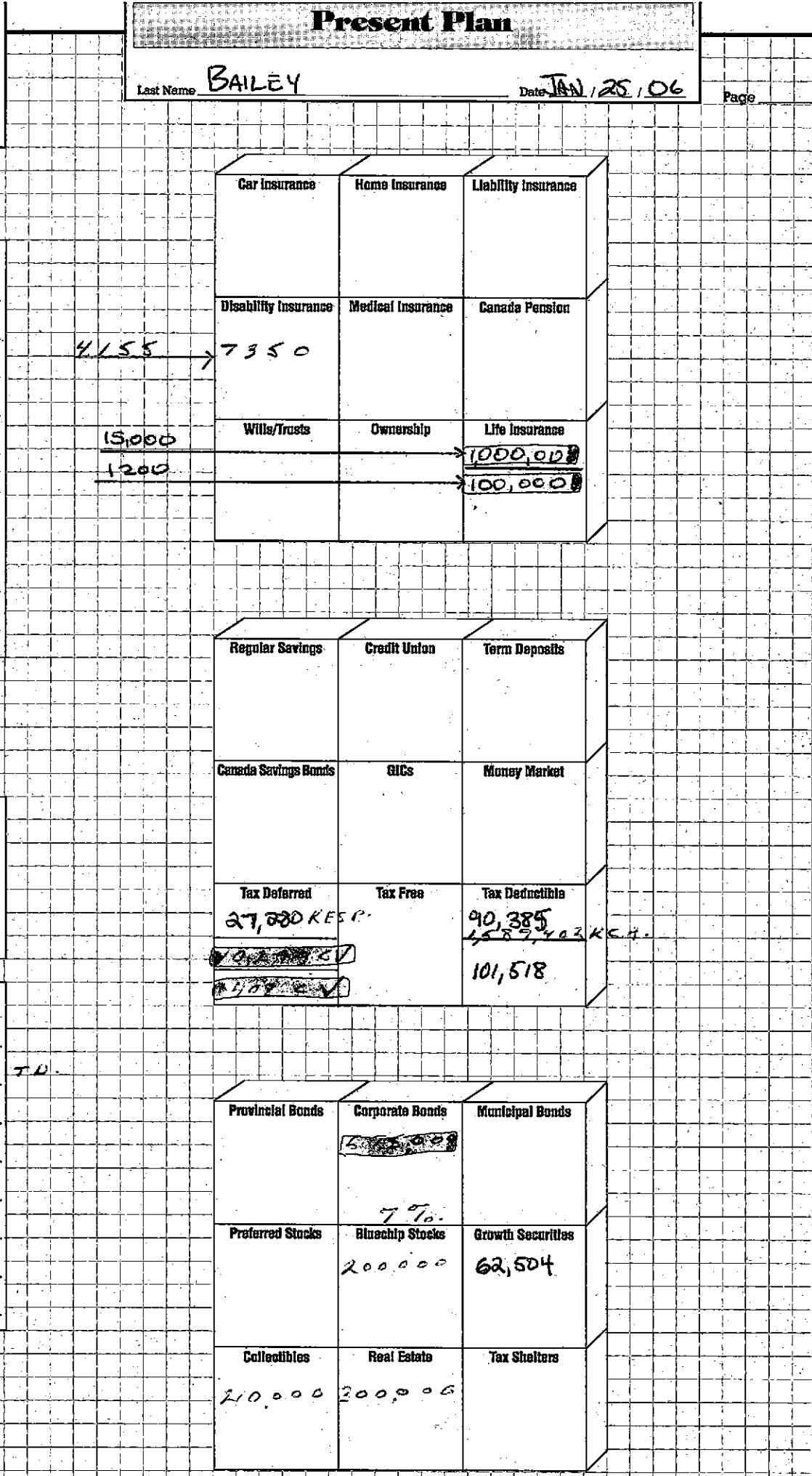
**50,000**

Spouse

**Additional Information****Debt Window**

Type of Loan	\$/Month Net of RE Tax	\$ Unpaid Balance	% Rate	Months to Pay
-----------------	------------------------------	-------------------------	-----------	------------------

<b>LOC.</b>	<b>57000</b>	<b>280000</b>		
-------------	--------------	---------------	--	--



## The PS&G Present Plan

The PS&G Model of your present plan is constructed based on the financial information you provided during the data gathering and questioning phase of the Personal Financial Engineering™ process. You should check all the data on the Model to make sure that you agree with this information before proceeding with the planning process.

The PS&G Model represents a financial laboratory, wherein an analysis of the efficiency and effectiveness of your assets will be measured and evaluated. The accuracy of the information you have provided is critical to the veracity of the planning functions. At anytime during the planning phase, you may change the data to meet your needs, wants or desires. The Protection Component represents those parts of your financial life that protect your assets, income and human life value from a variety of risks. These risks are fire, theft, illness, disability, lawsuit, death, taxes, and inflation.

The Savings and Growth Components represent your assets and illustrate them in a hierarchical fashion in order to show their relative rate-of-return, liquidity, and risk. The assets are also positioned in a defined structure that illustrates the important use and benefits features.

The debt window reveals any liabilities such as personal debts, mortgages or loans. It shows the type of loan, the monthly payment, the relative interest rates, and the number of months the loan will be paid.

The purpose of the entire PS&G Model is to examine your current financial position according to its internal, external and coordination designs. Before moving to the planning stages, you should read the Disclosure Notice on the back of the PS&G Personal Financial Engineering Planning Worksheet. You and your advisor must sign this notice before the planning process can begin.

Once you understand the PS&G Model and how it works, we are sure you will appreciate all that it provides in helping you to achieve your financial needs, goals and desires.

## Worksheet

## Present Plan

4 April 05  
Date 04/05/05

Page 1

Last Name BAILEY

First Name MARC Age 37

Client NANCY Age 37

Spouse ERIN Age 6

Child CHARLES Age 4

Child

Child

Occupation ENGINEER Income

Client 120,000

Spouse 120,000

## Additional Information

to adjustment fact to dividends.  
3 income from R.C.A.

## Debt Window \$/Month

Type of Loan	Net of RE Tax	Unpaid Balance	% Rate	Months to Pay
-----------------	------------------	-------------------	--------	------------------

	83000	7		
--	-------	---	--	--

Car Insurance	Home Insurance	Liability Insurance
Disability Insurance	Medical Insurance	Canada Pension
4155 → 7350 65 90/180		

Wills/Trusts	Ownership	Life Insurance
15,000	Family Trust	1,000,000 ← 100,000 ←
1200		→ 100,000 ← no Corp

Regular Savings 29,000?	Credit Union	Term Deposits
Canada Savings Bonds	GICs	Money Market
6,000 ← 200 ←	Tax Free	Tax Deductible 77,000 15,894.03 R.C.A 87,000

Provincial Bonds	Corporate Bonds	Municipal Bonds
675,000		
Preferred Stocks	Bluechip Stocks	Growth Securities 29,000

Collectibles	Real Estate 300,000	Tax Shelters
210,000		

## The PS&G Present Plan.

The PS&G Model of your present plan is constructed based on the financial information you provided during the data gathering and questioning phase of the Personal Financial Engineering™ process. You should check all the data on the Model to make sure that you agree with this information before proceeding with the planning process.

The PS&G Model represents a financial laboratory, wherein an analysis of the efficiency and effectiveness of your assets will be measured and evaluated. The accuracy of the information you have provided is critical to the veracity of the planning functions. At anytime during the planning phase, you may change the data to meet your needs, wants or desires. The Protection Component represents those parts of your financial life that protect your assets, income and human life value from a variety of risks. These risks are fire, theft, illness, disability, lawsuit, death, taxes, and inflation.

The Savings and Growth Components represent your assets and illustrate them in a hierarchical fashion in order to show their relative rate-of-return, liquidity, and risk. The assets are also positioned in a defined structure that illustrates the important use and benefits features.

The debt window reveals any liabilities such as personal debts, mortgages or loans. It shows the type of loan, the monthly payment, the relative interest rates, and the number of months the loan will be paid.

The purpose of the entire PS&G Model is to examine your current financial position according to its internal, external and coordination designs. Before moving to the planning stages, you should read the Disclosure Notice on the back of the PS&G Personal Financial Engineering Planning Worksheet. You and your advisor must sign this notice before the planning process can begin.

Once you understand the PS&G Model and how it works, we are sure you will appreciate all that it provides in helping you to achieve your financial needs, goals and desires.

# PS&G

Personal Financial  
Engineering  
**Worksheet**

## Present Plan

Last Name

*Bailey Engineering*

Date *4 April 03*

Page *2*

First Name **Age**

*Marc 1000 Special B*

Client *85 A common*

Spouse

*Nancy 5 A common*

Child

Child

Child

Occupation **Income**

*270000*

Client

Spouse

Additional Information

*27% ownership of WEA.*

Debt Window

Type of Loan	\$/Month Net of RE Tax	\$ Unpaid, Balance	% Rate	Months to Pay
-----------------	------------------------------	--------------------------	-----------	------------------

*794702.72.*

*550,000*

*600,000*

*loan to  
Marc RE A*

Car Insurance	Home Insurance	Liability Insurance
Disability Insurance	Medical Insurance	Canada Pension
Wills/Trusts	Ownership	Life Insurance

*TNS*

Regular Savings	Credit Union	Term Deposits
Canada Savings Bonds	GICs <i>700,000</i>	Money Market
Tax Deferred	Tax Free	Tax Deductible

Provincial Bonds	Corporate Bonds	Municipal Bonds
Preferred Stocks <i>Value of 27% of WEA</i>	Bluechip Stocks <i>675,000</i>	Growth Securities
Collectibles	Real Estate <i>667,000 gravel pit.</i>	Tax Shelters

## **The PS&G Present Plan**

The PS&G Model of your present plan is constructed based on the financial information you provided during the data gathering and questioning phase of the Personal Financial Engineering™ process. You should check all the data on the Model to make sure that you agree with this information before proceeding with the planning process.

The PS&G Model represents a financial laboratory, wherein an analysis of the efficiency and effectiveness of your assets will be measured and evaluated. The accuracy of the information you have provided is critical to the veracity of the planning functions. At anytime during the planning phase, you may change the data to meet your needs, wants or desires. The Protection Component represents those parts of your financial life that protect your assets, income and human life value from a variety of risks. These risks are fire, theft, illness, disability, lawsuit, death, taxes, and inflation.

The Savings and Growth Components represent your assets and illustrate them in a hierarchical fashion in order to show their relative rate-of-return, liquidity, and risk. The assets are also positioned in a defined structure that illustrates the important use and benefits features.

The debt window reveals any liabilities such as personal debts, mortgages or loans. It shows the type of loan, the monthly payment, the relative interest rates, and the number of months the loan will be paid.

The purpose of the entire PS&G Model is to examine your current financial position according to its internal, external and coordination designs. Before moving to the planning stages, you should read the Disclosure Notice on the back of the PS&G Personal Financial Engineering Planning Worksheet. You and your advisor must sign this notice before the planning process can begin.

Once you understand the PS&G Model and how it works, we are sure you will appreciate all that it provides in helping you to achieve your financial needs, goals and desires.

# Problem Identification Worksheet

## Problem Identified

P1

P2 separate bus policy for home office 260. / Boat Ins.

P3

P4 no group dis., however on ans.

P5 Health fkr, disability, cost sharing, travel card in book, May

P6

P7 NEED WILLS

P8

P9 NANCY IS AN EMPLOYEE OF WHITNEY-BALLEY INC?

S1 63,700 in Corp account

S2

S3

S4

S5

S6

S7

S8

S9 To be reviewed, deposit to who?

G1

G2

G3

G4

G5

G6 30% of Whitney Bailey Ass. Inc

G7

G8

G9

## Miscellaneous

where is Corp w real estate Value \$600,000  
c.b. \$650,000  
47. def'

Marc Bailey Corporate Analysis	Year End Date	% of Ownership	Debts	Assets	Net Taxable Revenues	Notes
Bailey Engineering Inc.						
Whitney-Bailey Associates Inc. (Operating Co.)						
1474117 Ontario Inc. (Corporation)						
1564957 Ontario Inc. (new)						

# Problem Identification Worksheet

## Problem Identified

P1	_____
P2	_____
P3	_____
P4	_____
P5	_____
P6	_____
P7	_____
P8	_____
P9	_____
S1	_____
S2	_____
S3	_____
S4	_____
S5	_____
S6	_____
S7	_____
S8	_____
S9	_____
G1	_____
G2	_____
G3	_____
G4	_____
G5	_____
G6	_____
G7	_____
G8	_____
G9	_____

**Miscellaneous**

Bailey Corp. loan to CEC (Real Estate Corp?)

## **INSTRUCTIONS**

1. This worksheet is for internal use only. It is not to be used with the public.
2. The purpose of this worksheet is for you to "brainstorm" as many financial problems that you see in each one of the financial components of the client's PS&G Model.
3. You may only give advice in the areas of the PS&G Model in which you are licensed. All other areas need the expertise of an appropriate licensed professional in that area. You are to suggest that your client see an attorney, CPA, accountant, or other professional to receive the appropriate advice in those areas.
4. This list is not a complete list of financial problems, but only the ones that you see from your level of expertise. Make sure that you advise the client of the importance of seeing other financial professionals needed in the client's overall financial situation.
5. Provide complete information that is fair and balanced. Each area of the PS&G Model has advantages as well as disadvantages.

# Problem Identification Worksheet

## Problem Identified

P1 \_\_\_\_\_

P2 \_\_\_\_\_

P3 \_\_\_\_\_

P4 *Reliable life 4K, #3094, Unum 3,350, 1061.20*

P5 \_\_\_\_\_

P6 \_\_\_\_\_

P7 \_\_\_\_\_

P8 \_\_\_\_\_

P9 \_\_\_\_\_

S1 \_\_\_\_\_

S2 \_\_\_\_\_

S3 \_\_\_\_\_

S4 \_\_\_\_\_

S5 \_\_\_\_\_

S6 \_\_\_\_\_

S7 \_\_\_\_\_

S8 \_\_\_\_\_

S9 \_\_\_\_\_

G1 \_\_\_\_\_

G2 \_\_\_\_\_

G3 \_\_\_\_\_

G4 \_\_\_\_\_

G5 \_\_\_\_\_

G6 \_\_\_\_\_

G7 \_\_\_\_\_

G8 \_\_\_\_\_

G9 \_\_\_\_\_

## Miscellaneous

First Name	Age
HAGG	35
Client	
HAGG	35
Spouse	
Child	
Child	
Child	
Child	
Occupation	Income
HAGG	125,000
Client	
HAGG	125,000
Spouse	

Car Insurance	Home Insurance	Liability Insurance 1,000.00
Disability Insurance	Medical Insurance	100/250 \$1,000
Wills/Trusts	Ownership Shareholder Agreement	Canada Pension
		Life Insurance

Regular Savings	Credit Union	Term Deposits
65,400 157,100 17,200 A/R		
Canada Savings Bonds	GICs	Money Market
	1,615.56	
Tax Deferred	Tax Free	Tax Deductible

Provincial Bonds	Corporate Bonds	Municipal Bonds
Preferred Stocks 50,000	Bluechip Stocks Common Stocks 100	Growth Securities
Collectibles	Real Estate 50,000	Tax Shelters

Marc Bailey Corporate Analysis	Year End Date	% of Ownership	Debts	Assets	Net Taxable Revenues	Notes
Bailey Engineering Inc.						
Whitney-Bailey Associates Inc. (Operating Co.)						
147417 Ontario Inc. (Corporation)						
1564957 Ontario Inc. (new)						

## The PS&G Model® Present Plan

The PS&G Model of your present plan is constructed based on the financial information you provided during the data gathering and questioning phase of the Personal Financial Engineering™ process. You should check all the data on the Model to make sure that you agree with this information before proceeding with the planning process.

The PS&G Model represents a financial laboratory, wherein an analysis of the efficiency and effectiveness of your assets will be measured and evaluated. The accuracy of the information you have provided is critical to the veracity of the planning functions. At anytime during the planning phase, you may change the data to meet your needs, wants or desires. The Protection Component represents those parts of your financial life that protect your assets, income and human life value from a variety of risks. These risks are fire, theft, illness, disability, lawsuit, death, taxes, and inflation.

The Savings and Growth Components represent your assets and illustrate them in a hierarchical fashion in order to show their relative rate-of-return, liquidity, and risk. The assets are also positioned in a defined structure that illustrates the important use and benefits features.

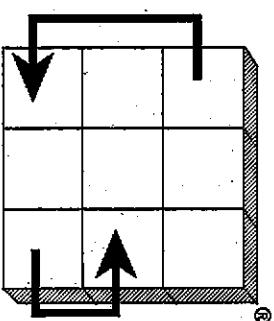
The debt window reveals any liabilities such as personal debts, mortgages or loans. It shows the type of loan, the monthly payment, the relative interest rates, and the number of months the loan will be paid.

The purpose of the entire PS&G Model is to examine your current financial position according to its internal, external and coordination designs. Before moving to the planning stages, you should read the Disclosure Notice on the back of the PS&G Personal Financial Engineering Planning Worksheet. You and your advisor must sign this notice before the planning process can begin.

Once you understand the PS&G Model and how it works, we are sure you will appreciate all that it provides in helping you to achieve your financial needs, goals and desires.

# PS&G Model® Business Present Plan

CLIENT Bailey DATE April 1105





**PS&G**  
Personal Finance  
**Model**

**Present Plan**

Last Name BAILEY

First Name	Age
MARC	37
Client	
NANCY	37
Spouse	
ERIN	6
Child	
CHARLES	4
Child	
Child	
Occupation	Income
Engineer	
Client	60,000
<input type="checkbox"/> INCOME FROM	120,000
Spouse	60,000
Total Income	\$ 120,000
% of Income Saved	%

Car Insurance	Home Insurance	Liability Insurance
4155 → 7,350	65	90/180
Disability Insurance	Medical Insurance	Canada Pension
Wills/Trusts	Ownership	Life Insurance
	FAMILY TRUST	

Regular Savings	Credit Union	Term Deposits
29,000 <sup>2</sup>		
Canada Savings Bonds	GICs	Money Market
Tax Deferred	Tax Free	Tax Deductible
6,100 C.V.		77,000 1,589,403 <sup>1</sup> C.V.
2,000	RES	87,000

Provincial Bonds	Corporate Bonds	Municipal Bonds
	675,000	
Preferred Stocks	Bluechip Stocks	Growth Securities
	200,000	29,000
Collectibles	Real Estate	Tax Shelters
210,000	300,000	

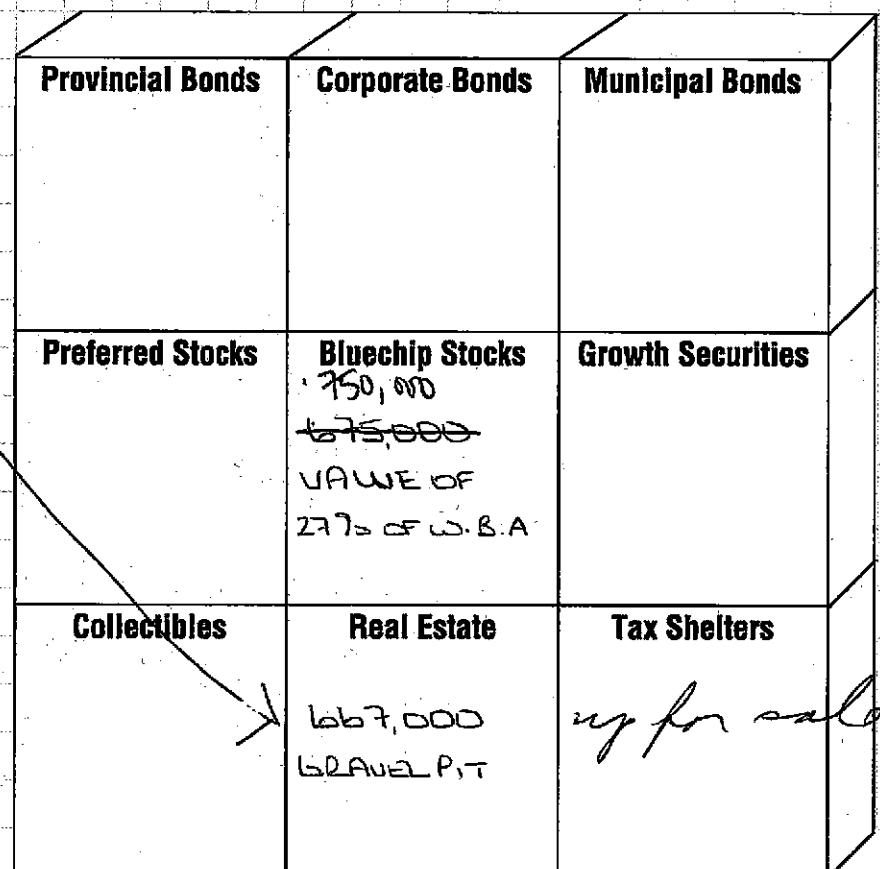
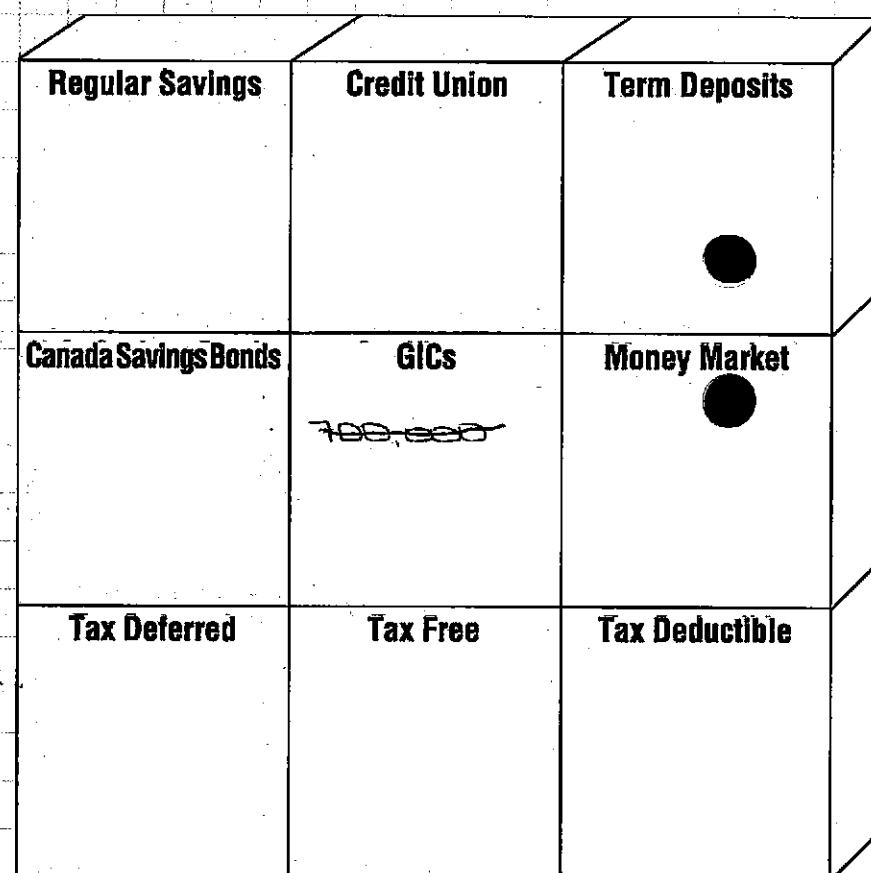
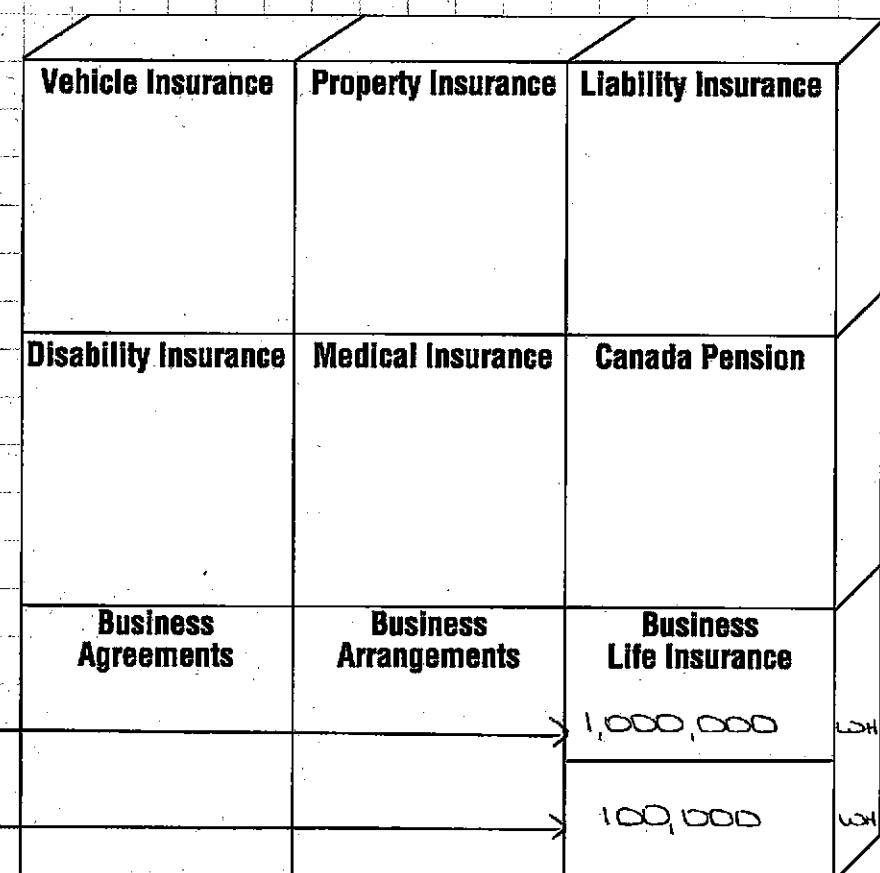
Personal Debt Window					
Type of Loan	\$/Month RE Tax	\$ Net of Unpaid Balance	% Rate	Months to Pay	
*		83,000 <sup>7</sup>		T D	
L.C.	51,000	280,000 P			

## **Worksheet**

Date 11 / APR / 2004

# **PS&G**

## **Business Finance Model**



Business Owners	%
MARC - 1000 SPECIAL B + 5 A COMMON	
NANCY - 5 A COMMON	
WIFIE - 2770 DOLLARS	

INCOME - \$270,000

#### Additional Information

## 27% OF OWNERSHIP OF W.B.

## The PS&G Present Plan

The PS&G Model of your present plan is constructed based on the financial information you provided during the data gathering and questioning phase of the Personal Financial Engineering™ process. You should check all the data on the Model to make sure that you agree with this information before proceeding with the planning process.

The PS&G Model represents a financial laboratory, wherein an analysis of the efficiency and effectiveness of your assets will be measured and evaluated. The accuracy of the information you have provided is critical to the veracity of the planning functions. At anytime during the planning phase, you may change the data to meet your needs, wants or desires. The Protection Component represents those parts of your financial life that protect your assets, income and human life value from a variety of risks. These risks are fire, theft, illness, disability, lawsuit, death, taxes, and inflation.

The Savings and Growth Components represent your assets and illustrate them in a hierarchical fashion in order to show their relative rate-of-return, liquidity, and risk. The assets are also positioned in a defined structure that illustrates their important use and benefit features.

The debt window reveals any liabilities such as personal debts, mortgages or loans. It shows the type of loan, the monthly payment, the relative interest rates, and the number of months the loan will be paid.

The purpose of the entire PS&G Model is to examine your current financial position according to its internal, external and coordination designs. Before moving to the planning stages, you should read the Disclosure Notice on the back of the PS&G Personal Financial Engineering Planning Worksheet. You and your financial representative should sign this notice before the planning process begins.

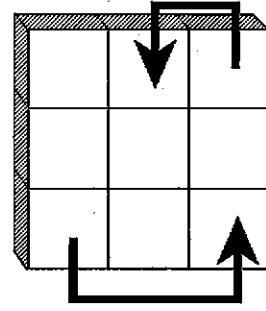
Once you understand the PS&G Model and how it works, we are sure you will appreciate all that it provides in helping you to achieve your financial needs, goals and desires.

## PS&G Model Worksheet

## Present Plan

... a Personal Financial Engineering™ approach

CLIENT Mary & Marc Bailey DATE 15 Oct 03





# Present Plan

3300  
1,748 BOAT  
880

399

466 / 11,832

160 / 1920

Car Insurance	Home Insurance	Liability Insurance
1,000,000	1,000,000 2,000 R	
300/100	200/20	
Disability Insurance	Medical Insurance	Social Security
1350	Group Health & Den.	Full
Wills/Trusts	Ownership	Life Insurance
		400000 T10 25,000 BT
		100,000 T10

4000

Regular Savings	Credit Union	Time Accounts
31,000		
3%		
U.S. Savings Bonds	Certificates	Money Market
Tax Deferred	Tax Free	Tax Deductible
13400		49,000
RESP		56,000 67%

Government Bonds	Corporate Bonds	Municipal Bonds
Utility Stocks	Bluechip Stocks	Growth Securities
	3,500,000	20,000
		87%
Collectibles	Real Estate	Tax Shelters
190,000	300,000	
20,000 TS		

PS&G Personal Financial Engineering Worksheet

Last Name Barley

Date 15 Oct 03

## **Client Data**

First Name	Age
Marc	35
Client	
Nancy	35
Spouse	
Eric	5
Child	
Charles	3
Child	
Child	
Child	
Occupation	Income
Engineer	120,000
Client	
	100,000
Spouse	
Total Income	\$ 220,000

PS&G Model Notes

### **Additional Information**

## Income splitting

## Debt Window

To Do meti a fiduci 15 Oct 03.

O

Boat Insurance

Group Plan

Investors Breakdown

- expensive drugs - limit no ortho company coverage review

car insurance - \$1,000

- mini plan for executives

house insurance -

umbrella policy 3-5M

wills - 18 kids

final notes to kids

RRSP Nancy + Nancy's Spouse.

read wills

medicals done

Oct 29 03.

Comments

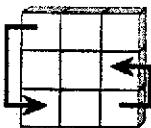
wills

- Both are the same
- good for you getting 25
- need up dateing
- what do you want to happen
  - now everything goes to ~~50/50~~ parents
  - No Guardians
  - Trustees for what?
  - Take care on Trustees not complete discretion but capital preservation must happen

Boat Ins.

Replacement Value?

Home rods of contents & Boat



# The LEAP SYSTEM Agent's Manual

## Recommended Actions I and II

Your prospect has fully or partially completed the Questionnaire. Your purpose is to review the data, request any missing information, ask consultative questions and record the answers. The consultative questions are "coded" in the green areas of the Questionnaire. These codes are fully explained on the following pages.

### Family Data

#### Consultative Questions

- Is this your first marriage?
- If this is not the prospect's first marriage, find out about other children, child support, alimony, etc.
- If the prospect is single, discuss any possible marriage plans
- Are the children living at home?
- Does the prospect have any other family members who are dependent on the client for support?

### Residence/Employment Data

- Is your bonus paid in cash, stock, other?
- When is your bonus paid?
- If spouse is not working, are there any plans for your spouse to return to work?

#### Consultative Questions (green area)

- Will you be getting an increase in wages soon?
- If you're slated for a large tax payment or tax refund, ask if this is normal and consistent for the past few years and if it is expected for this year.

You may also want to probe concerning the prospect's satisfaction with his current job and if any change is anticipated.

- How long do you plan on living in this house? *long time*
- Are you satisfied with your living space? *Ye s*
- Will you retire here or elsewhere?

### Other Income

#### Rental Income:

- Where are the properties located?
- Are they fully rented now?
- Will you raise rents soon?

#### Royalties:

- How long will they last?
- Patent or copyright?
- Do you expect additional royalties soon?

#### Fees or Commissions

- What are these fees or commissions for?
- Is this normal income? ... greater or lesser?

#### Trust Income

- Do you have the document?
- How long will it last?
- Are there principal payouts? When?

#### Business Income

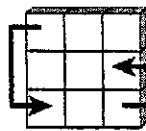
- What kind of business?
- What percentage do you own? *30%*
- Do you have business documents?

#### Consultative Questions (green area)

- Have you ever considered acquiring any rental property? Why or why not?
- Have you ever considered opening up your own business?

- Are you due for any inheritance in the near future?

*some on Nancy's side*



## Savings

- What type of account is this?
- What is the exact wording of ownership on the account?
- What do you put in on a monthly basis? (Make note on left side of item)
- What is the interest rate on this account?
- When does the account mature?
- How does the plan work?
- What does your company match?  
**Consultative Questions** (green area)
- Are you satisfied with the amount of money you save on a regular basis? *Save more security*
- Are you satisfied with the rates of return on your savings? *mutual funds high risk*
- When will you use this money?
- What is it for?

## Investment Type Assets

- Why did you buy this investment?
- Have you been satisfied with its performance?
- Is your objective the same for this investment as for others?
- What was the original cost of this investment?
- How much did you invest?
- Did you sell any investments this year?
- At a profit or loss?  
**Consultative Questions** (green area)

- What do you like most/least about these kinds of investments?
- Who advised you to purchase these investments?
- If you had an investment club, who would you want as members?

## Real Estate

- Why did you purchase this property?

- Will you move anytime in the near future?
- Will you sell any property soon? Why?  
**Consultative Questions** (green area)
- How do you feel about real estate as an investment?

## Mortgage

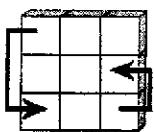
- Why did you chose this type of mortgage?
- Do you have mortgage insurance?  
**Consultative Questions** (green area)
- Do you understand all of the mortgage devices available today?

## Loan or Debts

- What was the purpose of the loan?
- Do you intend to pay off any loans soon?
- Have you ever considered a loan consolidation?
- Is your cash flow negative, positive or neutral?
- Do you normally pay off credit card bills completely each month?  
**Consultative Questions** (green area)
- Do you anticipate the need to take out any loans in the near future?

## Miscellaneous Personal Property

- Is your personal property insured?
- Do you have a formal inventory of your items?
- Do you have a picture portfolio of your items? If so, where is it?
- Will you be replacing anything soon? *sotk*  
*Landscaping*
- Will you be making any large purchases soon?
- Where will you get the funds?



# The LEAP SYSTEM

## Agent's Manual

### Insurance Coverages

*read book  
wealthy Barber*

#### Consultative Questions

- What do you think about your life insurance/disability insurance portfolio?
  - Protection
  - Premiums
  - Type of policies *Term*
- Do you receive an annual update?
- From whom have you purchased your insurance?
- Do you feel obligated to purchase insurance from them in the future?
- What do you want your life insurance to do for you and your family? *objectives expenses*
- In event of disability or death
  - Monthly income or percentage required in event of disability:
  - Length of monthly income
  - How long can you manage - elimination period
- Health
  - Do you have medical insurance?

### Additional Information

- Is your safe deposit box jointly owned?
- How long have you used your accountant? Your lawyer?
- What do they do for you?
- Do you value their judgment in all financial areas?
- Do you or members of your family have any medical problems that may lead to future financial commitments?

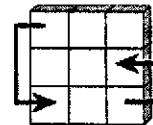
### Consultative Questions

- Have you named guardians for your children? Who did you name?
- Who would serve as alternates if those guardians could not perform?

### Personal Goals and Priorities

- Family Data?
- Marginal tax bracket percentage?
- Inflation percentage?
- LOC percentage?
- What are your goals?
  - Short term?
  - Long term?
- What are your priorities?
  - Education
  - Retirement
  - Second home
  - Family security - death or disability
  - Wealth accumulation
  - Other:
    - When would you like to retire? With what retirement income?
    - Is there anything disturbing you about your own financial planning?
  - What would you like me to be able to do for you?
  - Any other thoughts or feelings about what you have shared with me?

*Taxes*



## Business Interest

### SOLE PROPRIETORSHIP, PARTNERSHIP OR CORPORATION (Circle)

- A. Name of Firm \_\_\_\_\_
- B. Address \_\_\_\_\_
- C. Nature of Business \_\_\_\_\_
- D. Number of Non-Owner Employees \_\_\_\_\_
- E. Is there an agreement in effect that requires your interest to be sold at death to surviving partners? \_\_\_\_\_
- F. Is there a registered retirement plan in effect? \_\_\_\_\_
- G. Is there an agreement in effect that requires that the business be sold at your death? \_\_\_\_\_
- H. What price does the agreement establish? \_\_\_\_\_
- I. When was the agreement last reviewed (date)? \_\_\_\_\_
- J. With whom do you have agreement? \_\_\_\_\_

Name of Owners

Percentage of Interest

---

---

---

- K. Estimate of the current going value ..... \$ \_\_\_\_\_
- L. Value to be used in this analysis ..... \$ \_\_\_\_\_

**BEFORE I CAME ALONG, WHAT WAS YOUR PLAN?**

Bailey Oct 03 - Innovations Group

Fixed - RRSP/RESP	As of July 12/03	
Marc - Japanese	2,602	
Marc - Canadian	16,052	
Marc - Pacific	3,339	
Marc - European	5,120	
Marc - Global Fund	2,750	
Marc - IG Mackenzie Eme	1,176	
Marc - IG Maxxum Divid	4,735	
Marc - AGF	4,917	
Marc - US Large Cap Valu	5,910	
Marc - IG Janus American	<u>1,939</u>	
	48,540	
Nancy - Mackenzie	803	
Nancy - AGF Canadian	9,297	
Nancy - European	5,962	
Nancy - Janus American	1,200	
Nancy - Japanese	1,046	
Nancy - Canadian	10,471	
Nancy - Pacific	<u>2,861</u>	
	31,640	
Nancy - European - Sp	2,516	
Nancy - AGF Can - Sp	8,015	
Nancy - Janus Global - Sp	1,204	
Nancy - Japanese S	761	
Nancy - Canadian S	2,559	
Nancy - Pacific S	<u>1,656</u>	
	16,711	
Erin RESP	6,343	as of June 30
Charlie RESP	<u>7,057</u>	as of June 30
	<b>13,400</b>	
Nancy - Canada Life	6,100	locked in
Nancy - Canada Trust	1,139	As of Sept 22
<b>Growth</b>		
Chequeing	2,000	
Savings	1,000	
ING	25,820	
Income Plus Port	17,806	as of June 30
Income Plus Port - NL	<u>3,726</u>	as of June 30
	<b>50,353</b>	


[Search](#) | [Contact Us](#) | [Go to WebBroker](#)

NAP

[My Accounts](#) [Customer Service](#) [Products & Services](#) [Markets & Research](#) [Planning](#)  
[View Accounts](#) [Payments & Transfers](#) [Investing](#) [eServices](#) [Special Requests](#)
**Personal**

- [Fund Prices](#)
- [Order Mutual Funds](#)
- [Purchase GIC](#)
- [RSP Loan](#)
- [Purchase Plans](#)
- [Open New Account](#)

**Small Business**

- EasyWeb Quick Links** [Edit](#)
- [Pay Bills](#)
  - [Today's Rates](#)
  - [Order Mutual Funds](#)
  - [WebBroker](#)
  - [Download Accounts](#)
  - [US Banking](#)
  - [webdoxs](#)

**Investing****Account Details**

P

**GUARANTEED INVESTMENT CERTIFICATE RSP - 8501900-01 \$1,386.98**
**Investment Details**

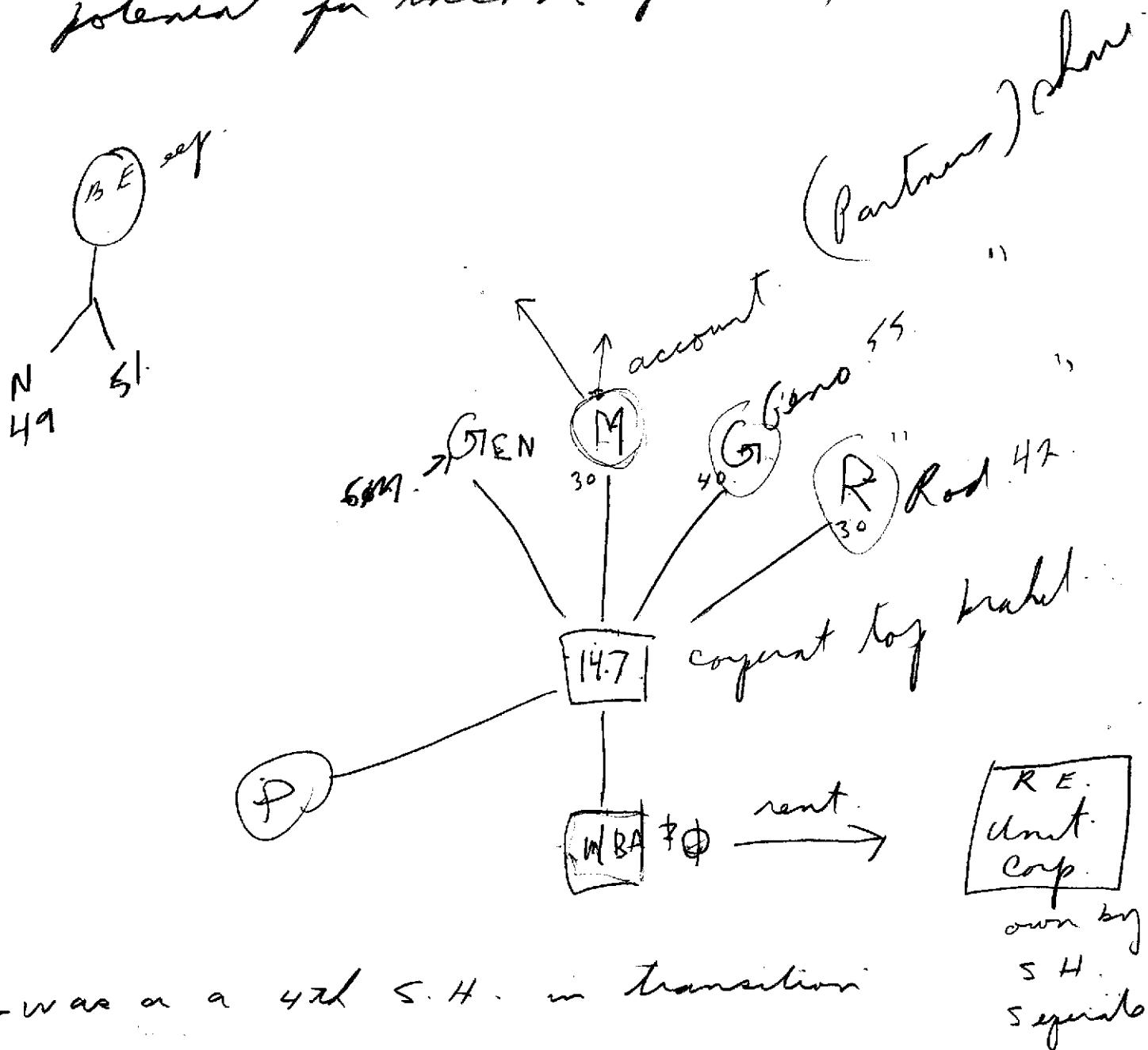
Product:	GUARANTEED INVESTMENT CERTIFICATE RSP
Issuer:	CANADA TRUSTCO MORTGAGE COMPANY
Principal:	\$1,138.90
Current Balance:	\$1,386.98
Issue Date:	Jun 30, 1999
Maturity Date:	Jun 30, 2004
Interest Rate:	5.05%
Interest Payment:	COMPOUND ANNUALLY
Maturity Instructions:	RENEW PRINCIPAL AND INTEREST

[Privacy Policy](#) | [Internet Security](#) | [Legal](#) | TD Group Financial Services site - Copyright ©

(Server ID: 45z : 1C)

# Futur Plan

- Personal Hold Co. with a  
potential for income splitting



- was on a 4th S.H. in transition

own by  
S.H.  
separately

Futur share holders. phantom

Opportunity Costs

Inputs

Protection		
Car Insurance	Home Ins.	Liability Ins.
Disability Ins.	Medical Ins.	Canada Pen. Ben. by Law
Wills & Trusts No No	Ownership	Life Insurance 1,000,000

Hypothetical Output

Marc and Nancy Bailey  
February 21, 2006  
S9 & G6 Move  
  
Scenario 1  
Age 38->65  
Tax Brkt. 46, 46, 23  
C.O.M. 6.0

(590,790)

722-8,891

1,000,000

0

Savings		
Reg. Savings	Credit Union	Term Deposits
Can. Sav. Bonds	GIC's	Money Market
Tax Deferred	Tax Free	Tax Deductible 1,666,403 4.30%

5,197,915 (2,391,041)

(200,841)

Growth		
Prov. Bonds	Corp. Bonds	Muni. Bonds
Pref. Stocks	Bluechip Stk.	Growth Sec. 62,504 8.00%
Collectibles	Real Estate	Tax Shelters

499,286 (25,115)

Annual Input Growing to Old Money Tax & L.O.C.	722 8,891 1,728,907 (791,631)
---	--

Net Hyp. Output Recovered Tax & L.O.C. Govt. Control Effectiveness	3,281,045 (791,631) 91.24% 1.36%
--	---

Hypothetical Output Debt & Taxes Net Hyp. Output	5,697,201 (2,416,156) 3,281,045
--	---------------------------------------

A.

100000

flask 10.000

90000

Tall 45000

45.000

B

100000

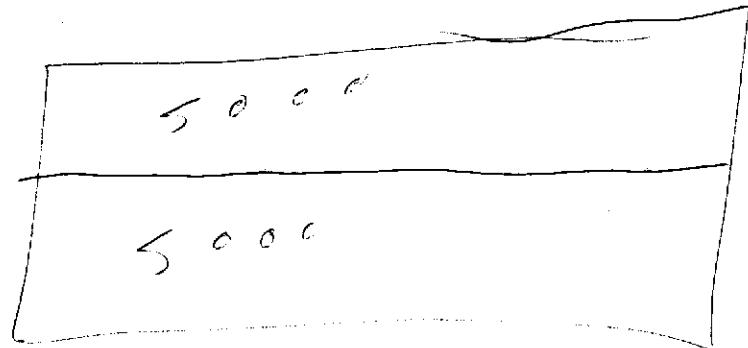
0

100

Tall

50

50.000



Opportunity Costs

Inputs

		Protection			
		Car Insurance	Home Ins.	Liability Ins.	
		Disability Ins.	Medical Ins.	Canada Pen.	
				Ben. by Law	
		Wills & Trusts No No	Ownership	Life Insurance	
15,000				1,000,500	

Hypothetical Output

Marc and Nancy Bailey  
February 22, 2006  
S9 & G6 Move  
  
Scenario 2  
Age 38->65  
Tax Brkt. 46, 46, 23  
C.O.M. 6.0

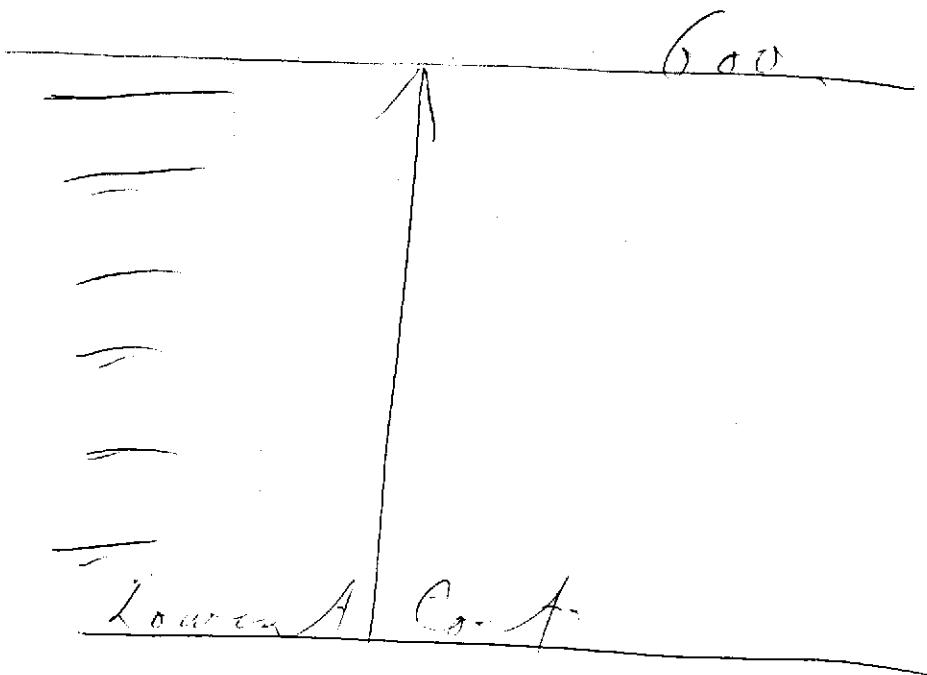
2,071,000

722 - 8,891 Value of Term Insurance Premium Recovery → 590,790

		Savings			
		Reg. Savings	Credit Union	Term Deposits	
		Can. Sav. Bonds	GIC's	Money Market	
		Tax Deferred 10,100CV	Tax Free	Tax Deductible 1,666,403	
(27,778) ←				4.36%	909,000 -- New C.V.
12,778 Tax					3,837,694 (1,765,339)

		Growth			
		Prov. Bonds	Corp. Bonds	Muni. Bonds	
		Pref. Stocks	Bluechip Stk.	Growth Sec. 62,504	
				8.00%	
(200,841)		Collectibles	Real Estate	Tax Shelters	499,286 (25,115)

<i>Annual Input</i> Growing to <b>Old Money</b> Tax & L.O.C. (200,841)	<b>722</b> 8,891 <b>1,739,007</b> <b>(200,841)</b>	<i>Net Hyp. Output</i> Recovered Tax & L.O.C. Govt. Control Effectiveness	<b>5,208,316</b> (590,790) (200,841) 54.83% 3.51%	<i>Hypothetical Output</i> Debt & Taxes <b>6,998,770</b> (1,790,454) <b>5,208,316</b>
--	---	---	---	---



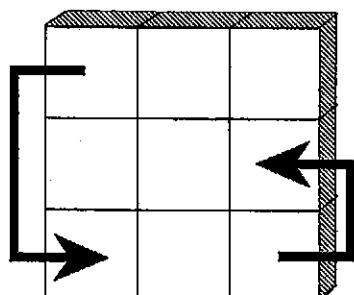
---

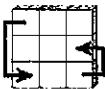
# **Family Security**

## **Calculator™**

---

**A macro-financial approach**





# Life Insurance (Element #9) Family Security Calculator™

## Step 1 - Present Plan

### Available Funds to Family at Death

1. Total Savings	\$ _____
2. Total Marketable Securities	\$ _____
3. Present Life Insurance	\$ _____
4. Other:	\$ _____
5. Other:	\$ _____
TOTAL	\$ <u>40,600.00</u>

### Immediate Cash Needs of Family

1. Final Expenses (medical, burial, legal)	\$ <u>50,000</u>
2. Debts Paid Off	\$ _____
3. Federal Estate Taxes	\$ _____
4. State Inheritance Taxes	\$ _____
5. Income Taxes	\$ <u>58,000</u>
TOTAL	(-\$ <u>630,000</u> )

### Discretionary Cash Needs of Family

1. Mortgage Liquidation	\$ _____
2. Education Fund	\$ _____
3. Emergency Fund	\$ _____
4. Other	\$ _____
TOTAL	(-\$ <u>0</u> )

Available Funds to Provide Income ..... \$ 3400.00

### Family Income Sources

1. Available funds to provide income @ <u>6%</u> %	\$ <u>204,000</u>
2. Social Security (estimated)	\$ _____
3. Other:	\$ _____

Total Present Family Income ..... \$

# Family Security Calculator

## Step 2 - Desired Plan

Desired Income for Family: \$ \_\_\_\_\_

Present Family Income: - \$ \_\_\_\_\_

Additional Income Required: = \$ \_\_\_\_\_

Additional Income Required + \_\_\_\_\_ % = \$ \_\_\_\_\_ **Additional Capital Required**

Desired Income for Family: \$ \_\_\_\_\_

Present Family Income: - \$ \_\_\_\_\_

Additional Income Required: = \$ \_\_\_\_\_

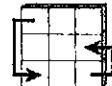
Additional Income Required + \_\_\_\_\_ % = \$ \_\_\_\_\_ **Additional Capital Required**

Desired Income for Family: \$ \_\_\_\_\_

Present Family Income: - \$ \_\_\_\_\_

Additional Income Required: = \$ \_\_\_\_\_

Additional Income Required + \_\_\_\_\_ % = \$ \_\_\_\_\_ **Additional Capital Required**



# Family Security Calculator

## Step 3 - Human Life Value Plan

Do you believe there will be inflation in the future? .....  Yes  No

Do you believe your family will have to replace capital goods in the future? .....  Yes  No

Do you believe there will be new products that do not exist today that your family will want or need to own in the future? .....  Yes  No

Do you believe there will be changes to income tax rates in the future? .....  Yes  No

Do you believe interest rates will fluctuate in the future? .....  Yes  No

Do you believe that the stock market will fluctuate up and down in the future? .....  Yes  No

Do you believe that it is possible for unknown factors to exist in the future that will require capital for your family? .....  Yes  No

Considering your current Family Security Calculation and the above questions, do you feel your family is well protected in the event of your death? .....  Yes  No

### The amount of life insurance currently available for you to own:

Total estimated amount available ..... \$ \_\_\_\_\_

Less: Amount presently owned ..... \$ \_\_\_\_\_

Additional estimated amount available\* ..... \$ \_\_\_\_\_

All of it

None of it

Part of it

\* This figure sets forth an amount of insurance that may be available to purchase. Please note however, the actual amount of life insurance you apply for should be based on your own situation. In addition, an insurer may change this amount, more or less, pending their own underwriting requirements.

Hypothetical Input

Hypothetical Output

Car Insurance	Home Insurance	Liability Insurance
Disability Insurance	Medical Insurance	Social Security
Wills/Trusts	Ownership	Life Insurance

Deferred Benefit

Recovery of Costs

Regular Savings	Credit Union	Time Accounts
U.S. Savings Bonds	Certificates	Money Market
Tax Deferred	Tax Free	Tax Deductible

Deferred Tax

Recovery of Costs

Government Bonds	Corporate Bonds	Municipal Bonds
Utility Stocks	Bluechip Stocks	Growth Securities
Collectibles	Real Estate	Tax Shelters

Deferred Tax

Total Hypothetical Input

Total Hypothetical Output

## Client Data

Last Name

BAILEY

Date

29 OCT. 03

## Assumptions

Age .....	<b>35</b>
Plan Duration .....	<b>30</b>
Marginal Tax Bracket ..	<b>46 %</b>
Capital Gains Rate ....	%
Net C.O.M. Rate .....	<b>6 %</b>

## Notes:

~~65-85~~  
~~EE LOC~~  
~~317,506.41~~

## Protection Component

Premium Costs	
35-39	467
40-49	811
50-59	1788
60-65	4423
<b>TOTAL</b>	<b>\$ 50,440</b>

## Premium and Lost Opportunity Costs

**TOTAL \$ 98,991**

## Savings Component

Tax Costs	
<b>TOTAL</b>	<b>\$</b>

## Tax and Lost Opportunity Costs

**TOTAL \$**

## Growth Component

Tax Costs	
<b>TOTAL</b>	<b>\$</b>

## Tax and Lost Opportunity Costs

**TOTAL \$**

**TOTAL PS&G Components \$**

**TOTAL PS&G Components \$**

Hypothetical Input

Hypothetical Output

	Car Insurance	Home Insurance	Liability Insurance
Disability Insurance		Medical Insurance	Social Security
Wills/Trusts	Ownership		Life Insurance 400,000

Deferred Benefit	Deferred Benefit

Recovery of Costs

	Regular Savings	Credit Union	Time Accounts
U.S. Savings Bonds		Certificates	Money Market
Tax Deferred	Tax Free		Tax Deductible

Deferred Tax	Deferred Tax

Recovery of Costs

	Government Bonds	Corporate Bonds	Municipal Bonds
Utility Stocks	Bluechip Stocks		Growth Securities
Collectibles	Real Estate		Tax Shelters

Deferred Tax	Deferred Tax

\$  
Total Hypothetical Input

\$  
Total Hypothetical Output

**Client Data**

Last Name

BAILEY

Date

7 NOV, 03

**Assumptions**

Age .....

35

Plan Duration .....

30

Marginal Tax Bracket ..

46 %

Capital Gains Rate .....

%  
%

Net C.O.M. Rate .....

6 %

## Notes:

**Savings Component****Tax Costs**

TOTAL \$

**Tax Costs**

TOTAL \$

TOTAL PS&G  
Components \$**Premium and Lost Opportunity Costs**

TOTAL \$

**Tax and Lost Opportunity Costs**

TOTAL \$

**Tax and Lost Opportunity Costs**

TOTAL \$

TOTAL PS&G  
Components \$

Hypothetical Input

Hypothetical Output

	Car Insurance	Home Insurance	Liability Insurance
	Disability Insurance <i>WP +\$3000</i>	Medical Insurance	Social Security
	Wills/Trusts	Ownership	Life Insurance <i>\$400,000</i>

Deferred Benefit	<i>\$1.9M c85 North</i>
	<del>\$100,000</del> <i>\$810,000</i>

*\$46,000 - 1/2  
x 2 = \$5*

Recovery of Costs

*\$ 99,600*

	Regular Savings	Credit Union	Time Accounts
	U.S. Savings Bonds	Certificates	Money Market
	Tax Deferred <i>6%</i>	Tax Free	Tax Deductible <i>\$ 370,000</i>

Deferred Tax	<i>1.37M c85</i>

Recovery of Costs

	Government Bonds	Corporate Bonds	Municipal Bonds
	Utility Stocks	Bluechip Stocks	Growth Securities
	Collectibles	Real Estate	Tax Shelters

Deferred Tax	<i>\$ 410,000</i>

*\$*

Total Hypothetical Input

*\$ 410,000*

Total Hypothetical Output

**PS&G**

Personal Financial Engineering

**Worksheet****Client Data**

Last Name \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Assumptions**Age ..... Plan Duration ..... Marginal Tax Bracket ..  %Capital Gains Rate ....  %Net C.O.M. Rate .....  %

Notes: \_\_\_\_\_

**Protection Component****Premium Costs**

TOTAL      \$

**Premium and Lost Opportunity Costs**

TOTAL      \$

**Savings Component****Tax Costs**

TOTAL      \$

**Tax and Lost Opportunity Costs**

TOTAL      \$

**Growth Component****Tax Costs**

TOTAL      \$

**Tax and Lost Opportunity Costs**

TOTAL      \$

TOTAL PS&amp;G Components      \$

TOTAL PS&amp;G Components      \$

ATTE: Diana Cane

Feb 13 06 05:11p

Maro and Nancy Bailey

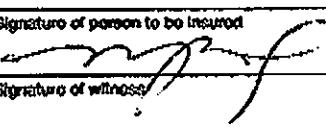
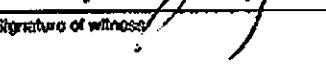
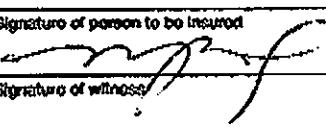
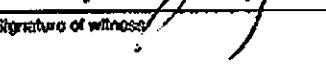
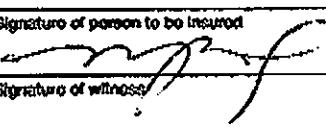
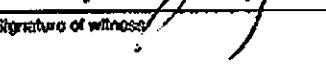
905-853-7251

p.1

**Manulife Financial****Emotional Health Questionnaire for Living Benefits  
(Critical Illness and Disability Insurance)**

Use this form to provide emotional health details.

Please print clearly.

<b>1 Person to be insured information</b>	Policy number	Name (first, middle initial, last) <i>CHARLES MARC BAILEY</i>		Date of birth (dd/mm/yyyy) <i>23/JAN/1968</i>																																																																																																																				
<b>2 Medical Information</b>	Please answer the following questions: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Type: Have you ever been treated for or ever had any known indication of the following:</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>a) Anxiety</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td colspan="2"></td> </tr> <tr> <td>b) Nervous breakdown</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td colspan="2"></td> </tr> <tr> <td>c) Depression</td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td colspan="2"></td> </tr> <tr> <td>d) Fatigue, exhaustion, burnout</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td colspan="2"></td> </tr> <tr> <td>e) Insomnia</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td colspan="2"></td> </tr> <tr> <td>f) Other</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td colspan="2"></td> </tr> <tr> <td>2. Treatment (continued):</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>b) Medication</td> <td colspan="2"></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>c) Hospitalization</td> <td colspan="2"></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>d) Psychiatrist</td> <td colspan="2"></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>e) Other</td> <td colspan="2"></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>3. Are you still having any symptoms?</td> <td colspan="2"></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>4. Are you currently on any medication or under a doctor's supervision? (including psychologist/psychiatrist)</td> <td colspan="2"></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>5. Have you ever used drugs other than as prescribed by a physician?</td> <td colspan="2"></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>6. Number and dates of occurrences: <i>only treat'd once for depression for approx 1 yr</i></td> <td colspan="4"></td> </tr> <tr> <td>7. Likely causes <i>WORK STRESS</i></td> <td colspan="4"></td> </tr> <tr> <td>8. Duration of work time lost <i>0</i></td> <td colspan="4"></td> </tr> <tr> <td>9. Dates of treatments <i>start July 02 ?? last treatment July 03</i></td> <td colspan="4"></td> </tr> <tr> <td>10. Dosage of medication <i>100mg/day</i></td> <td colspan="4"></td> </tr> <tr> <td><b>3 Medical details</b></td> <td colspan="4">         1a) treated for depression due to work stress by  <i>Dr. A. Sondhi, 5-883 Meloch Dr, Newmarket, ON</i>  <i>C3Y 8S5 Z, 905 868 8330</i>          2 b) treated depression with Zoloft  <i>finished last treatment July 2003</i> </td> </tr> <tr> <td><b>4 Authorization</b></td> <td colspan="5">         I understand that this declaration is a material part of this application and will be relied upon by The Manufacturers Life Insurance Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere in this application, will render the policy, if issued, voidable. I declare that the above answers are true and complete and shall form part of the application for insurance.          Signature of person to be insured            Date (dd/mm/yyyy)  <i>08/Feb/2006</i>          Signature of witness            Date (dd/mm/yyyy)       </td> </tr> </tbody></table>					Yes	No	Yes	No	1. Type: Have you ever been treated for or ever had any known indication of the following:					a) Anxiety	<input type="radio"/>	<input checked="" type="radio"/>			b) Nervous breakdown	<input type="radio"/>	<input checked="" type="radio"/>			c) Depression	<input checked="" type="radio"/>	<input type="radio"/>			d) Fatigue, exhaustion, burnout	<input type="radio"/>	<input checked="" type="radio"/>			e) Insomnia	<input type="radio"/>	<input checked="" type="radio"/>			f) Other	<input type="radio"/>	<input checked="" type="radio"/>			2. Treatment (continued):					b) Medication			<input checked="" type="checkbox"/>	<input type="radio"/>	c) Hospitalization			<input type="radio"/>	<input checked="" type="checkbox"/>	d) Psychiatrist			<input type="radio"/>	<input checked="" type="checkbox"/>	e) Other			<input type="radio"/>	<input checked="" type="checkbox"/>	3. Are you still having any symptoms?			<input type="radio"/>	<input checked="" type="checkbox"/>	4. Are you currently on any medication or under a doctor's supervision? (including psychologist/psychiatrist)			<input type="radio"/>	<input checked="" type="checkbox"/>	5. Have you ever used drugs other than as prescribed by a physician?			<input type="radio"/>	<input checked="" type="checkbox"/>	6. Number and dates of occurrences: <i>only treat'd once for depression for approx 1 yr</i>					7. Likely causes <i>WORK STRESS</i>					8. Duration of work time lost <i>0</i>					9. Dates of treatments <i>start July 02 ?? last treatment July 03</i>					10. Dosage of medication <i>100mg/day</i>					<b>3 Medical details</b>	1a) treated for depression due to work stress by <i>Dr. A. Sondhi, 5-883 Meloch Dr, Newmarket, ON</i> <i>C3Y 8S5 Z, 905 868 8330</i> 2 b) treated depression with Zoloft <i>finished last treatment July 2003</i>				<b>4 Authorization</b>	I understand that this declaration is a material part of this application and will be relied upon by The Manufacturers Life Insurance Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere in this application, will render the policy, if issued, voidable. I declare that the above answers are true and complete and shall form part of the application for insurance. Signature of person to be insured  Date (dd/mm/yyyy) <i>08/Feb/2006</i> Signature of witness  Date (dd/mm/yyyy)				
	Yes	No	Yes	No																																																																																																																				
1. Type: Have you ever been treated for or ever had any known indication of the following:																																																																																																																								
a) Anxiety	<input type="radio"/>	<input checked="" type="radio"/>																																																																																																																						
b) Nervous breakdown	<input type="radio"/>	<input checked="" type="radio"/>																																																																																																																						
c) Depression	<input checked="" type="radio"/>	<input type="radio"/>																																																																																																																						
d) Fatigue, exhaustion, burnout	<input type="radio"/>	<input checked="" type="radio"/>																																																																																																																						
e) Insomnia	<input type="radio"/>	<input checked="" type="radio"/>																																																																																																																						
f) Other	<input type="radio"/>	<input checked="" type="radio"/>																																																																																																																						
2. Treatment (continued):																																																																																																																								
b) Medication			<input checked="" type="checkbox"/>	<input type="radio"/>																																																																																																																				
c) Hospitalization			<input type="radio"/>	<input checked="" type="checkbox"/>																																																																																																																				
d) Psychiatrist			<input type="radio"/>	<input checked="" type="checkbox"/>																																																																																																																				
e) Other			<input type="radio"/>	<input checked="" type="checkbox"/>																																																																																																																				
3. Are you still having any symptoms?			<input type="radio"/>	<input checked="" type="checkbox"/>																																																																																																																				
4. Are you currently on any medication or under a doctor's supervision? (including psychologist/psychiatrist)			<input type="radio"/>	<input checked="" type="checkbox"/>																																																																																																																				
5. Have you ever used drugs other than as prescribed by a physician?			<input type="radio"/>	<input checked="" type="checkbox"/>																																																																																																																				
6. Number and dates of occurrences: <i>only treat'd once for depression for approx 1 yr</i>																																																																																																																								
7. Likely causes <i>WORK STRESS</i>																																																																																																																								
8. Duration of work time lost <i>0</i>																																																																																																																								
9. Dates of treatments <i>start July 02 ?? last treatment July 03</i>																																																																																																																								
10. Dosage of medication <i>100mg/day</i>																																																																																																																								
<b>3 Medical details</b>	1a) treated for depression due to work stress by <i>Dr. A. Sondhi, 5-883 Meloch Dr, Newmarket, ON</i> <i>C3Y 8S5 Z, 905 868 8330</i> 2 b) treated depression with Zoloft <i>finished last treatment July 2003</i>																																																																																																																							
<b>4 Authorization</b>	I understand that this declaration is a material part of this application and will be relied upon by The Manufacturers Life Insurance Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere in this application, will render the policy, if issued, voidable. I declare that the above answers are true and complete and shall form part of the application for insurance. Signature of person to be insured  Date (dd/mm/yyyy) <i>08/Feb/2006</i> Signature of witness  Date (dd/mm/yyyy)																																																																																																																							

**Policy Number** 5985865  
**Policy Owner(s)** NANCY A BAILEY  
**Life Insured** NANCY A BAILEY  
**Age at Policy Date** 36  
**Beneficiary** As designated on the application, unless changed by the owner  
**Plan** Performax, Whole Life, Participating,  
with 'Term Option'. The 'Term Option' amount\* is guaranteed for  
the lifetime of the policy, as explained in the Term Option rider.  
**Class of Risk** Non-Smoker  
**Policy Date** June 09, 2004  
**Issue Date** May 19, 2004  
**Face Amount(A)** \$37,595  
**Term Option Amount(B)** \$62,405 \*  
**Total Initial Coverage(A + B)** \$100,000  
**Planned monthly Deposit Option Payment** \$11.91

#### Premium Schedule

Premiums are payable at monthly intervals, as shown below:

Beginning on Day Mon Year	Basic Policy(\$)	Total Premium(\$)
------------------------------	---------------------	----------------------

09 Jun 2004	88.09	88.09
-------------	-------	-------

09 Jun 2067 is the Premium Completion Date. Provided premiums due have been paid, no further premiums are payable on or after this date.

**Table Of Values Per \$1,000 Face Amount**

<b>Policy Number</b>	5985865		
<b>Life Insured</b>	NANCY A BAILEY		
<b>Age at Policy Date</b>	36		
<b>Policy Date</b>	June 09, 2004		
<b>Face Amount</b>	\$37,595		
<b>End of Policy Year</b>	<b>Age Nearest Birthday</b>	<b>Guaranteed Basic Cash Value</b>	<b>Guaranteed Reduced Paid-up Amount</b>
1	37		
2	38		
3	39		
4	40		
5	41		
6	42	\$ 19	\$ 51
7	43	\$ 47	\$ 122
8	44	\$ 76	\$ 191
9	45	\$ 106	\$ 259
10	46	\$ 136	\$ 324
11	47	\$ 168	\$ 390
12	48	\$ 185	\$ 418
13	49	\$ 202	\$ 445
14	50	\$ 219	\$ 470
15	51	\$ 237	\$ 496
16	52	\$ 254	\$ 518
17	53	\$ 272	\$ 541
18	54	\$ 290	\$ 563
19	55	\$ 308	\$ 584
20	56	\$ 326	\$ 604
21	57	\$ 345	\$ 625
22	58	\$ 363	\$ 643
23	59	\$ 382	\$ 662
24	60	\$ 400	\$ 678
25	61	\$ 418	\$ 694
26	62	\$ 437	\$ 711
27	63	\$ 455	\$ 725
28	64	\$ 473	\$ 739
29	65	\$ 491	\$ 753
30	66	\$ 509	\$ 766

**Table Of Values Per \$1,000 Face Amount**

<b>End of Policy Year</b>	<b>Age Nearest Birthday</b>	<b>Guaranteed Basic Cash Value</b>	<b>Guaranteed Reduced Paid-up Amount</b>
31	67	\$ 526	\$ 778
32	68	\$ 544	\$ 791
33	69	\$ 561	\$ 802
34	70	\$ 577	\$ 812
35	71	\$ 593	\$ 822
36	72	\$ 609	\$ 831
37	73	\$ 624	\$ 840
38	74	\$ 640	\$ 849
39	75	\$ 655	\$ 858
40	76	\$ 670	\$ 866
41	77	\$ 684	\$ 873
42	78	\$ 698	\$ 879
43	79	\$ 712	\$ 887
44	80	\$ 726	\$ 894
45	81	\$ 738	\$ 899
46	82	\$ 751	\$ 906
47	83	\$ 762	\$ 910
48	84	\$ 774	\$ 916
49	85	\$ 784	\$ 920
50	86	\$ 795	\$ 925
51	87	\$ 805	\$ 929
52	88	\$ 816	\$ 934
53	89	\$ 826	\$ 938
54	90	\$ 836	\$ 942
55	91	\$ 846	\$ 946
56	92	\$ 856	\$ 950
57	93	\$ 867	\$ 954
58	94	\$ 878	\$ 958
59	95	\$ 890	\$ 962
60	96	\$ 904	\$ 968
61	97	\$ 919	\$ 973
62	98	\$ 935	\$ 979



Performax

## Your coverage and payment summary

Life insured	Name	Nancy Bailey
Sex	Female	
Age	36 as of November 07, 2003	
Smoking status	Non-Smoker	

	Your coverage	Premium if paid monthly	Premium if paid annually
Basic	37,595	88.09	974.27
Term option (eligible for lifetime guarantee)	62,405		
Total death benefit at issue and initial required premium	100,000	88.09	974.27
Premium payment period	Basic premiums stop at age 100.		
Premium payment frequency	Premiums are paid monthly by pre-authorized chequing.		
Deposit option	Deposit option payments are made in addition to premiums. These payments are included in the Detailed values section of this illustration.		
Dividend option	Dividends are used to support an additional amount of insurance coverage.		
First payment	\$100.00 which is made up of your first monthly premium of \$88.09 and a Deposit option payment of \$11.91.		

Please consult the Performax contract for full plan details.

Designed for Nancy Bailey  
Female, age 36, non-smoker

Presented by John R. Ardill  
Manulife Financial

0-270604142819(E5.2)(R5.2)

Effective date November 07, 2003

Reference # 270604142819

## Detailed values using the current dividend scale

- All values are illustrated as of the end of the policy year and include the dividend that is payable at the beginning of the next year, if applicable. Also, if any premium payable at the beginning of the next year is paid using policy values, this premium is deducted from the end-of-year policy values. Premiums are assumed to be paid at the beginning of each year.
- Values shown as guaranteed are contractually guaranteed in your policy and assume that premiums are paid every year.
- Based on the current dividend scale, dividends are sufficient to pay the premiums in the years requested.
- Unless stated otherwise, all columns illustrating cash values reflect the cash value 'before tax'. A portion of these amounts may be subject to tax upon withdrawal or surrender.

Guaranteed		No	Yes	No	No	No	No
Policy year	Age	Annual payment	Annual required premium	Total death benefit	IRR - Total death benefit	Total cash surrender value	IRR - Total cash surrender value
1	37	1,117	974	100,137	8,863.31	240	-78.50
2	38	1,117	974	100,286	798.77	481	-67.53
3	39	1,117	974	100,447	310.13	742	-58.27
4	40	1,117	974	100,622	176.56	1,027	-50.57
5	41	1,117	974	100,811	118.64	1,340	-44.08
6	42	1,117	974	101,017	87.27	2,420	-28.59
7	43	1,117	974	101,240	67.93	3,938	-17.23
8	44	1,117	974	101,481	54.94	5,616	-10.44
9	45	1,117	974	101,742	45.68	7,468	-6.02
10	46	1,117	974	102,025	38.79	9,469	-3.03

Please consult the Performax contract for full plan details.

Designed for Nancy Bailey  
Female, age 36, non-smoker

Presented by John R. Ardill  
Manulife Financial

DS.5.0.0-270604142819(E5.2)(R5.2)  
Effective date November 07, 2003  
Reference # 270604142819

**Detailed values using the current dividend scale (cont'd)**

Guaranteed		No	Yes	No	No	No	No
Policy year	Age	Annual payment	Annual required premium	Total death benefit	IRR - Total death benefit	Total cash surrender value	IRR - Total cash surrender value
11	47	1,117	974	102,330	33.49	11,714	-0.80
12	48	1,117	974	102,659	29.29	13,560	0.18
13	49	1,117	974	103,014	25.90	15,565	0.98
14	50	1,117	974	102,420	23.00	16,727	0.89
15	51	0	974	101,640	20.70	17,979	1.63
16	52	0	974	100,796	18.76	19,249	2.17
17	53	0	974	100,000	17.13	20,672	2.64
18	54	0	974	100,000	15.79	22,217	3.03
19	55	0	974	100,000	14.64	23,883	3.37
20	56	0	974	100,000	13.64	25,683	3.66
21	57	0	974	100,000	12.76	27,669	3.93
22	58	0	974	100,000	11.98	29,784	4.15
23	59	0	974	100,000	11.28	32,118	4.36
24	60	0	974	101,577	10.75	34,617	4.55
25	61	0	974	105,200	10.39	37,330	4.72
26	62	0	974	109,075	10.06	40,296	4.87
27	63	0	974	113,200	9.76	43,453	5.01
28	64	0	974	117,574	9.50	46,847	5.14
29	65	0	974	122,199	9.26	50,487	5.25
30	66	0	974	127,077	9.04	54,384	5.35
31	67	0	974	132,209	8.85	58,502	5.43
32	68	0	974	137,602	8.66	62,931	5.51
33	69	0	974	143,261	8.50	67,608	5.58
34	70	0	974	149,186	8.34	72,557	5.64
35	71	0	974	155,381	8.20	77,851	5.70

Please consult the Performax contract for full plan details.

Designed for **Nancy Bailey**  
Female, age 36, non-smoker

Presented by **John R. Ardill**  
Manulife Financial

5.0.0-270604142819(E5.2)(R5.2)

Effective date November 07, 2003

Reference # 270604142819

Page 3 of 9

**Detailed values using the current dividend scale (cont'd)**

<b>Guaranteed</b>	No	Yes	No	No	No	No	No
<b>Policy year</b>	<b>Age</b>	<b>Annual payment</b>	<b>Annual required premium</b>	<b>Total death benefit</b>	<b>IRR - Total death benefit</b>	<b>Total cash surrender value</b>	<b>IRR - Total cash surrender value</b>
36	72	0	974	161,855	8.07	83,496	5.75
37	73	0	974	168,612	7.94	89,472	5.80
38	74	0	974	175,661	7.82	95,884	5.84
39	75	0	974	183,010	7.71	102,707	5.88
40	76	0	974	190,668	7.61	109,982	5.91
41	77	0	974	198,643	7.51	117,651	5.94
42	78	0	974	206,945	7.42	125,760	5.97
43	79	0	974	215,586	7.33	134,288	5.99
44	80	0	974	224,581	7.25	143,280	6.01
45	81	0	974	233,939	7.17	152,687	6.02
46	82	0	974	243,672	7.10	162,664	6.03
47	83	0	974	253,793	7.02	173,124	6.04
48	84	0	974	264,314	6.96	184,211	6.05
49	85	0	974	275,250	6.89	195,824	6.06
50	86	0	974	286,616	6.83	208,090	6.06
51	87	0	974	298,430	6.77	220,921	6.06
52	88	0	974	310,710	6.71	234,397	6.07
53	89	0	974	323,476	6.65	248,463	6.06
54	90	0	974	336,745	6.60	263,336	6.06
55	91	0	974	350,535	6.55	279,122	6.06
56	92	0	974	364,867	6.50	296,001	6.06
57	93	0	974	379,759	6.45	314,271	6.06
58	94	0	974	395,233	6.41	334,011	6.07
59	95	0	974	411,310	6.36	355,404	6.07
60	96	0	974	428,015	6.32	379,093	6.08

Please consult the Performax contract for full plan details.

**Designed for** Nancy Bailey  
Female, age 36, non-smoker

**Presented by** John R. Ardill  
Manulife Financial

DS.5.0-270604142819(E5.2)(R5.2)  
**Effective date** November 07, 2003  
**Reference #** 270604142819

Page 4 of 9



## Performax

### Detailed values using the current dividend scale (cont'd)

Guaranteed		No	Yes	No	No	No	No
Policy year	Age	Annual payment	Annual required premium	Total death benefit	IRR - Total death benefit	Total cash surrender value	IRR - Total cash surrender value
61	97	0	974	445,373	6.28	404,539	6.10
62	98	0	974	463,420	6.24	430,560	6.10
48	84	0	974	264,314	6.96	184,211	6.05

Please consult the Performax contract for full plan details.

Designed for Nancy Bailey  
Female, age 36, non-smoker

Presented by John R. Ardill  
Manulife Financial

5.0.0-270604142819(B5.2)(B5.2)

Effective date November 07, 2003

Reference # 270604142819



Performax

### Detailed values using the current dividend scale (cont'd)

Guaranteed		No	No	Yes
Policy year	Age	Deposit option payments	Premium paid by policy values	Guaranteed death benefit
1	37	143	0	100,000
2	38	143	0	100,000
3	39	143	0	100,000
4	40	143	0	100,000
5	41	143	0	100,000
6	42	143	0	100,000
7	43	143	0	100,000
8	44	143	0	100,000
9	45	143	0	100,000
10	46	143	0	100,000
11	47	143	0	100,000
12	48	143	0	100,000
13	49	143	0	100,000
14	50	143	0	100,000
15	51	0	974	100,000
16	52	0	974	100,000
17	53	0	974	100,000
18	54	0	974	37,595
19	55	0	974	37,595
20	56	0	974	37,595
21	57	0	974	37,595
22	58	0	974	37,595
23	59	0	974	37,595
24	60	0	974	37,595
25	61	0	974	37,595

Please consult the Performax contract for full plan details.

Designed for Nancy Bailey  
Female, age 36, non-smoker

Presented by John R. Ardill  
Manulife Financial

DS.5.0.0-2706041-02819(E5.2)(R5.2)  
Effective date November 07, 2003  
Reference # 270604142819



Performax

## Detailed values using the current dividend scale (cont'd)

Guaranteed		No	No	Yes
Policy year	Age	Deposit option payments	Premium paid by policy values	Guaranteed death benefit
26	62	0	974	37,595
27	63	0	974	37,595
28	64	0	974	37,595
29	65	0	974	37,595
30	66	0	974	37,595
31	67	0	974	37,595
32	68	0	974	37,595
33	69	0	974	37,595
34	70	0	974	37,595
35	71	0	974	37,595
36	72	0	974	37,595
37	73	0	974	37,595
38	74	0	974	37,595
39	75	0	974	37,595
40	76	0	974	37,595
41	77	0	974	37,595
42	78	0	974	37,595
43	79	0	974	37,595
44	80	0	974	37,595
45	81	0	974	37,595
46	82	0	974	37,595
47	83	0	974	37,595
48	84	0	974	37,595
49	85	0	974	37,595
50	86	0	974	37,595

Please consult the Performax contract for full plan details.

Designed for Nancy Bailey  
Female, age 36, non-smoker

Presented by John R. Ardill  
Manulife Financial

0-270604142819(E5.2)(R5.2)

Effective date November 07, 2003

Reference # 270604142819



**Performax**

### Detailed values using the current dividend scale (cont'd)

Guaranteed		No	No	Yes
Policy year	Age	Deposit option payments	Premium paid by policy values	Guaranteed death benefit
51	87	0	974	37,595
52	88	0	974	37,595
53	89	0	974	37,595
54	90	0	974	37,595
55	91	0	974	37,595
56	92	0	974	37,595
57	93	0	974	37,595
58	94	0	974	37,595
59	95	0	974	37,595
60	96	0	974	37,595
61	97	0	974	37,595
62	98	0	974	37,595
48	84	0	974	37,595

#### Significant event

Policy year

Use of policy values to pay premiums

15 - 63

*Please consult the Performax contract for full plan details.*

Designed for Nancy Bailey  
Female, age 36, non-smoker

Presented by John R. Ardill  
Manulife Financial

DS.5.0.0-270604142819(B5.2)(B5.2)

Effective date November 07, 2003

Reference # 270604142819

## Important illustration notes

- Non-smoker rates and values illustrated are only available if the person(s) insured has not smoked cigarettes or marijuana within the last 12 months.
- While Term option is included in your plan, the cash value of any paid-up insurance purchased by your Deposit option payments is included in your total death benefit.
- There may be tax consequences if any of the following occurs:
  - policy values are used to pay premiums
  - a cash withdrawal or refund is made from the policy
  - a policy owner is changed
  - the insurance coverage of the policy is reduced
  - rider premiums are paid using policy values
- The term 'IRR' when used in a column heading represents the term 'Internal rate of return'.
- The life expectancy for an individual of the life insured's age, sex and smoking status is 83.
- References within this illustration to tax treatment are based on the current principal Canadian Federal Income Tax laws and regulations, relevant to policy owners resident in Canada. Tax laws are subject to change and as a result, tax treatment of illustrated figures cannot be guaranteed.

*Please consult the Performax contract for full plan details.*

---

Designed for **Nancy Bailey**  
Female, age 36, non-smoker

Presented by **John R. Ardill**  
Manulife Financial

4.0.0-270604142819(E5.2)(B5.2)

Effective date November 07, 2003

Reference # 270604142819

Page 9 of 9

## Plan summary and comparison of values

Life insured	Nancy Bailey, Age 36
Date of birth	December 19, 1967
Coverage selected	Single life
Dividend option	Term option
<b>Basic coverage</b>	
Term option (eligible for lifetime guarantee)	\$37,595
Total death benefit	62,405
	<b>\$100,000</b>
Planned deposit option payment (frequency same as billing)	\$11.91
Initial deposit option payment	\$11.91
Total monthly required premium	\$88.09
First payment amount	\$100.00

## It's important for you to understand

Dividends are not guaranteed because they are affected by a number of variables such as investment earnings, tax changes, our Company's death claims experience and expenses. The following example will help you understand how changes in dividend scales can affect the values that are not guaranteed in your policy.

- All values are illustrated as of the end of the policy year and include the dividend that is payable at the beginning of the next year, if applicable. Also, if any premium payable at the beginning of the next year is paid using policy values, this premium is deducted from the end-of-year policy values. Premiums are assumed to be paid at the beginning of each year.
- Values shown as guaranteed are contractually guaranteed in your policy and assume that premiums are paid every year.
- Total death benefit and total cash surrender values consist of guaranteed values and values based on dividends which are not guaranteed.
- A portion of the total cash surrender value may be subject to tax upon withdrawal or surrender.
- It's important to note that a change in the dividend scale can affect your policy if you plan to pay premiums over a limited period of time. A reduction in the dividend scale will affect your policy's values and may also require you to make more premium payments than illustrated.
- Based on the Term option coverage selected, your plan is eligible for the lifetime Term option guarantee. With this guarantee, the Term option coverage is guaranteed not to be affected by any reduction in dividend scales for the lifetime of the plan of your plan. This guarantee, however, is cancelled if any paid-up insurance purchased by dividends is surrendered for any reason. In this illustration, this guarantee was cancelled in policy year 18.

*A copy of these pages will be included in your contract. Please consult the Performax contract for full plan details.*

Designed for Nancy Bailey  
Female, age 36, non-smoker

Presented by John R. Ardill  
Manulife Financial

0-270604142819(E5.2)(R5.2)  
Effective date November 07, 2003  
Reference # 270604142819

## Plan summary and comparison of values (cont'd)

- The illustrated values in the chart below show how your policy values and the number of premium payments you need to make could change if the dividend scale is reduced.

Policy year	Guaranteed values (\$)		Values not guaranteed (\$) at current dividend scale less 1.00%		Values not guaranteed (\$) at current dividend scale	
	Cash value	Death benefit	Total cash surrender value	Total death benefit	Total cash surrender value	Total death benefit
5	0	100,000	1,312	100,794	1,340	100,811
10	5,113	100,000	9,162	101,926	9,469	102,025
20	12,256	37,595	22,370	100,000	25,683	100,000
30	19,136	37,595	40,949	100,000	54,384	127,077
40	25,189	37,595	74,186	126,048	109,982	190,668

Number of payments	Lifetime	14	14
--------------------	----------	----	----

I understand that dividends can change and that those changes can affect

- the portion of the policy's death benefit and cash value that is not guaranteed, and
- the years when policy values could pay premiums, if I chose premium offset.

Nancy A. Bailey  
Signature

May, 28/04  
Date

Signature of Joint owner, if applicable

J. Ardill  
Representative's signature

Date

May, 28/04  
Date

A copy of these pages will be included in your contract. Please consult the Performax contract for full plan details.

Designed for Nancy Bailey  
Female, age 36, non-smoker

Presented by John R. Ardill  
Manulife Financial

D3.5.0.0-270604142819(E5.2)(R5.2)

Effective date November 07, 2003

Reference # 270604142819

<b>Policy Number</b>	5499981
<b>Policy Owner(s)</b>	CHARLES MARC BAILEY
<b>Life Insured</b>	CHARLES MARC BAILEY
<b>Age at Policy Date</b>	36
<b>Beneficiary</b>	As designated on the application, unless changed by the owner
<b>Plan</b>	Performax, Whole Life, Participating, with 'Term Option'. The 'Term Option' amount* is guaranteed for the lifetime of the policy, as explained in the Term Option rider.
<b>Class of Risk</b>	Non-Smoker
<b>Policy Date</b>	May 06, 2004
<b>Issue Date</b>	March 16, 2004
<b>Face Amount(A)</b>	\$429,186
<b>Term Option Amount(B)</b>	\$570,814 *
<b>Total Initial Coverage(A + B)</b>	\$1,000,000
<b>Planned monthly Deposit Option Payment</b>	\$482.89

#### **Premium Schedule**

Premiums are payable at monthly intervals, as shown below:

<b>Beginning on</b>	<b>Basic</b>	<b>Total</b>
<b>Day Mon Year</b>	<b>Policy(\$)</b>	<b>Premium(\$)</b>

06 May 2004	823.25	823.25
-------------	--------	--------

06 May 2067 is the Premium Completion Date. Provided premiums due have been paid, no further premiums are payable on or after this date.

**Table Of Values Per \$1,000 Face Amount**

<b>Policy Number</b>	5499981		
<b>Life Insured</b>	CHARLES MARC BAILEY		
<b>Age at Policy Date</b>	36		
<b>Policy Date</b>	May 06, 2004		
<b>Face Amount</b>	\$429,186		
<b>End of Policy Year</b>	<b>Age Nearest Birthday</b>	<b>Guaranteed Basic Cash Value</b>	<b>Guaranteed Reduced Paid-up Amount</b>
1	37		
2	38		
3	39		
4	40		
5	41		
6	42	\$ 19	\$ 51
7	43	\$ 47	\$ 122
8	44	\$ 76	\$ 191
9	45	\$ 106	\$ 259
10	46	\$ 136	\$ 324
11	47	\$ 168	\$ 390
12	48	\$ 185	\$ 418
13	49	\$ 202	\$ 445
14	50	\$ 219	\$ 470
15	51	\$ 237	\$ 496
16	52	\$ 254	\$ 518
17	53	\$ 272	\$ 541
18	54	\$ 290	\$ 563
19	55	\$ 308	\$ 584
20	56	\$ 326	\$ 604
21	57	\$ 345	\$ 625
22	58	\$ 363	\$ 643
23	59	\$ 382	\$ 662
24	60	\$ 400	\$ 678
25	61	\$ 418	\$ 694
26	62	\$ 437	\$ 711
27	63	\$ 455	\$ 725
28	64	\$ 473	\$ 739
29	65	\$ 491	\$ 753
30	66	\$ 509	\$ 766

**Table Of Values Per \$1,000 Face Amount**

<b>End of Policy Year</b>	<b>Age Nearest Birthday</b>	<b>Guaranteed Basic Cash Value</b>	<b>Guaranteed Reduced Paid-up Amount</b>
31	67	\$ 526	\$ 778
32	68	\$ 544	\$ 791
33	69	\$ 561	\$ 802
34	70	\$ 577	\$ 812
35	71	\$ 593	\$ 822
36	72	\$ 609	\$ 831
37	73	\$ 624	\$ 840
38	74	\$ 640	\$ 849
39	75	\$ 655	\$ 858
40	76	\$ 670	\$ 866
41	77	\$ 684	\$ 873
42	78	\$ 698	\$ 879
43	79	\$ 712	\$ 887
44	80	\$ 726	\$ 894
45	81	\$ 738	\$ 899
46	82	\$ 751	\$ 906
47	83	\$ 762	\$ 910
48	84	\$ 774	\$ 916
49	85	\$ 784	\$ 920
50	86	\$ 795	\$ 925
51	87	\$ 805	\$ 929
52	88	\$ 816	\$ 934
53	89	\$ 826	\$ 938
54	90	\$ 836	\$ 942
55	91	\$ 846	\$ 946
56	92	\$ 856	\$ 950
57	93	\$ 867	\$ 954
58	94	\$ 878	\$ 958
59	95	\$ 890	\$ 962
60	96	\$ 904	\$ 968
61	97	\$ 919	\$ 973
62	98	\$ 935	\$ 979

## Your coverage and payment summary

<b>Life insured</b>	<b>Name</b>	<b>Marc Bailey</b>		
<b>Sex</b>	Male			
<b>Age</b>	36 as of May 25, 2004			
<b>Smoking status</b>	Non-Smoker			

	<b>Your coverage</b>	<b>Premium if paid monthly</b>	<b>Premium if paid annually</b>
Basic	429,186	823.25	9,205.29
Term option (eligible for lifetime guarantee)	570,814		
<b>Total death benefit at issue and initial required premium</b>	<b>1,000,000</b>	<b>823.25</b>	<b>9,205.29</b>
<b>Premium payment period</b>	Basic premiums stop at age 100.		
<b>Premium payment frequency</b>	Premiums are paid monthly by pre-authorized chequing.		
<b>Deposit option</b>	Deposit option payments are made in addition to premiums. Payments of \$426.75 are made monthly by pre-authorized chequing.		
<b>Dividend option</b>	Dividends are used to support an additional amount of insurance coverage.		
<b>First payment</b>	\$1,250.00 which is made up of your first monthly premium of \$823.25 and a Deposit option payment of \$426.75.		

*Please consult the Performax contract for full plan details.*

**Designed for** Marc Bailey  
Male, age 36, non-smoker

**Presented by** Use Options | Producer Configuration  
Manulife Financial

0.0-250604102116(R5.2)(R5.2)  
**Effective date** May 25, 2004  
**Reference #** 250604102105

## Detailed values using the current dividend scale

- All values are illustrated as of the end of the policy year and include the dividend that is payable at the beginning of the next year, if applicable. Also, if any premium payable at the beginning of the next year is paid using policy values, this premium is deducted from the end-of-year policy values. Premiums are assumed to be paid at the beginning of each year.
- Values shown as guaranteed are contractually guaranteed in your policy and assume that premiums are paid every year.
- Based on the current dividend scale, dividends are sufficient to pay the premiums in the years requested.
- Unless stated otherwise, all columns illustrating cash values reflect the cash value 'before tax'. A portion of these amounts may be subject to tax upon withdrawal or surrender.

Guaranteed		Yes	No	No	No	No	No
Policy year	Age	Annual required premium	Total cash surrender value	Total death benefit	Annual dividend	IRR - Total death benefit	Deposit option payments
1	37	9,205	6,093	1,004,917	1,176	6,914.50	5,121
2	38	9,205	12,462	1,010,241	1,253	691.23	5,121
3	39	9,205	19,396	1,016,007	1,334	275.73	5,121
4	40	9,205	26,951	1,022,253	1,425	158.67	5,121
5	41	9,205	35,220	1,029,026	1,544	107.16	5,121
6	42	9,205	52,687	1,036,367	1,936	79.04	5,121
7	43	9,205	75,625	1,044,322	2,817	61.61	5,121
8	44	9,205	100,924	1,052,944	3,904	49.87	5,121
9	45	9,205	128,781	1,062,262	5,076	41.51	5,121
10	46	9,205	158,982	1,072,323	6,325	35.27	5,121

Please consult the **Performax** contract for full plan details.

Designed for **Marc Bailey**  
Male, age 36, non-smoker

Presented by **Use Options | Producer Configuration**  
**Manulife Financial**

DS.5.0.0-250604102116(E5.2)(R5.2)

Effective date May 25, 2004

Reference # 250604102105



## Performax

### Detailed values using the current dividend scale (cont'd)

Guaranteed	Yes	No	No	No	No	No	
Policy year	Age	Annual required premium	Total cash surrender value	Total death benefit	Annual dividend	IRR - Total death benefit	Deposit option payments
11	47	9,205	192,667	1,083,185	7,677	30.48	5,121
12	48	9,205	222,433	1,138,430	8,902	27.24	5,121
13	49	9,205	254,646	1,222,527	9,948	24.91	5,121
14	50	9,205	280,243	1,268,044	11,070	22.59	5,121
15	51	9,205	303,441	1,296,069	12,273	20.64	0
16	52	9,205	328,070	1,328,029	13,554	19.03	0
17	53	9,205	355,205	1,363,873	14,927	17.69	0
18	54	9,205	384,503	1,403,298	16,327	16.55	0
19	55	9,205	416,166	1,446,260	17,820	15.59	0
20	56	9,205	450,330	1,492,726	19,413	14.75	0
21	57	9,205	487,689	1,542,730	21,131	14.03	0
22	58	9,205	527,555	1,596,262	22,966	13.40	0
23	59	9,205	571,024	1,653,323	24,927	12.84	0
24	60	9,205	617,479	1,713,927	27,023	12.35	0
25	61	9,205	667,715	1,778,048	29,252	11.91	0
26	62	9,205	722,299	1,845,767	31,652	11.51	0
27	63	9,205	780,548	1,917,131	34,216	11.16	0
28	64	9,205	842,844	1,992,170	36,928	10.83	0
29	65	9,205	909,437	2,070,962	39,814	10.54	0
30	66	9,205	980,219	2,153,608	42,872	10.27	0
31	67	9,205	1,054,863	2,240,183	46,090	10.02	0
32	68	9,205	1,134,372	2,330,811	49,490	9.80	0
33	69	9,205	1,218,070	2,425,624	53,080	9.58	0
34	70	9,205	1,305,981	2,524,704	56,829	9.39	0
35	71	9,205	1,399,598	2,628,155	60,792	9.21	0

Please consult the Performax contract for full plan details.

Designed for **Marc Bailey**  
Male, age 36, non-smoker

Presented by **Use Options | Producer Configuration**  
**Manulife Financial**

0.0-250604102116(E5.2)(R5.2)  
Effective date May 25, 2004  
Reference # 250604102105

**Detailed values using the current dividend scale (cont'd)**

<b>Guaranteed</b>	<b>Yes</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>Policy year</b>	<b>Age</b>	<b>Annual required premium</b>	<b>Total cash surrender value</b>	<b>Total death benefit</b>	<b>Annual dividend</b>	<b>IRR - Total death benefit</b>	<b>Deposit option payments</b>
36	72	9,205	1,498,295	2,736,142	64,963	9.04	0
37	73	9,205	1,602,181	2,848,801	69,345	8.88	0
38	74	9,205	1,712,036	2,966,311	73,954	8.73	0
39	75	9,205	1,827,686	3,088,853	78,813	8.59	0
40	76	9,205	1,949,656	3,216,591	83,912	8.46	0
41	77	9,205	2,077,619	3,349,703	89,255	8.34	0
42	78	9,205	2,212,025	3,488,377	94,843	8.22	0
43	79	9,205	2,352,939	3,632,839	100,695	8.11	0
44	80	9,205	2,500,500	3,783,325	106,815	8.01	0
45	81	9,205	2,655,271	3,940,021	113,228	7.91	0
46	82	9,205	2,818,409	4,103,149	119,944	7.82	0
47	83	9,205	2,988,820	4,272,857	126,730	7.73	0
48	84	9,205	3,168,127	4,449,339	133,701	7.64	0
49	85	9,205	3,356,176	4,632,839	141,022	7.56	0
50	86	9,205	3,554,582	4,823,610	148,705	7.48	0
51	87	9,205	3,762,096	5,021,947	156,750	7.41	0
52	88	9,205	3,979,725	5,228,156	165,163	7.33	0
53	89	9,205	4,207,082	5,442,556	173,963	7.27	0
54	90	9,205	4,448,049	5,665,436	183,264	7.20	0
55	91	9,205	4,704,626	5,897,114	193,158	7.14	0
56	92	9,205	4,980,316	6,137,908	203,778	7.07	0
57	93	9,205	5,280,502	6,388,148	215,329	7.02	0
58	94	9,205	5,606,754	6,648,184	227,885	6.96	0
59	95	9,205	5,962,288	6,918,375	241,553	6.90	0
60	96	9,205	6,358,369	7,199,098	256,775	6.85	0

Please consult the Performax contract for full plan details.

**Designed for** **Marc Bailey**  
Male, age 36, non-smoker

**Presented by** **Use Options | Producer Configuration**  
**Manulife Financial**



Performax

Detailed values using the current dividend scale (cont'd)

Guaranteed	Yes	No	No	No	No	No	No
Policy year	Age	Annual required premium	Total cash surrender value	Total death benefit	Annual dividend	IRR - Total death benefit	Deposit option payments
61	97	9,205	6,785,745	7,490,797	273,216	6.80	0
62	98	9,205	7,224,781	7,793,992	290,115	6.75	0

Please consult the Performax contract for full plan details.

Designed for **Marc Bailey**  
Male, age 36, non-smoker

Presented by **Use Options | Producer Configuration**  
**Manulife Financial**

5.0.0-250604102116(E5.2)(RS.2)

Effective date May 25, 2004

Reference # 250604102105

**Detailed values using the current dividend scale (cont'd)**

Guaranteed		No	No	Yes
Policy year	Age	Premium paid by policy values	Annual payment	Guaranteed death benefit
1	37	0	14,326	1,000,000
2	38	0	14,326	1,000,000
3	39	0	14,326	1,000,000
4	40	0	14,326	1,000,000
5	41	0	14,326	1,000,000
6	42	0	14,326	1,000,000
7	43	0	14,326	1,000,000
8	44	0	14,326	1,000,000
9	45	0	14,326	1,000,000
10	46	0	14,326	1,000,000
11	47	0	14,326	1,000,000
12	48	0	14,326	1,000,000
13	49	0	14,326	1,000,000
14	50	0	14,326	1,000,000
15	51	9,205	0	1,000,000
16	52	9,205	0	1,000,000
17	53	9,205	0	1,000,000
18	54	9,205	0	1,000,000
19	55	9,205	0	1,000,000
20	56	9,205	0	1,000,000
21	57	9,205	0	1,000,000
22	58	9,205	0	1,000,000
23	59	9,205	0	1,000,000
24	60	9,205	0	1,000,000
25	61	9,205	0	1,000,000

Please consult the Performax contract for full plan details.

Designed for **Marc Bailey**  
Male, age 36, non-smoker

Presented by **Use Options | Producer Configuration**  
**Manulife Financial**

D5.5.0-250604102116(E5.2)(R5.2)

Effective date May 25, 2004

Reference # 250604102105

**Detailed values using the current dividend scale (cont'd)**

Guaranteed		No	No	Yes
Policy year	Age	Premium paid by policy values	Annual payment	Guaranteed death benefit
26	62	9,205	0	1,000,000
27	63	9,205	0	1,000,000
28	64	9,205	0	1,000,000
29	65	9,205	0	1,000,000
30	66	9,205	0	1,000,000
31	67	9,205	0	1,000,000
32	68	9,205	0	1,000,000
33	69	9,205	0	1,000,000
34	70	9,205	0	1,000,000
35	71	9,205	0	1,000,000
36	72	9,205	0	429,186
37	73	9,205	0	429,186
38	74	9,205	0	429,186
39	75	9,205	0	429,186
40	76	9,205	0	429,186
41	77	9,205	0	429,186
42	78	9,205	0	429,186
43	79	9,205	0	429,186
44	80	9,205	0	429,186
45	81	9,205	0	429,186
46	82	9,205	0	429,186
47	83	9,205	0	429,186
48	84	9,205	0	429,186
49	85	9,205	0	429,186
50	86	9,205	0	429,186

Please consult the Performax contract for full plan details.

Designed for **Marc Bailey**  
Male, age 36, non-smoker

Presented by **Use Options | Producer Configuration**  
**Manulife Financial**

5.0.0-250604102310(E5.2)(R5.2)

Effective date May 25, 2004

Reference # 250604102105



**Performax**

## Detailed values using the current dividend scale (cont'd)

Guaranteed		No	No	Yes
Policy year	Age	Premium paid by policy values	Annual payment	Guaranteed death benefit
51	87	9,205	0	429,186
52	88	9,205	0	429,186
53	89	9,205	0	429,186
54	90	9,205	0	429,186
55	91	9,205	0	429,186
56	92	9,205	0	429,186
57	93	9,205	0	429,186
58	94	9,205	0	429,186
59	95	9,205	0	429,186
60	96	9,205	0	429,186
61	97	9,205	0	429,186
62	98	9,205	0	429,186

### Significant event

### Policy year

Use of policy values to pay premiums

15 - 63

*Please consult the Performax contract for full plan details.*

Designed for **Marc Bailey**  
Male, age 36, non-smoker

Presented by **Use Options | Producer Configuration**  
**Manulife Financial**

DS 5.0.0-250604102310(E5.2)(R5.2)  
Effective date May 25, 2004  
Reference # 250604102105

## Important illustration notes

- Non-smoker rates and values illustrated are only available if the person(s) insured has not smoked cigarettes or marijuana within the last 12 months.
- While Term option is included in your plan, the cash value of any paid-up insurance purchased by your Deposit option payments is included in your total death benefit.
- There may be tax consequences if any of the following occurs:
  - policy values are used to pay premiums
  - a cash withdrawal or refund is made from the policy
  - a policy owner is changed
  - the insurance coverage of the policy is reduced
  - rider premiums are paid using policy values
- The term 'IRR' when used in a column heading represents the term 'Internal rate of return'.
- The life expectancy for an individual of the life insured's age, sex and smoking status is 81.
- References within this illustration to tax treatment are based on the current principal Canadian Federal Income Tax laws and regulations, relevant to policy owners resident in Canada. Tax laws are subject to change and as a result, tax treatment of illustrated figures cannot be guaranteed.

*Please consult the Performax contract for full plan details.*

---

Designed for **Marc Bailey**  
Male, age 36, non-smoker

Presented by **Use Options | Producer Configuration**  
Manulife Financial

5.0.0-250604102310(E5.2)(R5.2)

Effective date May 25, 2004

Reference # 250604102105

## Plan summary and comparison of values

Life insured	Marc Bailey, Age 36
Date of birth	January 23, 1968
Coverage selected	Single life
Dividend option	Term option
<b>Basic coverage</b>	<b>\$429,186</b>
Term option (eligible for lifetime guarantee)	570,814
<b>Total death benefit</b>	<b>\$1,000,000</b>
 Planned deposit option payment (frequency same as billing)	\$426.75
Initial deposit option payment	\$426.75
Total monthly required premium	\$823.25
First payment amount	\$1,250.00

## It's important for you to understand

Dividends are not guaranteed because they are affected by a number of variables such as investment earnings, tax changes, our Company's death claims experience and expenses. The following example will help you understand how changes in dividend scales can affect the values that are not guaranteed in your policy.

- All values are illustrated as of the end of the policy year and include the dividend that is payable at the beginning of the next year, if applicable. Also, if any premium payable at the beginning of the next year is paid using policy values, this premium is deducted from the end-of-year policy values. Premiums are assumed to be paid at the beginning of each year.
- Values shown as guaranteed are contractually guaranteed in your policy and assume that premiums are paid every year.
- Total death benefit and total cash surrender values consist of guaranteed values and values based on dividends which are not guaranteed.
- A portion of the total cash surrender value may be subject to tax upon withdrawal or surrender.
- It's important to note that a change in the dividend scale can affect your policy if you plan to pay premiums over a limited period of time. A reduction in the dividend scale will affect your policy's values and may also require you to make more premium payments than illustrated.
- Based on the Term option coverage selected, your plan is eligible for the lifetime Term option guarantee. With this guarantee, the Term option coverage is guaranteed not to be affected by any reduction in dividend scales for the lifetime of the plan of your plan. This guarantee, however, is cancelled if any paid-up insurance purchased by dividends is surrendered for any reason. In this illustration, this guarantee was cancelled in policy year 36.

*A copy of these pages will be included in your contract. Please consult the Performax contract for full plan details.*

Designed for **Marc Bailey**  
Male, age 36, non-smoker

Presented by **Use Options | Producer Configuration**  
**Manulife Financial**

0.0-250604102310(E5.2)(R5.2)

Effective date May 25, 2004

Reference # 250604102105

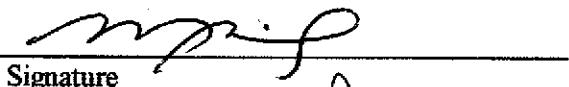
## Plan summary and comparison of values (cont'd)

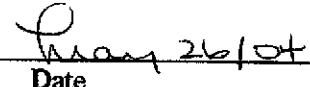
- The illustrated values in the chart below show how your policy values and the number of premium payments you need to make could change if the dividend scale is reduced.

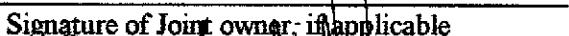
Policy year	Guaranteed values (\$)		Values not guaranteed (\$) at current dividend scale less 1.00%		Values not guaranteed (\$) at current dividend scale	
	Cash value	Death benefit	Total cash surrender value	Total death benefit	Total cash surrender value	Total death benefit
5	0	1,000,000	34,495	1,028,423	35,220	1,029,026
10	58,369	1,000,000	152,971	1,068,802	158,982	1,072,323
20	139,915	1,000,000	397,848	1,312,912	450,330	1,492,726
30	218,456	1,000,000	787,828	1,718,088	980,219	2,153,608
40	287,555	429,186	1,431,681	2,347,928	1,949,656	3,216,591
Number of payments	Lifetime		14		14	

I understand that dividends can change and that those changes can affect

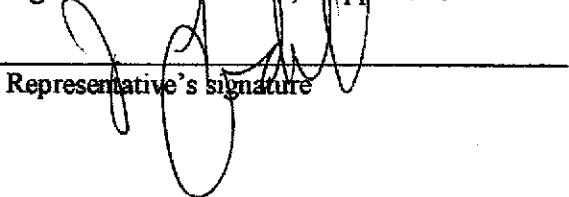
- the portion of the policy's death benefit and cash value that is not guaranteed, and
- the years when policy values could pay premiums, if I chose premium offset.


  
Signature


  
Date


  
Signature of Joint owner, if applicable


  
Date


  
Representative's signature


  
Date

A copy of these pages will be included in your contract. Please consult the Performax contract for full plan details.

Designed for **Marc Bailey**  
Male, age 36, non-smoker

Presented by **Use Options | Producer Configuration**  
**Manulife Financial**

D5.5.0-250604102310(E5.2)(R5.2)

Effective date May 25, 2004

Reference # 250604102105

## INSURANCE APPLICATION PROCESSING CHECKLIST

All quotes based on 'Standard Non-Smoker'

Signatures:       Acknowledgement  
 PAC Start (if applicable)  
 Medical Bureau Info

Agent to witness all signatures

Agent to obtain I.D. verification

Client has signed the last page of the illustration

Client has signed the product page (Manulife only)

Client has signed 'Replacement Forms' (if applicable)

Payment:  
 C.O.D.  
 Cheque

Agent initials all 'changes' or 'corrections' to application

---

### Notes:

Medical completed on Jan. 5/05 - BARCODE: 0103717451



POLICY NUMBER

# Application for Disability Insurance

In this application, *we*, *us* and *our* refer to The Manufacturers Life Insurance Company (Manulife Financial). *You* and *your* refer to the Proposed Insured Person unless otherwise specified on the form.

Please print clearly.

## 1. PROPOSED INSURED PERSON

<u>C. NAME</u>	<u>BAILEY</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<u>485 451 405</u>
A. Name: First	Last	B. Sex	C. Social Insurance No.
<u>JAN 23 1968</u>		F. Ins Age	<u>Toronto</u>
D. Maiden Name (if applicable)	E. Date of Birth (dd/mmm/yyyy)	G. Place of Birth	
<u>215 PARK AVE. HOWARD LANDIS, ONT L9N 1J7</u>		H. Residence Address (No., Street, City, Province)	I. No. of Years
		Postal Code	
J. Occupation	K. Residence Phone No.	L. Business Phone No. <u>850 616</u>	M. Policy Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French
N. Client Interview: <input type="checkbox"/> Day <input type="checkbox"/> Evening    Best Time _____ Best Place <input type="checkbox"/> Home <input type="checkbox"/> Business			
O. Does the Proposed Insured Person speak and read English and/or French? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please do not proceed.			

## 2. OWNER

The owner is:  the Proposed Insured Person as above     a Business

## 3. OWNER'S MAILING ADDRESS

Please provide the preferred mailing address of the owner, if it is **not** the same as the address in Section 1.

A. Name of Business (if applicable)	
B. Full Address (No., Street, City, Province)	Postal Code

## 4. PREMIUM FREQUENCY, BANKING INFORMATION

Premium Payment Method:

- A.  Annual
  - B.  Semi-annual
  - C.  EBR (Employee Benefit Review) Company \_\_\_\_\_ Plan # \_\_\_\_\_
  - D.  Automatic monthly withdrawal - Draw Date: (1st to 28th) \_\_\_\_\_
- OR  Effective Date \_\_\_\_\_

If automatic monthly withdrawal is selected, a specimen cheque marked "Void" (or photocopy) including MICR encoding MUST be attached to the application for account information.

## 5. INSURANCE APPLIED FOR

### A. Insurance applied for

1.  Signed Illustration(s) attached (otherwise complete section B)
2. Proposed Insured Person:  Nonsmoker  Smoker
3. Save Age/Special Dating:  Yes  No Details \_\_\_\_\_

### B. Disability Insurance

Occupation Class 4A

Upgrade – Proof of income required

Plan	Monthly Benefit	Elimination Period	Benefit Period	Taxable Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>
1. <u>VENTURE</u>	\$ 4000	90 DAYS	To 66	<input type="checkbox"/> <input checked="" type="checkbox"/>
2.	\$			<input type="checkbox"/> <input type="checkbox"/>
3.	\$			<input type="checkbox"/> <input type="checkbox"/>
4.	\$			<input type="checkbox"/> <input type="checkbox"/>

\* Income Loss Replacement Plan – The monthly benefits are taxable and the benefits are payable to the Insured Person.

### Plan – Riders and Benefits

1. COST OF LIVING

2. PARTIAL DISABILITY

3. PREMIUM REFUND

4. \_\_\_\_\_

Total Premium:  Annual  Automatic monthly withdrawal  Other (if available) \$ 1,407.00

## 6. EXISTING INSURANCE

### A. Are you eligible for:

1. Employment insurance?  Yes  No
2. Workers' compensation?  Yes  No

### B. Do you have any other disability insurance in effect or pending? Yes No

Include individual, group, association, creditor insurance, salary continuation, accident only, overhead expense or disability buy-sell or any other type of insurance which provides disability benefits.

Company	Pending Yes <input type="checkbox"/> No <input type="checkbox"/>	Issue Date (mmm/yyyy)	Monthly Benefit Amount	Elimin. Period	Benefit Period	Buy- Sell <input type="checkbox"/> Over- head <input type="checkbox"/>	Taxable Benefits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is Insurance being replaced? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Reliable Life	<input type="checkbox"/> <input type="checkbox"/>	Dec 03	\$4,000	180	10 YR	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Unum	<input type="checkbox"/> <input type="checkbox"/>	Oct 97	\$3350	90 DAY	To 65	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>		\$			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

C. If in effect group coverage is to be retained, is a Group Offset amendment requested?  Yes  No

**7. EMPLOYMENT HISTORY**A. Occupation EngineerB. Professional Designation/Degree BASC.C. How many years have you worked in this occupation? 16 If less than 2 years, indicate former occupation \_\_\_\_\_

D. Name of Employer if you are an employee \_\_\_\_\_

Name of Business if you are self-employed WITNEY-BALLOU ASSOCIATES INC.

E. What is the nature of the business? \_\_\_\_\_

F. If self-employed: No. of partners/principals 3 No. of full-time employees 18 No. of part-time employees 5G. How many years/months have you been with this employer or self-employed? 8H. Business address (No., street, city, province, postal code) 530 Ramblee Dr. Unit 3  
WOODBRIDGE, ONT  
L4L 8H2I. Do you work at home?  Yes  No If Yes: \_\_\_\_\_

1. No. of hours: Daily \_\_\_\_\_ Weekly \_\_\_\_\_

2. Is your office open to the public?  Yes  No3. Do you have any employees other than family members working in your home?  Yes  NoJ. How many hours do you work per week? 40K. Is employment year-round?  Yes  No If No, indicate exact months worked \_\_\_\_\_

L. Job duties - Indicate description of duties and percentage of time spent performing each duty:

Job Duties	Percentage of Time Spent	Description of Duties
1. Manual/Physical	<u>5%</u>	
2. Administration/Office	<u>60%</u>	
3. Sales	<u>10%</u>	
4. Supervision	<u>30%</u>	
Location: Office	<u>75%</u>	
Shop/Plant	<u>20%</u>	
On Site	<u>25%</u>	

M. Are you aware of any changes that will occur within the next 12 months that will change your duties or employment status?

 Yes  No If Yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_N. Do you have any part-time employment?  Yes  No If Yes,

Occupation \_\_\_\_\_ Income \_\_\_\_\_

Duties \_\_\_\_\_

## 8. FINANCIAL INFORMATION

Determining your Insurable Income: **Insurable Net Annual Earned Income** is defined as your net earned income, after business expenses are deducted (if allowable), but before taxes, as declared to Canada Customs and Revenue Agency.

A. Please advise your **current** employment status:

1.  Employee (income is declared on your T1, Lines 101 and 104)
2.  Commissioned Sales (income is declared on your T1, Lines 101 plus 104 minus Line 229)
3.  Sole Proprietor (income is declared in Lines 135-143 of your T1) Fiscal Year-End \_\_\_\_\_ (month/day)
4.  Partner (Net income is declared in Lines 135-143 of your T1) \_\_\_\_\_ % Ownership Fiscal Year-End \_\_\_\_\_ (month/day)
5.  Incorporated (net income is declared on your T1, lines 101 and 104 plus your share of the corporate profits or losses  
30 % Ownership Fiscal Year-End SUMMER 30 (month/day)

B. Based on the above information, your Insurable Net Annual Earned Income was **at least**:

\$ \_\_\_\_\_ for last year (\_\_\_\_\_), \$ \_\_\_\_\_ for two years ago (\_\_\_\_\_)

C. If self-employed, do you income split for tax purposes?  Yes  No A copy of the spouse's T4 from the business is required.

If Yes, \$ 100,000 last year (2004), \$ 100,000 two years ago (2003)

D. I have reason to believe that my current Insurable Net Annual Earned Income for this year will be at least 80% of last year's income.  
 Yes  No If No, please provide details.

E. Has there been a change in your employment status in the past 12 months?  Yes  No If Yes, provide details.

F. **Unearned Income** is income that is **NOT** dependent upon your ability to work, for example, investment income, rental income, royalties, pension or similar income.

Did your Unearned Income last year exceed (or is it expected to exceed in the current year) the lesser of \$30,000 or 15% of your Insurable Net Earned Income?  Yes  No If YES, please complete:

	Current Year/No. of Months _____	Prior Year _____
Dividends	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Capital Gains	\$ _____	\$ _____
Net Rental	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

G. Net Worth is the value of your Assets minus Liabilities. My Net Worth **exceeds** \$4,000,000.  Yes  No If YES, please complete:

	Assets	Liabilities
Residence	\$ _____	Residence mortgage \$ _____
Other real estate	\$ _____	Other mortgages \$ _____
Personal property	\$ _____	Bank loans \$ _____
Equity in business or practice	\$ _____	Other \$ _____
Cash, stocks, bonds	\$ _____	<b>Total</b> \$ _____
Other	\$ _____	
<b>Total</b>	<b>\$ _____</b>	Assets minus Liabilities = <b>Total Net Worth</b> \$ _____

## 10. PERSONAL INFORMATION

Has the Proposed Insured Person:

- A. Ever had any application for Life, Disability, Critical Illness or Long Term Care insurance declined, rated, postponed, cancelled or modified in any way?
- B. Any other Life, Disability, Critical Illness or Long Term Care application contemplated or pending?
- C. Ever received or requested a pension, disability benefits, compensation or been off work for more than 10 days, for any accident or sickness?
- D. Ever flown as a pilot, student pilot, crew member or intend to do so? (If YES, please complete the Underwriting Questionnaires, NN9434E.)
- E. Ever participated in scuba diving, parachuting, hang gliding, ultra-lite flying, motor vehicle or motorboat racing, rodeo activities, mountain climbing or other hazardous sport or avocation? (If YES, please complete the appropriate questionnaire(s) for this sport or avocation.)
- F. Had, within the past 3 years, your driver's licence suspended, been charged with 3 or more moving violations or an alcohol or drug related offense? (If YES, please give your driver's licence number and issuing province. If infraction occurred in another province, indicate province.)
- G. Any intentions to travel or reside outside North America other than for normal vacation in the next 12 months?
- H. Ever been charged or convicted of any criminal offense?
- I. Used ANY form of tobacco within the past 12 months including nicotine substitutes, nicotine products, marijuana or hash?
- J. Is the Proposed Insured Person a Canadian citizen? (If NO, please indicate current status and length of time of residency in Canada.)
- K. If a licence or permit is required to operate your business, has it ever been suspended or revoked or has a regulating agency ever initiated a complaint against you?
- L. Ever declared personal or corporate bankruptcy? (If YES, when was it discharged?)

Yes  No  If Yes, give details.

Vm VM

HIP EXCLUSION FROM POLICY  
APPLY FPN IN 97

LICENCES SUSPENDED FOR 8 MONTHS  
FOR DISCIPLINARY MATTERS IN  
2003 (MAY - DEC 03)  
RESOLVED

## 11. MEDICAL INFORMATION

A. Proposed Insured Person: Height 5'10"  ft/in  cm Weight 220  lb  kg

In the past year  Same  Gain \_\_\_\_\_ lb  kg  Loss \_\_\_\_\_ lb  kg Reason for change \_\_\_\_\_

B. Attending Physician (or Last Doctor seen) DR. SONI

Address/Telephone 883 MURK DR. NEWMARKET, ONT. N90S 8L8  
8330

Date and reason for last consultation PHYSICAL - NOV 2005

Any treatment/medication given?  Yes  No If Yes, give details \_\_\_\_\_

**11. MEDICAL INFORMATION (continued)**

- C. Have you ever been treated for or ever had any known indication of a disorder of (circle applicable items):
1. The ears, eyes, nose, throat or lungs – including tinnitus, shortness of breath, bronchitis, pleurisy, asthma, pneumonia, emphysema, tuberculosis, sleep apnea or chronic respiratory disorder?.....
  2. The nervous system – including migraine, headaches, seizures, dizziness, tremor, fainting, paralysis, coma, multiple sclerosis, motor neuron disease (ALS), or loss of speech?.....
  3. The heart or blood vessels – including chest pain, palpitations, high blood pressure, rheumatic fever, heart murmur, heart attack, abnormal ECG, elevated cholesterol, angina, cerebrovascular disease (CVA), transient ischemic attack (TIA), dizziness, peripheral vascular disease, phlebitis or any other disorder of the heart or blood vessels?.....
  4. The abdominal organs – including ulcer, hernia, colitis, gallstones, jaundice, hepatitis (including hepatitis B carrier), Crohn's disease or other disorders of the stomach, liver, pancreas or intestines?.....
  5. The kidneys, bladder, genitals – including sugar, blood, pus or albumin in urine, stones, venereal disease or any other disorder of kidney, bladder, prostate or reproductive organs?.....
  6. The blood or glands – including diabetes, anemia, gout, lymph glands, allergies, lupus, thyroid, unusual bleeding or other endocrine disorders?.....
  7. The musculo-skeletal system – including arthritis, neuritis, sciatica, fibromyalgia, chronic pain or other disorder of the muscles, bones or joints?.....
  8. The spine, back, neck – including sprain, strain, pain or disc disease? (If YES, and occurrence was within five years, please complete Back Pain Questionnaire (included in this application).).....
  9. Cysts, polyps, tumours or cancer?.....
  10. The skin, including but not limited to psoriasis, dermatitis, basal cell carcinoma, moles, nevus or nevi, sunspots, or any other lesions or freckles which have changed in size, colour or have bled?.....
  11. The breast – including lumps, cysts, other physical changes, abnormal mammogram findings or biopsy?.....
- D. Have you been advised to have, or received treatment, or counselling for anxiety, stress, "burnout", depression, fatigue, chronic fatigue or an emotional, behavioural, mental or nervous disorder?.....
- E. Have you been absent from work for more than a two-week period due to disability within the last two years?.....
- F. Have you ever been tested (other than for insurance), treated, counselled or diagnosed for:
1. Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or any other immunological disorders?.....
  2. Enlargement of the Lymph Nodes (glands), chronic diarrhea, unusual skin lesions or unexplained infections?.....

Yes	No	If Yes, give details. Include nature of disorder, diagnosis, dates, duration, treatment, and names of all doctors and medical facilities consulted.
-----	----	---

- HIP - REPLACEMENT  
RECOMMENDED FOR FUTURE  
- MIGRATING SCHEDULED  
- (DIOARTHRITIC  
CONDITION

- DEPRESSION IN 2003  
STRESS FROM BUSINESS & Part time  
AT THE TIME . TAKING ZOLOFT  
UNTIL Aug. 03 . NO MED  
SINCE Aug. 03 AND SITUATION  
IS CLEARED UP WITH BUSINESS

## 11. MEDICAL INFORMATION (continued)

G. Do you currently drink alcoholic beverages?

If YES, please provide details.

Type:	Beer	Wine	Liquor
No. of Drinks		4	
Frequency		WEEKLY	

H. Have you ever used cocaine, marijuana, hash, LSD, barbiturates, narcotics, sedatives or other drugs, excitants or hallucinogens except as prescribed by a physician? (If YES, please complete the Drug Use Questionnaire, NN0969E.)

I. Have you ever received treatment or been advised to seek treatment or medical advice for the use of alcohol or drugs? (If YES, please complete the Drug Use Questionnaire, NN0969E and/or the Alcohol Usage Questionnaire, NN0966E.)

J. OTHER THAN ABOVE, have you within the past five years:

1. Consulted a physician, chiropractor, therapist, counsellor or health care worker?
2. Been a patient in a hospital, clinic, sanatorium or other medical facility?
3. Been advised to have any diagnostic test, consultation, hospitalization or surgery which has not been completed?
4. Had any mental or physical disorder not listed above?
5. Had an electrocardiogram, X-ray, blood test or other diagnostic test?

K. Are you now under medical observation or receiving any type of medical treatment?

L. Females only:

Are you pregnant?

1. If YES, when is your due date?

2. What is the name and address of your Obstetrician/Gynecologist?

3. Have there been any complications?

M. Are you aware of any symptoms or complaints for which you have not yet consulted a physician or received treatment?

N. Did your natural father or mother or any of your brothers or sisters ever have diabetes, high blood pressure, heart disease, kidney disease, cancer, stroke, multiple sclerosis, motor neuron disease (ALS), nervous or mental disorders or any other hereditary disorders? (If YES, please provide details. If cancer, please specify type.)?

Yes No If Yes, give details. Include nature of disorder, diagnosis, dates, duration, treatment, and names of all doctors and medical facilities consulted.

J1  
CHIROPRACTOR PUNE THER  
- 1 EVERY 2 MONTHS  
FOR MAINTAIN3

J2 MESSAGE 1 / month  
FOR HIP

J3 - HIP REPLACEMENT RECO  
- NOT SCHEDULED

J5) BLOOD WORK  
FOR PHYSICAL

Family Record:

Family Member	Age if Living	Condition	Age at Onset	Cause of Death	Age at Death
Father	60	HIGH BLOOD PRESSURE	50		Liver
Mother					
Brother(s) No.					
Sister(s) No.					

#### **14. ACKNOWLEDGEMENTS, CONSENT AND SIGNATURES (continued)**

##### **Signatures**

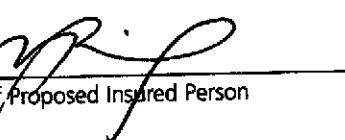
Please review this application, including Acknowledgements and Consent, then sign below.

In this section, you and your mean the policy owner and the Proposed Insured Person.

By signing below you confirm that:

- All of the answers and statements made in this application are current and correct and that such statements will form the basis of the policy.
- You acknowledge that coverage could be void or benefits denied if any answers on this application are incorrect, incomplete or untrue.
- You agree to the terms of this application and that no person has the authority to change the terms of this application.
- You make all the declarations, acknowledgements and authorizations contained in this application.
- Coverage under the policy will not take effect until we have approved this application and the first premium has been paid and the policy has been delivered, provided there has been no change in the insurability of the Proposed Insured Person since this application for insurance was completed.
- When you take delivery of the policy, you agree to its terms, including any changes we have made to the terms.
- You understand that the authorizations you provide will remain in effect after your death so we can evaluate and review any claim or return of premium under the policy.

Signed at Aurora this 13<sup>th</sup> day of January, 2006

x   
Signature of Proposed Insured Person x Signature of Owner [if other than Proposed Insured Person]

x Signature and title of Company Owner 1 x Signature and title of Company Owner 2

x   
Signature of Witness

##### **Authorizing payments from a bank account not held by a policy owner or insured person**

If the owner of the account from which automatic monthly withdrawals are to be made is not the owner or insured person for the policy, the owner of the account must authorize the withdrawals and the terms of the automatic monthly withdrawal plan as described on page 10 by signing below. If withdrawals are to be made from a joint account, both owners of the account must sign.

x Signature of account owner  
Name of account owner

x Signature of account owner  
Name of account owner

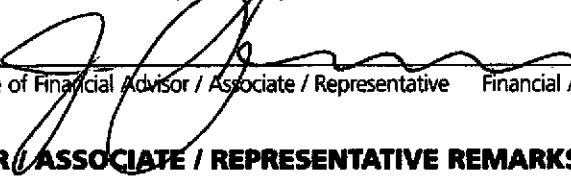
## **17. FINANCIAL ADVISOR'S / ASSOCIATE'S / REPRESENTATIVE'S REPORT**

In this section, *you* and *your* refer to the Financial Advisor / Associate / Representative.

- A. How long have you known the Proposed Insured Person? 8 yrs
- B. Is the Proposed Insured Person:  a relative  known well  known slightly
- C. This application was solicited by:  referral  personal situation  Proposed Insured Person  cold call
- D. Have you submitted money with the application and issued the Interim Insurance Receipt?  Yes  No
- E. Evidence being  arranged  submitted  
 Paramedical  Blood Profile  UHIV  Saliva  Medical  X-ray  ECG  Inspection  Urine  APS
- F. Name of Paramedical facility or examiner \_\_\_\_\_

The foregoing answers are correct to the best of my knowledge:

13/01/06 x

Date (dd/mmm/yyyy)  Signature of Financial Advisor / Associate / Representative

Financial Advisor / Associate / Representative Name (please print)

## **18. FINANCIAL ADVISOR / ASSOCIATE / REPRESENTATIVE REMARKS**

Thank you for submitting this application. Please outline any other personal or financial information which may assist in our underwriting of this risk.

---

---

---

---

## **INTERIM INSURANCE AGREEMENT (DISABILITY INSURANCE)**

Where the minimum premium for the policy or policies applied for on this application has been paid, and the Interim Insurance Request questions for Disability Insurance have been answered negatively, The Manufacturers Life Insurance Company (the Company) agrees to insure the Proposed Insured Person from the date this application is completed.

### **Conditions of Coverage**

The Company agrees to insure the Proposed Insured Person, **if upon completion of the published initial underwriting requirements** for the amount applied for and based on the Company's current underwriting rules and practices, the Proposed Insured Person qualified for the amount and type of coverage applied for **OR** reduced or modified coverage the Proposed Insured Person is determined to be eligible for on the effective date of this agreement. In no event will the Company be liable for an amount of benefit exceeding \$5000 per month on all Disability Insurance Applications with the Company.

### **The following additional conditions apply:**

1. The Proposed Insured Person must be under age 61.
2. The maximum amount of Disability Insurance in force under this and any other Interim Insurance Agreements with The Manufacturers Life Insurance Company is limited to \$5,000 per month.

### **Special Limitations**

There is no coverage under this Agreement if there is fraud, misrepresentation or non-disclosure in either this agreement or our application forms **OR** if Disability of the Proposed Insured Person results from self-inflicted injury.

### **Conditions for Termination**

1. This agreement terminates automatically the earlier of when the policy(ies) applied for becomes effective or 90 days after the date of application completion.
2. The Company may terminate this agreement at any time by notice to the owner with a refund of any money paid, mailed to the owner at the address for premium notices designated on the application form. The termination date is the day following mailing of the notice by The Manufacturers Life Insurance Company.

**No Financial Advisor / Associate / Representative of The Manufacturers Life Insurance Company is authorized to modify this agreement.**

DE 37692

## **19. GENERAL AGENCY / MARKETING CENTRE / REGIONAL OFFICE REPORT**

Cash Received with Application \$ \_\_\_\_\_ Date cheque received in Head Office \_\_\_\_\_

Financial Advisor / Associate / Rep Name	Financial Advisor / Associate / Rep Code	Commission Share %
John R. Aldrin	52313	100%

Application checked by: \_\_\_\_\_ Financial Advisor /  
Marketing Centre / R.O / Agency \_\_\_\_\_ Assoc / Rep Code \_\_\_\_\_ **X**  
Date (dd/mmm/yyyy) \_\_\_\_\_ Signature \_\_\_\_\_

## **20. LINKED APPLICATIONS**

The applications listed below are linked together. Complete once, photocopy and include with each application form submitted.

Application or Policy Number	Name: First	Last

**21. AUTHORIZATION TO RELEASE INFORMATION**

I, as the owner or a Proposed Insured Person, authorize and direct any physician, hospital, clinic or other medical or medically related facility that I have attended, and any insurance company, government agency, provincial health care insurer, institution, organization or person, that has any records or knowledge of me or of my health to release full particulars thereof including all prior medical history to The Manufacturers Life Insurance Company, its reinsurers or its Agents for purposes of processing my application for insurance. This authorization is valid only during underwriting and the contestability period. A photographic copy of this consent shall be as valid as the original.

**TO BE DETACHED AND GIVEN TO THE PROPOSED INSURED PERSON**

DE 37692

## **Application for Disability Insurance**



We consider the information contained in your application to be confidential. However, Manulife Financial or reinsurers involved with your policy may make a report to the Medical Information Bureau based on your application, or to other insurance companies to which you apply for life, or health insurance, or to which a claim for benefits has been made.

The Medical Information Bureau is a non-profit organization set up by life insurance companies to share information among its members. If you apply for insurance or submit a claim to a member company, the Medical Information Bureau will share any information it has on file.

You may review the information in your file, and request a correction if necessary, by contacting the bureau at:

- Medical Information Bureau  
330 University Avenue, Suite 501,  
Toronto, Ontario M5G 1R7  
Telephone: (416) 597-0590  
Fax: (416) 597-1193  
Email: canada\_disclosure@mib.com**

In addition to requesting information from the Medical Information Bureau when we process your application, we may also obtain a personal investigation or consumer report containing personal information about the Proposed Insured Person.



# Venture Series

## Coverage and Premium Details

Age at nearest birthday 38, Male, Non-smoker, occupation category 4A  
 Employment type: Qualified business owner

	Rate per \$100 of Coverage	Annual Premium	Semi-annual Premium	Monthly Premium
<b>Monthly benefit of \$4,000 after elimination period of 90 days. Maximum benefit period: To age 65. Regular occupation period: 5 years</b>	\$18.80	\$752.00	\$398.56	\$67.68
<b>Cost of Living Adjustment Rider 5 %</b>	\$3.32	\$132.80	\$70.38	\$11.95
<b>Partial Disability Rider</b>	\$1.13	\$45.20	\$23.96	\$4.07
<b>Premium Refund Rider - 4Back - maximum refund of \$5,628 every 8 years</b>		\$402.00	\$213.06	\$36.18
<b>Policy fee</b>		\$75.00	\$39.75	\$6.75
<b>Total premium</b>		\$1,407.00	\$745.71	\$126.63

**Notes:** This is an illustration, not an insurance contract. Extensive effort has been made to ensure the accuracy of the information presented. However, in case of discrepancy, the actual policy provisions govern the terms of the contract.

The quoted premiums include a built-in discount for qualified business owners.

For policies of this type, the insurer anticipates that 55% of premiums will be required for claims. This is not a contractual obligation.

Helping You Make Better Financial Decisions.<sup>TM</sup>

The Manufacturers Life Insurance Company

Presented by: Mr. John R. Ardill CFP, CLU, CH.F.C.

Ardill - Solving the Lifecycle Puzzle

Tel: (905)713-3795

Fax: (905)841-0782

E-mail: john@ardillfinancial.com

Designed for: Marc Bailey

Effective date: December 19, 2005

Reference #: 8.0.0.B - 191205144537



# Venture Series

## Supplementary Calculations

The illustrated plan provides a total potential benefit as follows.

If Disability Occurs at Age	Total Potential Payout
38	\$2,126,400
43	\$1,598,400
48	\$1,130,400
53	\$722,400
58	\$374,400
60	\$252,000

- Notes:** Assumes the insured becomes totally disabled at the stated age and remains disabled throughout the benefit period.  
Excludes potential increases to the monthly benefit resulting from Automatic Coverage Enhancements or any Additional Insurance Rider.  
Assumes maximum increases under the Cost of Living Adjustment Rider. Total benefit amount may be lower depending on the rate of inflation.

During your working years, what is your chance of suffering a period of disability that lasts at least 90 days? Please refer to the following graph for industry statistics (assuming a normal medical history). If such a disability does occur, chances are it will last several years.

Age	Cumulative Risk to Age 65
30	20%
40	18%
50	16%
60	8%

- Notes:** The risk of disability depends on your age, sex, chosen elimination period and occupational factors. From the 1985 Commissioners' Individual Disability Table A, occupation category 4A.

Automatic Coverage Enhancements are available on this plan.

Age	Adjusted Monthly Benefit	Rate per \$100 for increase	New Premium
39	\$4,120	\$24.53	\$1,436.44
40	\$4,244	\$25.86	\$1,468.51
41	\$4,371	\$27.07	\$1,502.89

- Notes:** After 3 years, increases may continue up to age 55, subject to financial underwriting every 3 years and medical underwriting every 9 years.

### Helping You Make Better Financial Decisions.™

The Manufacturers Life Insurance Company

Designed for: Marc Bailey

Presented by: Mr. John R. Ardill CFP, CLU, CH.F.C.  
Ardill - Solving the Lifecycle Puzzle  
Tel: (905)713-3795  
Fax: (905)841-0782  
E-mail: john@ardillfinancial.com

Effective date: December 19, 2005

Reference #: 8.0.0.B - 191205144537

Income Tax and Benefit Return

Identification

First name and initial

CHARLES M.

Last name

BAILEY

Mailing address: Apt. No. - Street No. Street name

WM. J. TROTTER & ASSOCIATES  
185 WEST WILMOT STREET

P.O. Box, R.R.

City

RICHMOND HILL

Prov./Terr. Postal code,

ON L4B 1K7

Information about your residence

Enter your province or territory of residence on December 31, 2004 Ontario

Enter the province or territory where you currently reside if it is not the same as that shown above for your mailing address:

If you were self-employed in 2004,

Enter the province or territory of self-employment:

Ontario

If you became or ceased to be a resident of Canada in 2004, give the date of:

Month Day

or

Month Day

Elections Canada

THIS SECTION APPLIES ONLY TO CANADIAN CITIZENS.

DO NOT ANSWER THIS QUESTION IF YOU ARE NOT A CANADIAN CITIZEN.

As a Canadian citizen, I authorize the Canada Revenue Agency to provide my name, address and date of birth to Elections Canada for the National Register of Electors.

Your authorization is required each year. This information will be used only for purposes permitted under the Canada Elections Act.

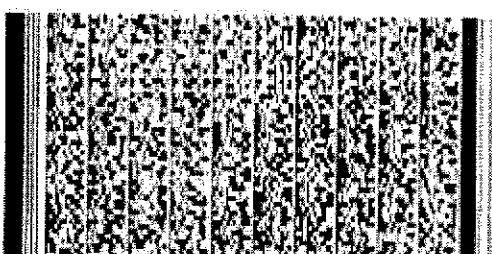
Yes  1 No  2

Goods and services tax/harmonized sales tax (GST/HST) credit application

See the guide for details.

Are you applying for the GST/HST credit?

Yes  1 No  2



**Please answer the following question**

Did you own or hold foreign property at any time in 2004 with a total cost of more than CAN\$100,000?

(read the "Foreign income" section in the guide for details)

266 Yes  1No  2

If yes, attach a completed Form T1135.

If you had dealings with a non-resident trust or corporation in 2004, see the "Foreign income" section in the guide.

**As a Canadian resident, you have to report your income from all sources both inside and outside Canada.****Total income****Employment income (box 14 on all T4 slips)** 101 33,540.00

Commissions included on line 101 (box 42 on all T4 slips) 102

Other employment income 104 21,945.00

Old Age Security pension (box 18 on the T4A(OAS) slip) 113

CPP or QPP benefits (box 20 on the T4A(P) slip) 114

Disability benefits included on line 114 (box 16 on the T4A(P) slip) 152

Other pensions or superannuation 115

Employment insurance and other benefits (box 14 on the T4E slip) 119

Taxable amount of dividends from taxable Canadian corporations (see the guide) 120 41.20

Interest and other investment income (attach Schedule 4) 121 1,55

**Net partnership income: limited or non-active partners only (attach Schedule 4)** 122

Gross income 160 Net 126

Taxable capital gains (attach Schedule 3) 127 8.55

Support payments received Total 156 Taxable amount 128

RRSP income (from all T4RSP slips) 129

Other income Specify Interest (T3 box 26) 130 150.82

Self-employment income (see lines 135 to 143 in the guide)

Business income Gross 162 Net 135

Professional income Gross 164 Net 137

Commission income Gross 166 Net 139

Farming income Gross 168 Net 141

Fishing income Gross 170 Net 143

Workers' compensation benefits (box 19 on the T6007 slip) 144

Social assistance payments 145

Net federal supplements (box 21 on the T4A(OAS) slip) 146

Add lines 144, 145, and 146 (see line 250 in the guide) ► 147

Add lines 101, 104 to 143, and 147

This is your total income 150 55,687.12

CHARLES M BAILEY



Agence des douanes  
et du revenu du Canada

SIN: 485-451-405

T1 GENERAL 2003

# KEEP THIS COPY FOR YOUR RECORDS

## Income Tax and Benefit Return

### Identification

First name and initial, last name

CHARLES M BAILEY

Mailing address: Apt No. - Street No. Street name

WM. J. TROTTER & ASSOCIATES  
185 WEST WILMOT STREET  
P.O. Box RR

City: RICHMOND HILL Provin/Terr: ON Postal code: L4B 1K7

### Information about your residence

Enter your province or territory of residence on December 31, 2003: Ontario

Enter the province or territory where you currently reside if it is not the same as that shown above for your mailing address:

If you were self-employed in 2003, enter the province or territory of self-employment: Ontario

If you became or ceased to be a resident of Canada in 2003, give the date of:

Month Day

Month Day

Entry

or departure

### Information about you

Enter your social insurance number (SIN):

485-451-405

Year Month Day

Your date of birth:

1968-01-23

Your language of correspondence:

Votre langue de correspondance:

English  French

Check the box that applies to your marital status on December 31, 2003 (see the "Marital status" section in the guide for details):

1  Married

2  Living common law

3  Widowed

4  Divorced

5  Separated

6  Single

### Information about your spouse or common-law partner (if you checked box 1 or 2 above)

Enter his or her SIN:

473-423-714

His or her

first name: NANCY A

His or her net income for 2003 to claim certain credits:

100,156.70

Check this box if he or she was self-employed in 2003:

If this return is for a deceased person, enter the date of death:

Year Month Day

Do not use this area

### Elections Canada

If you are NOT a Canadian citizen, check "No".

Do you authorize the Canada Customs and Revenue Agency to provide your name, address, and date of birth to Elections Canada for the National Register of Electors?

Your authorization is needed each year. This information will be used for electoral purposes only.

For Canadian citizens only.

Yes  No

### Goods and services tax/harmonized sales tax (GST/HST) credit application

Are you applying for the GST/HST credit?

Yes  No

Do not use this area	172		171	
----------------------	-----	--	-----	--

**Please answer the following question**

Did you own or hold foreign property at any time in 2003 with a total cost of more than CAN\$100,000?  
 (read the "Foreign income" section in the guide for details)

If yes, attach a completed Form T1136.

If you had dealings with a non-resident trust or corporation in 2003, see the "Foreign income" section in the guide.

Yes  No  I do not know

As a Canadian resident, you have to report your income from all sources both inside and outside Canada.

**Total income**

Employment income (box 14 on all T4 slips)	101	107,500.00
Commissions included on line 101 (box 42 on all T4 slips)	102	
Other employment income	104	
Old Age Security pension (box 18 on the T4A(OAS) slip)	113	
CPP or QPP benefits (box 20 on the T4A(P) slip)	114	
Disability benefits included on line 114 (box 18 on the T4A(P) slip)	152	
Other pensions or superannuation	115	
Employment insurance and other benefits (box 44 on the T4E slip)	119	
Taxable amount of dividends from taxable Canadian corporations	120	100,118
Interest and other investment income (Schedule 4)	121	155.87
Net partnership income: limited or non-active partners only (Schedule 4)	122	
Rental income	Gross 160	Net 128
Taxable capital gains (Schedule 3)		127
Capital payments received	Total 156	Taxable amount 128
RRSP income (from all T4RSP slips)		129
Other income: specify		130
Sell-employment income:		
Business income	Gross 162	Net 135
Professional income	Gross 164	Net 137
Commission income	Gross 166	Net 139
Farming income	Gross 168	Net 141
Fishing income	Gross 170	Net 143
Workers' compensation benefits (box 10 on the T5007 slip)	144	
Social assistance payments	145	
Net federal supplements (box 21 on the T4A(OAS) slip)	146	
Add lines 124, 145 and 146		147
Add lines 101, 104 to 146, and 147	Total Income: 150	107,750.02

## Income Tax and Benefit Return

REPT THIS COPY

FOR YEAR

2003

## Identification

First name and initial:

NANCY A

Last name:

BAILEY

Mailing address: Apt. No. - Street No. Street name:

WM. J. TROTTER & ASSOCIATES  
135 WEST WILMOT STREET

P.O. Box: R.R.

City:

RICHMOND HILL

Prov./Terr. Postal code:

ON L4B 1K7

## Information about your residence

Enter your province or territory of residence on December 31, 2004: Ontario

Enter the province or territory where you currently reside if it is not the same as that shown above for your mailing address:

If you were self-employed in 2004, enter the province or territory of self-employment: Ontario

If you became or ceased to be a resident of Canada in 2004, give the date of:

entry

Month Day

or

departure

Month Day



THIS SECTION APPLIES ONLY TO CANADIAN CITIZENS.

DO NOT ANSWER THIS QUESTION IF YOU ARE NOT A CANADIAN CITIZEN.

As a Canadian citizen, I authorize the Canada Revenue Agency to provide my name, address and date of birth to Elections Canada for the National Register of Electors.

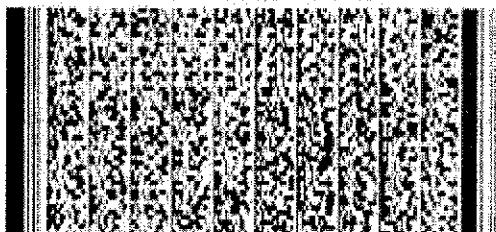
Your authorization is required each year. This information will be used only for purposes permitted under the Canada Elections Act.

Yes  1 No  2

## Goods and services tax/harmonized sales tax (GST/HST) credit application

See the guide for details.

Are you applying for the GST/HST credit?

Yes  1 No  2Do not  
use this area

172

171

**Please answer the following question**

Did you own or hold foreign property at any time in 2004 with a total cost of more than CAN\$100,000?  
 (read the "Foreign income" section in the guide for details)

If yes, attach a completed Form T1135.

If you had dealings with a non-resident trust or corporation in 2004, see the "Foreign income" section in the guide.

**266 Yes**  1

**No**  2

As a Canadian resident, you have to report your income from all sources both inside and outside Canada.

**Total income**

Employment income (box 14 on all T4 slips)	<b>101</b>	60,000.00
--	------------	-----------

Commissions included on line 101 (box 42 on all T4 slips)	<b>102</b>	
---	------------	--

Other employment income	<b>104</b>	
-------------------------	------------	--

Old Age Security pension (box 18 on the T4A(OAS) slip)	<b>113</b>	
--	------------	--

CPP or CPP benefits (box 20 on the T4A(P) slip)	<b>114</b>	
---	------------	--

Disability benefits included on line 114 (box 16 on the T4A(P) slip)	<b>152</b>	
---	------------	--

Other pensions or superannuation	<b>115</b>	
----------------------------------	------------	--

Employment insurance and other benefits (box 14 on the T4E slip)	<b>119</b>	
--	------------	--

Taxable amount of dividends from taxable Canadian corporations (see the guide)	<b>120</b>	41.20
--	------------	-------

Interest and other investment income (attach Schedule 4)	<b>121</b>	147.40
--	------------	--------

Net partnership income: limited or non-active partners only (attach Schedule 4)	<b>122</b>	
---	------------	--

Rental income	Gross <b>160</b>	Net <b>126</b>	
Exempt capital gains (attach Schedule 3)		<b>127</b>	8.55

Support payments received	Total <b>156</b>	Taxable amount <b>128</b>
---------------------------	------------------	---------------------------

RRSP income (from all T4RSP slips)		<b>129</b>
------------------------------------	--	------------

Other income	Specify Interest (T3 box 26)	<b>130</b>	150.82
--------------	------------------------------	------------	--------

Self-employment income (see lines 135 to 143 in the guide)		
--	--	--

Business income	Gross <b>152</b>	Net <b>135</b>
-----------------	------------------	----------------

Professional income	Gross <b>184</b>	Net <b>137</b>
---------------------	------------------	----------------

Commission income	Gross <b>166</b>	Net <b>139</b>
-------------------	------------------	----------------

Farming income	Gross <b>168</b>	Net <b>141</b>
----------------	------------------	----------------

Fishing income	Gross <b>170</b>	Net <b>143</b>
----------------	------------------	----------------

Workers' compensation benefits (box 10 on the T5007 slip)	<b>144</b>	
---	------------	--

Social assistance payments	<b>145</b>	
----------------------------	------------	--

Net federal supplements (box 21 on the T4A(OAS) slip)	<b>146</b>	
---	------------	--

Add lines 144, 145, and 146 (see line 250 in the guide)	<b>147</b>	
---	------------	--

Add lines 101, 104 to 143, and 147		
------------------------------------	--	--

This is your total income <b>150</b>	60,347.97
--------------------------------------	-----------

NANCY A. BAILEY



Agence des douanes  
et du revenu du Canada

SIN: 473-427-714

T1 GENERAL 2003

# KEEP THIS COPY

## Income Tax and Benefit Return

# FOR YOUR RECORDS!

### Identification

First name and initial, last name

NANCY A. BAILEY

Mailing address: Apt. No.: Street No.: Street name

WM. J. TROTTER & ASSOCIATES  
185 WEST WILMOT STREET

P.O. Box 559

City

Prov/Terr. Postal code

RICHMOND HILL

ON L4B 1K7

### Information about your residence

Enter your province or territory of residence on December 31, 2003: Ontario

Enter the province or territory where you currently reside if it is not the same as that shown above for your mailing address:

If you were self-employed in 2003, enter the province or territory of self-employment: Ontario

If you became or ceased to be a resident of Canada in 2003, give the date of entry or departure

Month Day

or departure

### Elections Canada

If you are NOT a Canadian citizen, check "No".

Do you authorize the Canada Customs and Revenue Agency to provide your name, address, and date of birth to Elections Canada for the National Register of Electors?

Your authorization is needed each year. This information will be used for electoral purposes only.

### For Canadian citizens only

Yes  No

### Goods and services tax/harmonized sales tax (GST/HST) credit application

Are you applying for the GST/HST credit?

Yes  No

Do not use this area

172

171

**Please answer the following question**

Did you own or hold foreign property at any time in 2003 with a total cost of more than CA\$100,000?  
(read the "Foreign income" section in the guide for details)

If yes, attach a completed Form T-136.

If you had dealings with a non-resident trust or corporation in 2003, see the "Foreign income" section in the guide.

266 Yes  1 No  2

As a Canadian resident, you have to report your income from all sources both inside and outside Canada.

**Total Income**

Employment income (box 14 on all T4 slips)	101	107,500.00
--	-----	------------

Commissions included on line 101 (box 42 on all T4 slips)	102	
---	-----	--

Other employment income	104	
-------------------------	-----	--

OAS/AGS/Social pension (box 15 on the T4A(OAS) slip)	113	
--	-----	--

CPP or QPP benefits (box 20 on the T4A(P) slip)	114	
---	-----	--

Disability benefits included on line 114 (box 16 on the T4A(P) slip)	115	
---	-----	--

Other pensions or superannuation	116	
----------------------------------	-----	--

Employment insurance and other benefits (box 14 on the T4E slip)	119	
--	-----	--

Taxable amount of dividends from taxable Canadian corporations	120	301.15
--	-----	--------

Interest and other investment income (Schedule 4)	121	1,043.10
---	-----	----------

Net partnership income (limited or non-active partners only (Schedule 4))	122	
---	-----	--

Rental income	Gross	100		Net	126	
---------------	-------	-----	--	-----	-----	--

Taxable capital gains (Schedule 3)				Net	127	
------------------------------------	--	--	--	-----	-----	--

Report payments received	Total	156		Taxable amount	128	
--------------------------	-------	-----	--	----------------	-----	--

RRSP income (from all T4RSP slips)				Net	129	
------------------------------------	--	--	--	-----	-----	--

Other income	Specify			Net	130	
--------------	---------	--	--	-----	-----	--

Self-employment income						
------------------------	--	--	--	--	--	--

Business income	Gross	162		Net	135	
-----------------	-------	-----	--	-----	-----	--

Professional income	Gross	164		Net	137	
---------------------	-------	-----	--	-----	-----	--

Commission income	Gross	166		Net	139	
-------------------	-------	-----	--	-----	-----	--

Farming income	Gross	168		Net	141	
----------------	-------	-----	--	-----	-----	--

Renting income	Gross	170		Net	143	
----------------	-------	-----	--	-----	-----	--

Workers' compensation benefits (box 10 on the T8007 slip)	144					
---	-----	--	--	--	--	--

Social assistance payments	145					
----------------------------	-----	--	--	--	--	--

Net federal supplements (box 21 on the T4A(OAS) slip)	146					
---	-----	--	--	--	--	--

Add lines 144, 145 and 146	147					
----------------------------	-----	--	--	--	--	--

Add lines 101, 104 to 143, and 147	Total income	150	108,641.25			
------------------------------------	--------------	-----	------------	--	--	--

HUNTER  
McCORQUODALE INC.

2300 Yonge Street, Suite 2910  
Box 2396  
Toronto, Ontario M4P 1E4  
Tel: 416-322-7268 Fax: 416-322-6846  
Toll free: 1-888-995-9199  
Email: [info@hunter-mccorquodale.com](mailto:info@hunter-mccorquodale.com)

**POLICY DELIVERY MEMO TO BROKER**

DATE: **December 9, 2003**

AGENT'S NAME: **JOHN ARDILL**

RE: INSURED PERSON: **CHARLES BAILEY**

RELIABLE LIFE INSUREABILITY POLICY #: **A093085**

Enclosed is the above-mentioned policy and Outline of Coverage for delivery to your client. In order to place the coverage in force, please obtain the delivery requirements which are checked ( ✓ ) on the following list:

- ✓ Policy Delivery Acknowledgement and Declaration
- ✓ Application Amendment
- ✓ Balance premium due: **\$2,815.54** payable to Reliable Life.  
(The annual premium is \$3,094.00 and the deposit paid with the application was \$278.46)

*The above requirements must be returned within 30 days to place the policy in force. Please return documents to: Vic Arnaud*

POLICY SCHEDULEGeneral Information

Effective Date:

01 December 2003

Expiry Date:

01 December 2033

Personal Information

Name: CHARLES MARC BAILEY  
 Address: 215 Park Avenue, Holland Landing, ON L9N 1J7

Charles Marc Bailey

Monthly Disability Income Benefit\*

For Total Disability:

Elimination Period:

\$4,000.00

For Partial Disability:

\$2,000.00

\*Applies in certain situations – please refer to the Benefit Provisions on page 5.

Maximum Benefit Period

Benefit Period that occurs prior to age 55: 10 years

Benefit Period that occurs from age 55 to age 62: to Age 65

Benefit Period that occurs after age 62 and prior to the Expiry Date: 2 years

Benefit Period for Disability due to Mental or Nervous Disorder: 6 months

Premium Information

Policy Premium:	\$2,815.54	Frequency:	Annual
Disability Rider:	<u>\$ 278.46</u>		
Total Premium:	\$3,094.00	Modal Premium:	\$3,094.00

09 December 2003

Checked By: AN

## DELIVERY ACKNOWLEDGEMENT AND DECLARATION

Policy Number: A093085

Person Insured: Charles Marc Bailey

Effective Date: December 1, 2003

I hereby acknowledge that this policy, issued by Reliable Life Insurance Company, was delivered to me on the date indicated at the bottom of this page. I also received a copy of an Outline of Coverage.

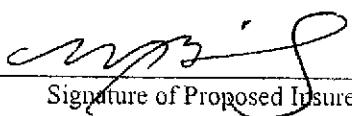
I hereby declare that since October 31, 2003, the date I signed the application for the policy:

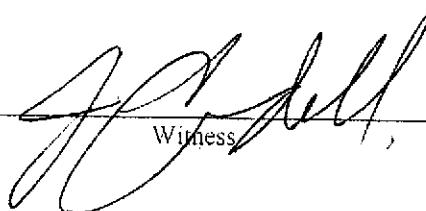
1. I have not had any injury, illness or any change of health.
2. I have not had a physical examination or check-up, or consulted with any physician or other medical practitioner.
3. I have not applied for or been issued any type of disability insurance from any other company, nor have I applied or been approved for reinstatement of any previous coverage.
4. I have not discontinued my employment, changed my employment status or had a significant reduction in my income.

**IMPORTANT:** This policy is not valid unless one copy of this form, dated and signed by the Person Insured and the Owner (if other than the Proposed Insured), is received by The Company within 10 days after delivery of the policy. If there are any exceptions to the statements above please provide details below. This policy is not in effect unless and until these exceptions are reviewed and accepted by The Company.

Give full details of any exceptions relating to statements 1, 2, 3, and/or 4 above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated at Aurora this 17<sup>th</sup> day of December, 2003

  
Signature of Proposed Insured

  
Witness

## APPLICATION AMENDMENT

Policy Number: A093085

Person Insured: Charles Marc Bailey

Effective Date: December 1, 2003

I hereby amend my application made to Reliable Life Insurance Company on October 31, 2003 in the following particulars:

Section C: 7b. Modal Premium: \$3,094.00  
7c. Deposit with Application: \$278.46

Section F: 4h. In the past 10 years, have you had, been medically diagnosed as having, or been treated for backache, rheumatic fever, rheumatism, arthritis, fibromyalgia, paralysis, or other disorder of the muscles or bones, including joints and spine? Yes

I hereby represent that the above answers are true and complete to the best of my knowledge and belief, and I agree that this application amendment shall be considered as a part of my original application.

Dated at Aurora this 17<sup>th</sup> day of December, 2003

cmx38  
Signature of Proposed Insured

Signature of Owner, if other than Proposed Insured

J. D. Bell  
Witness



CHARLES MARC BAILEY OR  
MRS NANCY BAILEY  
215 PARKLAWN  
HOLLAND LANDING ON L9N 1J7  
(905) 863-7261 bailyeng@attcanada.ca

284

DATE

17 Dec 03

PAY TO THE  
ORDER OF

Hunter McCaughey Co Inc. \$ 2815.54  
Two Thousand Eight Hundred and fifteen 54

100 DOLLARS

Security features  
included.  
Details on back.



**Canada Trust**

NEWMARKET PLAZA, 8008 - 130 DAVIS DRIVE  
NEWMARKET, ONTARIO L3Y 2N1

MEMO:

Policy # A093085

I rather be skiing.

284 6030720041 516681 20

# ***INSUREability™***

Disability Insurance Proposal

**Prepared For:** M. Bailey

**Prepared By:** John Ardill  
Ardill Financial  
                        

**Birthdate:** 23-Jan-68

**Age**

35

**Annual Income:** \$220,000

**Smoking status: (Yes/No)**

(Age last birthday)  
No

**Monthly Income:** \$18,333

**MONTHLY BENEFIT:** **\$4,000**

#### **2 Year Benefit Period**

	Elimination Period				
	30 Days	60 Days	90 Days	120 Days	180 Days
Annual Premium	\$2,820.00	\$2,444.00	\$1,880.00	\$1,692.00	\$1,504.00
Monthly Premium PAP	\$253.80	\$219.96	\$169.20	\$152.28	\$135.36

#### **5 Year Benefit Period**

	Elimination Period				
	30 Days	60 Days	90 Days	120 Days	180 Days
Annual Premium	N/A	\$4,560.00	\$3,040.00	\$2,888.00	\$2,584.00
Monthly Premium PAP	N/A	\$410.40	\$273.60	\$259.92	\$232.56

	Elimination Period				
	30 Days	60 Days	90 Days	120 Days	180 Days
Annual Premium	N/A	\$5,460.00	\$3,640.00	\$3,458.00	\$3,132.72
Monthly Premium PAP	N/A	\$491.40	\$327.60	\$311.22	\$278.46

**Note:**

These rates include the 6 month Partial Disability Rider.

To remove this rider, multiply the premium by 0.91

**Underwritten by: Reliable Life Insurance Company, Hamilton, Ontario**

**Distributed by: Hunter McCorquodale Inc. 1-888-995-9199**

398

MARC BAILEY  
NANCY BAILEY  
215 PARK AVE. TEL 905-853-7251  
HOLLAND LANDING, ON L9N 1J7

31 Oct 2003.

PAY TO THE  
ORDER OF  
Reliable Life Insurance Co. \$ 278.46  
- Two Hundred Seventy Eight -  $\frac{46}{100}$  DOLLARS



**Canada Trust**  
Canada Trust Mortgage Company  
100 Davis Drive Unit 8006  
Newmarket, Ontario L3Y 2N1

MEMO

# 39811 1013072150911: 51668111211

*mpj*

SAFETY PAPER

When completed, send the application  
to the following agency address:  
Hunter McCordale Inc.  
2300 Yonge Street, Suite 2910  
Toronto, Ontario M4P 1E4

# APPLICATION FOR INSUREABILITY™ COVERAGE

Application for:  New Coverage

Reinstatement  Exchange

Policy number(s) to be changed:

RELIABLE LIFE

Insurance Company

## Section A

### PERSONAL INFORMATION

1. Name of Proposed Insured: <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Title _____			
First: CHARLES Middle: MARC Last: BAILEY Maiden If Applicable:			
2. Residence Address: 215 PARK AVENUE		HOLLAND	
Street, Apt./Ste. #	City/Town	Prov.	Postal Code
3. Date of Birth: 23, 01, 68 4. Age: 35 5. Sex: M			
6. Mailing Address (if different from residence address):			
Street, Apt./Ste. #	City/Town	Prov.	Postal Code
8. Telephone: Home (905) 853-7251 Best time to Call: Best place to Call: Work (905) 851-0616 <input type="checkbox"/> Work <input type="checkbox"/> Home			
9. Social Insurance Number: 485-451-405			
10. Owner, if other than Proposed Insured (owner must sign on page 5):			
11. <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant			

## Section B

### EMPLOYMENT INFORMATION

1. Employer (provide details for past 2 years): a. Current Employer/Business Name: <b>WHITNEY - BAILEY ASSOC</b>		e. Previous Employer/Business Name:
b. Dates Employed: From: To: 5 yrs.		f. Dates Employed: From: To:
c. Address: <b>530 ROUNTREE DAIRY #3 WOODBRIDGE ON L4L 8 H2</b>		g. Address:
d. Nature of Employers Business: <b>ENGINEERING &gt; ARCHITECTURE</b>		h. Nature of Employers Business:
i. Current Employment <input type="checkbox"/> Employee: How paid? ..... <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Combination Status: <input type="checkbox"/> Unincorporated Business Owner/Partner <input checked="" type="checkbox"/> Incorporated Business Owner (>10% ownership): Date Incorporated <b>NOV 98</b>		
j. If self-employed: Length of time self-employed: _____ No. of full-time employees (excluding owners): _____		Percentage Ownership/Share: _____ Fiscal Year-End (Month/Day): _____
2. Duties: a. Job Title: <b>STRUCTURAL ENGINEER</b>		b. Professional Designation/Degree: <b>ENGINEER</b>
c. Breakdown of Duties (total = 100%): Administrative/Office: <b>40%</b> Manual/Physical: <b>10%</b> Sales: <b>10%</b> Driving: <b>20%</b> Travel (outside North America): <b>0%</b> Supervision (outside office e.g. plant, jobsite): <b>30%</b>		d. Description of Duties: <b>reviewing construction</b>
3.a. How many months a year do you usually work? <b>12</b>	b. How many hours a week do you usually work? <b>50</b>	c. How many hours a week do you usually work at home? <b>10</b>
d. Length of time employed in current job: <b>5 yrs</b>	e. Length of time employed in similar job: <b>8</b>	f. Are you actively working <input checked="" type="checkbox"/> Yes at your full-time job? <input type="checkbox"/> No
g. Do you have a part-time or seasonal job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "yes", describe exact duties:	
h. Do you plan to change your duties, occupation, or country of residence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "yes", give details:	

# APPLICATION FOR INSUREABILITY COVERAGE

<b>Section C PLAN INFORMATION</b>	1. Maximum Benefit Period: <input type="checkbox"/> 2 Years <input type="checkbox"/> 5 Years <input checked="" type="checkbox"/> 10 Years ("preferred" risks only)																													
	2. Basic Monthly Benefit: \$ <u>4600</u>		3. Elimination Period: <input type="checkbox"/> 30 Day (only with 2 Year Benefit Period) <input type="checkbox"/> 60 Day <input type="checkbox"/> 90 Day <input type="checkbox"/> 120 Day <input checked="" type="checkbox"/> 180 Day																											
	4. Additional Monthly Benefit with 120 Day Elimination Period: \$																													
	5. Benefits to be: <input checked="" type="checkbox"/> Non-Taxable <input type="checkbox"/> Taxable (must be part of a valid Wage Loss Replacement Plan)																													
	6. Partial Disability Rider: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																													
	<b>7. PREMIUM INFORMATION:</b>																													
	a. Mode: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly PAP (complete authorization on Page 6)																													
	b. Modal Premium: \$ _____ c. Deposit with Application: \$ _____ (at least one months premium)																													
	8. Special Dating Request (must be the first of a month):																													
9. Beneficiary (if blank, the beneficiary is the owner or the estate of the owner):																														
<b>Section D FINANCIAL INFORMATION</b>	1. Earned Income: a. This year to date \$ <u>180 000</u> b. Last year \$ <u>220 000</u> c. 2 years prior \$ <u>260 000</u>	<b>Earned Income Means:</b> Employee: salary plus bonus if consistent or commission less business expenses. Unincorporated Business Owner/Partner: Your share of net business income after normal and customary business expenses and before income tax. Incorporated Business Owner (>10%): Salary, bonus if consistent, and your share of corporate net profit before income tax. All amounts should be on a fiscal year basis.																												
	2. Annual Unearned Income: \$ _____ <input type="checkbox"/> None	<b>Unearned Income Means:</b> Income that would continue (net of expenses) in the event of disability e.g. rents, investment	3. Annual Income, other jobs: \$ _____ <input type="checkbox"/> None																											
	NB: Appropriate financial documentation must accompany all applications.																													
<b>Section E GENERAL INFORMATION</b>	1.a. Do you have any disability insurance coverage in force or pending (include group, individual, mortgage, etc)? If "yes" give details:..... <span style="float: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></span>																													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Company Name</th> <th>Group?</th> <th>Plan Type</th> <th>Year Issued</th> <th>Monthly Benefit</th> <th>Benefit Period</th> <th>Elimination Period</th> <th>Taxable?</th> <th>To be replaced or reduced?</th> </tr> </thead> <tbody> <tr> <td>I) <u>UNUM</u></td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Personal <input type="checkbox"/> No <input type="checkbox"/> Business</td> <td><u>1997</u></td> <td><u>1350</u></td> <td><u>65</u></td> <td><u>90</u></td> <td></td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>II)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> Personal <input type="checkbox"/> No <input type="checkbox"/> Business</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>			Company Name	Group?	Plan Type	Year Issued	Monthly Benefit	Benefit Period	Elimination Period	Taxable?	To be replaced or reduced?	I) <u>UNUM</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Personal <input type="checkbox"/> No <input type="checkbox"/> Business	<u>1997</u>	<u>1350</u>	<u>65</u>	<u>90</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	II)	<input type="checkbox"/> Yes <input type="checkbox"/> Personal <input type="checkbox"/> No <input type="checkbox"/> Business						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Company Name	Group?	Plan Type	Year Issued	Monthly Benefit	Benefit Period	Elimination Period	Taxable?	To be replaced or reduced?																					
	I) <u>UNUM</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Personal <input type="checkbox"/> No <input type="checkbox"/> Business	<u>1997</u>	<u>1350</u>	<u>65</u>	<u>90</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
	II)	<input type="checkbox"/> Yes <input type="checkbox"/> Personal <input type="checkbox"/> No <input type="checkbox"/> Business						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
	b. Are you eligible for Employment Insurance (E.I.) sickness benefits? .....																													
	2. Are you or will you become eligible for Group Disability coverage, not noted above, within the next year? If "yes", give details																													
	3. Have you ever had an application for disability income insurance declined, postponed, rated or modified in any way? If "yes", give details including company, date and specific nature of decision <u>UNUM KNEF EXCLUDED</u> <span style="float: right;"><input checked="" type="checkbox"/> <input type="checkbox"/></span>																													
	4. During the past 3 years have you:																													
	a. flown as a pilot, student pilot or crew member, or do you contemplate doing so? <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>																													
b. participated in racing (automobile, snowmobile, motorcycle, boat), scuba diving, sky diving, hang gliding, bungee jumping, mountain or rock climbing, or any other hazardous sport or avocation, or do you contemplate doing so? <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>																														
c. had your driver's license suspended or revoked, been charged with 3 or more moving violations, or been convicted of driving while under the influence of drugs or alcohol? <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>																														
d. been unemployed for more than 30 days? ..... <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>																														
e. filed for personal or business bankruptcy? ..... <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>																														
f. had a license to practice your occupation suspended or revoked? ..... <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>																														
g. been convicted of a criminal offense? ..... <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>																														
If "yes" to any of 4.a to 4.g give details _____																														
5. Do you have any intention of spending more than 1 month at a time outside Canada or the United States within the next 2 years? If "yes" give details <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>																														
6. Have you ever made a claim or received a pension, payments or compensation for any sickness or injury? If "yes" give details <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>																														

# APPLICATION FOR INSUREABILITY COVERAGE

**Section F**
**HEALTH  
QUESTIONS**

		YES      NO
1. Height <u>5'10</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> ft' in" Weight <u>220</u> <input type="checkbox"/> kg. <input checked="" type="checkbox"/> lbs.		
Has your weight changed more than 10 lbs. (5kg) in the last year? Gain _____ kg./lbs. Loss _____ kg./lbs. <input type="checkbox"/>		
2. Within the past 12 months, have you used any form of tobacco, marijuana, nicotine products or nicotine substitutes? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
3. Have you taken any prescribed medication in the past 3 months? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
4. In the past 10 years, have you had, been medically diagnosed as having, or been treated for:		
a. dizziness, fainting, convulsions, numbness, chronic headache, epilepsy, stroke, or other disorder of the brain or nervous system? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
b. anxiety, depression, stress, burnout, chronic fatigue or other emotional, nervous or mental disorder? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
c. asthma, bronchitis, sleep disorder, tuberculosis, pleurisy, emphysema, blood splitting, persistent cough, or other disorder of the lungs or respiratory system? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
d. high blood pressure, high cholesterol, chest pain, palpitations, heart murmur, heart attack or other disorder of the heart or blood vessels? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
e. ulcer, gastritis, intestinal bleeding, colitis, jaundice, hepatitis, hemorrhoids, hernia, or other disorder of the stomach, intestines, rectum, gallbladder, liver or pancreas? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
f. sugar, protein, albumin, pus or blood in the urine, nephritis, kidney stone or other disorder of the kidneys or bladder? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
g. diabetes (please complete Section G), cancer, tumour, gout, venereal disease, or disorder of the prostate or reproductive organs? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
h. backache, rheumatic fever, rheumatism <del>arthritis</del> , fibromyalgia, paralysis, or other disorder of the muscles or bones, including joints and spine? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
i. thyroid disorder, enlarged lymph glands, anemia, allergies, or other disorder of the glands or blood? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
j. disorder of the eyes, ears, nose, throat or skin? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
5. In the past 10 years have you been advised to seek treatment for drug or alcohol use? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
6. Have you been medically diagnosed as having or been treated for AIDS or HIV infection, or any other immunological disorder? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
7. Have you ever attempted to commit suicide? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
8. Have your parents, brothers, or sisters ever had diabetes, <del>high blood pressure</del> , heart or kidney disease? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
9. In the past 5 years, other than as already disclosed, have you:		
a. missed more than 15 consecutive days from work due to sickness or injury? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
b. been a patient in a hospital, clinic, sanatorium or other medical facility? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
c. had an electrocardiogram, X-ray, blood or urine test or other diagnostic test? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
d. had any other illness, surgery, injury or disease? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
e. been examined by or consulted a physician, <del>chiropractor</del> , psychologist, physiotherapist or other practitioner? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
10. Are you totally disabled or on sick leave, medical leave, or hospitalized? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>
11. Are you contemplating medical attention or a surgical operation? .....		<input type="checkbox"/> <input checked="" type="checkbox"/>

**12. Personal Physician: a. Name**

Dr Asla Sandi  
883 Mulock Drive

**d. Date last consulted**

June 03.

**b. Address: Number and Street**

883 Mulock Drive

**e. Reasons & results**

check up.

**City or Town**
**Province**
**Postal Code**

Newmarket ON

**c. Telephone #**
**Fax #**

905-868-8330

OK.

If answer is "yes" to any questions give details:

Question #	Details as to diagnosis, treatment, duration, present status	Date(s)	Name and address of physician and/or hospital
4. B. February 2003			Family Dr. Zoloft. drug.
4. H. Hips 98		"	
8 Father at age 58.			
9E preventative on hips			

# APPLICATION FOR INSUREABILITY COVERAGE

**Section G**
**DIABETES  
QUESTIONNAIRE**

(must be completed  
if Proposed Insured  
is diabetic)

<b>1.</b> How old were you when first diagnosed? _____ years old															
<b>2. Treatment:</b> Diet only? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been on insulin or oral hypoglycemics? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate when, what medication, dosage and the circumstances: <hr/> <hr/> <hr/>															
<b>3.</b> Have you ever been in a diabetic coma or ever had insulin shock or insulin reactions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details including date(s) and name(s) of hospitals: <hr/> <hr/> <hr/>															
<b>4.</b> How frequently do you test your blood sugar levels? Please indicate the most recent values, whether random or fasting, and the dates: <hr/> <hr/>															
<b>5.</b> Do you have a history of, or have you been diagnosed with any of the following: <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Heart disease</td> <td style="width: 33%;"><input type="checkbox"/> Hypertension</td> <td style="width: 33%;"><input type="checkbox"/> Vision problems, incl. retinopathy</td> </tr> <tr> <td><input type="checkbox"/> Stroke</td> <td><input type="checkbox"/> Kidney disease</td> <td><input type="checkbox"/> Numbness or tingling in arms, legs</td> </tr> <tr> <td><input type="checkbox"/> Chest pain</td> <td><input type="checkbox"/> Protein in urine</td> <td>hands or feet</td> </tr> <tr> <td><input type="checkbox"/> Neuritis</td> <td><input type="checkbox"/> Peripheral vascular disease</td> <td></td> </tr> </table> Details of checked items: <hr/> <hr/>				<input type="checkbox"/> Heart disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Vision problems, incl. retinopathy	<input type="checkbox"/> Stroke	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Numbness or tingling in arms, legs	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Protein in urine	hands or feet	<input type="checkbox"/> Neuritis	<input type="checkbox"/> Peripheral vascular disease	
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Vision problems, incl. retinopathy													
<input type="checkbox"/> Stroke	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Numbness or tingling in arms, legs													
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Protein in urine	hands or feet													
<input type="checkbox"/> Neuritis	<input type="checkbox"/> Peripheral vascular disease														
<b>6.</b> Do you drink alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate amount consumed: <hr/>															
<b>7.</b> Have any of your parents or siblings ever been diagnosed as having diabetes or any of the above mentioned problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate who, the nature of the problem and current health status: <hr/> <hr/>															

AH 008

Page 4

02/00

(tear on dotted line)

## RECEIPT FOR CASH PAYMENT

It is acknowledged that the sum of (an amount equal to at least one monthly premium) \$\_\_\_\_\_ has been paid to Reliable Life Insurance Company.

Name of Proposed Insured \_\_\_\_\_

Name of Owner (if other than Proposed Insured) \_\_\_\_\_

It is expressly understood and agreed that the payment evidenced by this receipt does not put the proposed insurance in effect. Any policy issued based on this application takes effect only on delivery to the Owner and only if there has been no change in insurability of the Proposed Insured subsequent to the completion of this application.

gned at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,

Agent's Signature \_\_\_\_\_

# APPLICATION FOR INSUREABILITY COVERAGE

<b>Section H DECLARATION AND AUTHORIZATION</b>	<p><b>FRAUD STATEMENT</b>            Any person who knowingly and with intent to defraud any insurance company or other person files an application or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</p> <hr/> <p>I hereby apply for insurance. I understand that the insurance for which I am applying requires that I be actively at work 30 hours per week at the time my application for insurance is approved. The insurance will not be effective until the date such requirement is met. To the best of my knowledge and belief, all statements and answers recorded on this application are true and complete.</p> <p>I understand that the insurance applied for will become effective on the date specified by the Reliable Life Insurance Company ("the Company") only if this application is accepted by the Company and the first premium is paid during my lifetime, and only then if there has been no change in my insurability between the date I complete this application and the date the policy is delivered to me.</p> <p>I hereby authorize any physician, medical or health practitioner, hospital, clinic or medically related facility, insurance company, employer or former employer, the Medical Information Bureau, Inc., or any other organization, institution, or person which has any records or knowledge of me, my health or other personal information, to give to the Company or its reinsurers all such information to use to determine eligibility for insurance or for benefits under an existing policy. This authorization shall be valid for 26 months, and a copy shall be as valid as the original. I may receive a copy upon request. I have received and read the Disclosure Notice.</p> <hr/> <p>Signed at <u>Aurora</u> this <u>31<sup>st</sup></u> day of <u>October, 2003</u></p> <hr/> <p>Signature of Proposed Insured <u>[Signature]</u></p> <hr/> <p>Signature of Owner, if other than Proposed Insured _____            (Important: if a corporation, must be a signing officer of the corporation, other than the Proposed Insured)</p> <hr/> <p>Print name and title of person signing for owner _____</p>
<b>Section I AGENT/ BROKER STATEMENT</b>	<p><b>AGENT/BROKER STATEMENT</b>            I certify that I have asked all questions and have accurately recorded on the application all information supplied by the Proposed Insured, and I have no knowledge of information which is not fully disclosed. I also certify that the Proposed Insured reads and understands English.</p> <hr/> <p>Name of Agent/Broker: <u>JOHN R. ARDILL</u></p> <hr/> <p>Signed at <u>AURORA</u> this <u>31</u> day of <u>OCT 2003</u></p> <hr/> <p>Signature of Agent/Broker <u>[Signature]</u></p>

AH 008

Page 5

02/00

## **IMPORTANT: Detach and retain this DISCLOSURE NOTICE**

Information regarding your insurability will be treated as confidential. Reliable Life Insurance Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such company the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. Under some circumstances, medical information will be disclosed only to your attending physician. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek a correction. The address of the Bureau's information office is 330 University Avenue, Toronto, Ontario MSG 1R7 - (416) 597-0590.

Reliable Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

**INFORMATION PROCEDURES:** Personal information about you obtained by the Company will not be disclosed to any other party without your consent, except to public health authorities or where otherwise required by law. You have a right to access and to seek correction with respect to personal information gathered. Details on these procedures will be furnished on request.



Box 557, 100 King Street West  
Hamilton, Ontario L8N 3K9  
(905) 523-5587

## AUTHORIZATION FOR MONTHLY PRE-AUTHORIZED PAYMENT (PAP) PLAN

A SAMPLE CHEQUE MUST BE ATTACHED (SHOULD BE MARKED "VOID" OR ATTACH A PHOTOCOPY)

To: Reliable Life Insurance Company and my Bank (the financial institution I designate now or subsequently).

I, the Bank ACCOUNTHOLDER, request and authorize Reliable Life to make monthly withdrawals from my account specified, or any account of mine I subsequently designate. I authorize and agree that my Bank may deal with each such withdrawal as though it were signed by me, and need not verify that withdrawals are in accordance with this authorization. If this is a joint account, I certify that all persons who are required to sign on this account have done so below.

Accountholder(s) Name(s) (Please print)	
Name of Insured	S.I.N. number
Name of Bank and Address	
Type of Account: <input type="checkbox"/> Current <input type="checkbox"/> Personal Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Other (Specify) _____	
Account No.	Transit No. (Show transit no. ONLY if no cheque sample available)

is further understood and agreed that:

Premium payments are subject to the contractual provisions of the policy. If the premiums for the policy are increased or decreased for any reason, the amounts of the monthly withdrawals will be automatically changed accordingly without further specific authorization from me(us).

The PAP Plan may be terminated upon 30 days written notice given to the other party by either Reliable Life or the accountholder.

If the first requested withdrawal in a month is not honoured because of insufficient funds, Reliable Life may make another withdrawal request. A charge may be levied for each withdrawal not honoured by my Bank.

The PAP Plan will terminate if any withdrawal request is not honoured by the Bank if the reason is payment stopped or payment refused. When terminated, the premiums for the policy will be billed annually unless an alternative payment method is elected in writing by me(us).

Items charged will be reimbursed to me(us) subject to a written declaration to my(our) branch of account within 90 days of the date the item was posted to my(our) account under the following conditions:

1. I(We) never provided an authorization to Reliable Life.
2. The pre-authorized debit was not drawn in accordance with this authorization.
3. My(Our) authorization was revoked.
4. The pre-authorized payment was posted to the wrong account due to invalid or incorrect information supplied by Reliable Life.

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

Signature of Accountholder	Signature of Joint Accountholder	Date
----------------------------	----------------------------------	------

## Income Tax and Benefit Return

## Identification

First name and Initial, Last Name

CHARLES M BATLEY

Mailing address: Apt. No. - Street No. Street name

WM. J. TROTTER & ASSOCIATES  
185 WEST WILMOT STREET

P.O. Box, R.R.

City Prov./Terr. Postal code  
RICHMOND HILL ON L4B 1K7

## Information about your residence

Enter your province or territory of residence on December 31, 2002: Ontario

Enter the province or territory where you currently reside if it is not the same as that shown above for your mailing address:

If you were self-employed in 2002, enter the province or territory of self-employment: Ontario

If you became or ceased to be a resident of Canada in 2002, give the date of: Month Day

entry or departure Month Day

## Information about you

Enter your social insurance number (SIN)

485-451-405

Year Month Day

Your date of birth:

Your language of correspondence:

Votre langue de correspondance : English  Français 

Check the box that applies to your marital status on December 31, 2002: (see the "Marital status" section in the guide for details)

- |   |  |                                    |
|---|--|------------------------------------|
| 1 <input checked="" type="checkbox"/> Married | 2 <input type="checkbox"/> Living common law | 3 <input type="checkbox"/> Widowed |
| 4 <input type="checkbox"/> Divorced           | 5 <input type="checkbox"/> Separated         | 6 <input type="checkbox"/> Single  |

## Information about your spouse or common-law partner (if you checked box 1 or 2 above)

Enter his or her SIN:

473-427-714

His or her first name: NANCY A

His or her net income for 2002 to claim certain credits:

90,005 35

Check this box if he or she was self-employed in 2002: 

If this return is for a deceased person, enter the date of death: Year Month Day

Do not use this area

## Elections Canada (Canadian citizens only)

Do you authorize Canada Customs and Revenue Agency to provide your name, address, and date of birth to Elections Canada for the National Register of Electors?

Yes  1 No  2

Your authorization is needed each year. This information will be used for electoral purposes only.

## Goods and services tax/Harmonized sales tax (GST/HST) credit application

Are you applying for the GST/HST credit?

Yes  1 No  2

Do not use this area

172

171

KEEP THIS COPY

FOR YOUR RECORDS

1968-01-23

**Please answer the following question**

Do you own or hold foreign property at any time in 2002 with a total cost of more than CAN\$100,000?  
 (see "Foreign Income" section in the guide for details)

attach a completed Form T1135.

If you had certain dealings with a non-resident trust or corporation in 2002, see the "Foreign income" section in the guide.

266 Yes  1 No  2

As a Canadian resident, you have to report your income from all sources both inside and outside Canada.

**Total income**

Employment income (box 14 on all T4 slips)

**101**

Commissions included on line 101 (box 42 on all T4 slips)

**102**

Other employment income

**104**

**120,000.00**

Old Age Security pension (box 18 on the T4A(OAS) slip)

**113**

CPP or QPP benefits (box 20 on the T4A(P) slip)

**114**

Disability benefits included on line 114

(box 16 on the T4A(P) slip)

**152**

Other pensions or superannuation

**115**

Employment Insurance and other benefits (box 14 on the T4E slip)

**119**

Taxable amount of dividends from taxable Canadian corporations

**120**

**45.69**

Interest and other investment income (Schedule 4)

**121**

**32.65**

Net partnership income: limited or non-active partners only (Schedule 4)

**122**

Rental income

Gross **160**

Net **126**

Taxable capital gains (Schedule 3)

**127**

Spousal payments received

Total **156**

Taxable amount

**128**

Retirement income (from all T4RSP slips)

**129**

Other income Specify:

**130**

Self-employment income

Business income

Gross **162**

Net **135**

Professional income

Gross **164**

Net **137**

Commission income

Gross **166**

Net **139**

Farming income

Gross **168**

Net **141**

Fishing income

Gross **170**

Net **143**

Workers' compensation benefits (box 10 on the T5007 slip)

**144**

Social assistance payments

**145**

Net federal supplements (box 21 on the T4A(OAS) slip)

**146**

Add lines 144, 145 and 146

**147**

Add lines 101, 104 to 143, and 147

Total income

**150**

**120,078.34**



**To:** Policy Service  
Manulife Financial      **From:** Vitra Mungal  
John Ardill's Office

**Fax:** 1-866-759-5556      **Date:** October 26, 2007

**Phone:** 1-888-304-3188      **Pages:** 2 including cover page

**Subject:** Change of Banking

---

**Comments:**

**Re: Policy No. 5985865**

Please change the banking details for the PAC withdrawals on policy no. 5985865 as per the VOID cheque attached and resume PAC withdrawals.

Please send a confirmation upon completion.

Thanks,  
Vitra

POLICY NO. 5985865

MR. MARK BAILEY  
216 PARK AVE  
HOLLAND LANDING, ON L0N 1J7  
(905) 663-7261

001

DATE D O N N Y Y Y Y

\$

12

0

PAV TO THE  
CREDIT OF

**ID** **Canadian Tire**  
NEWMARKET PLACE, 800 - 138 DAWNS DRIVE  
NEWMARKET, ONTARIO L3Y 2M1

MEMO

#001# 103072-0046 2901-9373449#



*Forced*

**Comments:**

**Re: Marc Bailey  
Policy No. 048431**

Please change the banking details for the PAC withdrawals as per the VOID cheque attached.

Thanks,  
Vitra

Pocah No. 048431

**MR. MARC BAILEY**  
215 PARK AVE  
(HOLLAND LANDING, ONTARIO L1P  
(905) 663-7761

# Manulife Financial

Summary as of October 22, 2007  
Policy # 5985865

ENGINEERING INC BAILEY  
215 PARK AVE  
HOLLAND LANDING, ONTARIO  
L9N 1J7

## Plan Information

---

Main Plan Name: PERFORMAX 90  
Policy Effective Date: June 9, 2004  
Dividend Option: ONE YEAR TERM, EXCESS BUYS PD-UP ADD'NS  
Non-forfeiture Option: AUTOMATIC PREMIUM LOAN  
  
Beneficiary:  
BAILEY ENGINEERING INC @

## Coverages/Lives Insured

---

	Amount of Insurance
01 PERFORMAX 90	37,595.00
Insured: NANCY BAILEY	
Paid-Up Additions:	6,426.19
One Year Term Amount:	55,978.81

## Premium Information

---

Premium Amount:	88.09
Frequency:	monthly
Premium Method:	automatic withdrawal
Paid To Date:	October 9, 2007
Draw Day:	9

# **III Manulife Financial**

Summary as of October 22, 2007  
Policy # 5985865

ENGINEERING INC BAILEY  
215 PARK AVE  
HOLLAND LANDING, ONTARIO  
L9N 1J7

## **Values**

Gross Cash Value:	0.00
**Payout Value:	774.16
Gain At Surrender:	0.00

**\*\* The values shown may include adjustments and are subject to verification.**

## **Advisor**

Servicing Advisor:	ARDILL, JOHN R.
Servicing Branch:	QUALIFIED FINANCIAL SERVICES INC (14500)

This policy summary is not an official statement and therefore not binding on Manulife Financial. It highlights some of the key features of this policy; however, it may not include complete information about all the features of the policy, details of recent electronic transfers, or if the beneficiary designation is revocable or irrevocable. Please request an annual statement from Manulife's Head Office, if you are considering making changes to this policy.

 Manulife Financial

## Policy Details

5985865 - PERFORMAX 90 [ INFORCE ]

Owner: ENGINEERING BAILEY

Title Status: CLEAR Currency: CDN

Last Refresh: 22-Oct-2007

Servicing Agent: [052313] Ardill, John R.

Servicing Branch: [14500] Qualified Financial Services Inc

## Values Information

## Payout and Values Details

Policy Cash Value: 774.16

Current Effective Date: 22-Oct-2007

Last Dividend Earned: 123.31

Payout Value: 774.16 CDN

Date of Last Dividend: 09-Jun-2007

One Year Term Amount: 55,978.81

Bonus Additions: 6,426.19

ACB: 2,793.14

Maximum Loan Available: 525.11

Gain At Surrender: 0.00

Maximum Dividend Withdrawal: 684.87

Maximum Loan Factor: 0.90

Approximate Max Loan Units: 0.000

Gain on Maximum Loan: 0.00

Gain on Max Bonus Addition

Withdrawal: 0.00

## Coverages

## Coverage

01 - PERFORMAX 90

Gross Cash Value  
0.00Bonus Addition  
Cash Value  
709.87Premium  
Adjustment  
64.29Coverage Cash  
Value  
774.16

0.00

709.87

64.29

774.16

## Manulife Financial

### Policy Details

**5985865 - PERFORMAX 90 [ INFORCE ]**

Owner: ENGINEERING BAILEY

Title Status: CLEAR

Currency: CDN

Last Refresh: 22-Oct-2007

Servicing Agent: [052313] Ardill, John R.

Servicing Branch: [14500] Qualified Financial Services Inc

### Billing

**THE MONTHLY PREMIUM SUSPENDED OF \$88.09 PAYABLE BY AUTOMATIC WITHDRAWAL****Billing Information****Billing Status:** ACTIVE**Banking Information**[Copy Bank Information](#)**Paid to Date:** 09-Oct-2007**Bank:** THE TORONTO-DOMINION BANK (004)**Draw Day:** 9**Branch:** NEWMARKET (03072)

130 DAVIS DRIVE

NEWMARKET, ONTARIO

L3Y 2N1

**Bank Account Number:** 5166812**Reference Number:** 0000349082**Related Billing (may not include all policies with Manulife Financial)**

Policy Number	Source	Amount	Method	Frequency
5985865 *	<b>PREMIUM SUSPENDED</b>	88.09	AUTOMATIC WITHDRAWAL	MONTHLY
5985865	<b>DUMP-IN SUSPENDED</b>	11.91	AUTOMATIC WITHDRAWAL	

**\* Current Policy Premium Billing. Click 'source' on related policies for more information.**

$$\begin{array}{r} \$100.00/m \\ \times 39 \text{ months} \\ \hline \$3,900 \end{array}$$

**Manulife Financial****Fax Cover Sheet**

**Date:** September 18, 2007 **Pages (including cover):** 1

**To:** John Ardill

**Subject:** Policy 5985865 - Bailey Engineering

**Company:**

**Phone:** Fax: 416-630-4022

---

**From:** Jennifer Provo

**Department:** Retail Customer Service

**Phone:** 1-888-304-3188 (MGA's Only) **Fax:** 1-866-759-5556

**Comments:** The cash value as of April 30, 2007 was \$587.74

If you have any problems receiving information please phone.

Note: This communication is intended only for the recipient named above. It may contain information that is privileged, confidential and subject to copyright. Any unauthorized use, copying, review or disclosure is prohibited. Please notify the sender immediately if you have received this communication in error (by calling collect, if necessary) so that we can arrange for its return at our expense.

Thank you for your assistance and cooperation.

[www.manulife.ca](http://www.manulife.ca)

Manulife Financial and the block design are registered service marks and trademarks of The Manufacturers Life Insurance Company and are used by it and its affiliates including Manulife Financial Corporation.

**Manulife Financial****Fax Cover Sheet**

---

Date: September 18, 2007 Pages (including cover): 1

To: John Ardill

Subject: Policy 5499981 - Bailey Engineering Inc.

Company:

Phone: Fax: 416-630-4022

---

From: Jennifer Provo

Department: Retail Customer Service

Phone: 1-888-304-3188 (MGA's Only) Fax: 1-866-759-5556

Comments: This fax is in response to your phone call of August 30, 2007 concerning the above policy.  
The cash value as of April 30, 2007 was \$42,828.42.

If you have any problems receiving information please phone,

Note: This communication is intended only for the recipient named above. It may contain information that is privileged, confidential and subject to copyright. Any unauthorized use, copying, review or disclosure is prohibited. Please notify the sender immediately if you have received this communication in error (by calling collect, if necessary) so that we can arrange for its return at our expense.  
Thank you for your assistance and cooperation.

Manulife Financial and the block design are registered service marks and trademarks of The Manufacturers Life Insurance Company and are used by it and its affiliates including Manulife Financial Corporation.

[www.manulife.ca](http://www.manulife.ca)

## Vitra Mungal

---

**From:** John Ardill [JohnArdill36908@mycopytalk.net]  
**Sent:** Thursday, July 26, 2007 9:40 PM  
**To:** John R Ardill; Vitra Mungal  
**Subject:** Memo to the File for Mark Baley <sp?>

**Follow Up Flag:** Follow up  
**Flag Status:** Red

We have had him sign all the delivery forms. He needs to mail us a check for the amount and please be on him on Wednesday if we haven't received the check so we can get this finished off.

2. We need to put in our ACT for a reminder in two years to see if we can get the exclusion taken off regarding the medical stress exclusion.

3. We need to do some quotes on his existing whole life policy on his, not his wife's, but on his, and what we want to do there is one, how long, if we didn't pay any more premiums, how long would the policy survive on premium holiday <?> and what if we reduced the policy to \$500,000, how long will the policy last on premium holiday. On reliable life, he just paid the annual premium on that, and can you find out whether he can get a refund from them, whether there's a policy if he cancels that now, whether he will get a refund for the year, and let him know about that. Let me know as well. That is about it. There is one other thing, a note, there is a referral that he is going to introduce me to and it was the person that hosted him at King Valley. I want to make sure I follow up on that as well.

Thanks.

Dictation made on 7/26/2007 6:25 PM EST.

MANULIFE FINANCIAL  
CLIENT ILLUSTRATION

SUMMARY PAGE

REQUESTED ILLUSTRATION

PREMIUM HOLIDAY UNTIL POLICY LAPSES.

POLICY SUMMARY INFORMATION

Policy Number: 5499981

Issue Date: May 6 2004

Insured's Name: CHARLES MARC BAILEY  
Owner's Name: BAILEY ENGINEERING INC

Agent's Name: JOHN R. ARDILL

COVERAGE INFORMATION

Plan Type: Performax '90  
Coverage Type: Single Life  
Dividend Option: Term Option

Issue Age: 36  
Sex: Male  
Smoking Status: Non-Smoker

COVERAGE SUMMARY

PERFORMAX '90	FACE AMOUNT	CURRENT ANNUAL PREMIUM	EXPIRES
<b>COVERAGE ON THE LIFE INSURED</b>			
Basic Face Amount	429,186	9,205.29	N/A
Term Option/Enhancement Amount	570,814	*	N/A
Term Option Plus Amount	0	0.00	N/A
<b>TOTAL BASE PLAN COVERAGE</b>	<b>1,000,000</b>	<b>9,205.29</b>	

The values in this illustration reflect any deposit option payments made since your last anniversary.

\* This coverage is supported by dividends

PAGE 1 OF 3 - 5499981  
THIS PROJECTION IS ONLY VALID IF ALL PAGES ARE INCLUDED  
Date Prepared - Aug 23, 2007 Ver 12.0 bzeauc-19906

MANULIFE FINANCIAL  
CLIENT ILLUSTRATION

PROJECTED VALUES  
BASED ON CURRENT DIVIDENDS

POLICY YEAR	AGE	ANNUAL OUTLAY	TOTAL CASH VALUE	PAID-UP INSURANCE	YEARLY TERM INSURANCE	TOTAL DEATH BENEFIT
NEXT ANNIVERSARY VALUES		45,388	336,000	234,814	1,040,549	
2008/2009	40	0	40,832	286,653	284,161	1,034,349
2009/2010	41	0	44,333	240,609	330,205	1,027,680
2010/2011	42	0	52,003	200,293	370,521	1,020,500
2011/2012	43	0	60,578	166,225	404,589	1,012,776
2012/2013	44	0	70,103	137,972	432,842	1,004,453
2013/2014	45	0	80,192	115,160	455,654	1,000,000
2014/2015	46	0	91,732	97,323	473,491	1,000,000
2015/2016	47	0	97,231	82,783	488,031	1,000,000
2016/2017	48	0	102,906	70,187	500,627	1,000,000
2017/2018	49	0	108,754	59,414	511,400	1,000,000
2018/2019	50	0	115,233	50,139	520,675	1,000,000
2019/2020	51	0	121,443	42,549	528,265	1,000,000
2020/2021	52	0	128,342	36,411	534,403	1,000,000
2021/2022	53	0	135,411	31,450	539,364	1,000,000
2022/2023	54	0	142,685	27,352	543,462	1,000,000
2023/2024	55	0	150,109	24,176	546,638	1,000,000
2024/2025	56	0	158,164	21,683	549,131	1,000,000
2025/2026	57	0	165,937	19,802	551,012	1,000,000
2026/2027	58	0	174,293	18,416	552,398	1,000,000
2027/2028	59	0	182,352	17,586	553,228	1,000,000
2028/2029	60	0	190,566	16,875	553,939	1,000,000
2029/2030	61	0	199,257	16,040	554,774	1,000,000
2030/2031	62	0	207,453	14,486	556,328	1,000,000
2031/2032	63	0	215,304	11,998	558,816	1,000,000
2032/2033	64	0	222,697	7,950	562,864	1,000,000
2033/2034	65	0	229,294	2,016	568,798	1,000,000
2034/2035	66	0	0	0	0	0

The illustrated values will only support your policy until year 2034/2035, when it will terminate.

**IMPORTANT INFORMATION ABOUT THIS ILLUSTRATION**

These figures are based on our current dividend scale, and do not guarantee or predict future plan results. Amounts shown as 'GUARANTEED' are the only amounts that are contractually guaranteed and they assume that premiums are paid every year. Amounts that are not guaranteed can change if dividends change. Dividends primarily depend on claims experience, investment earnings and expenses, and can increase or decrease each year, at the discretion of the company's Board of Directors. At Manulife Financial and throughout the life insurance industry, the continuation of lower interest rates has led to reductions in dividend scales.

The values shown for premiums and deposit option payments are calculated as of the beginning of the year. All other values are calculated as of the end of the year. The death benefit illustrated does not reflect any outstanding policy loans or premiums due.

This illustration does not show the effect of income taxation on any of the values illustrated. We have not shown the tax consequence of making extra deposits into the policy or of other transactions that could affect the policy's tax status. We have also not shown the impact of an annual test required by Revenue Canada to see whether the policy will remain exempt from accrual taxation.

Premium offset is an option where a policy's premiums are paid by its dividends. Because dividends are not guaranteed, we cannot guarantee when premium offset can begin or how long it can continue. Please note that under premium offset, the cash value and death benefit are lower than those shown on a pay for life illustration, especially in the later years. This is because premium offset diverts the value that would normally accumulate in the policy and uses it to pay premiums. If any premium payable at the beginning of the next year is paid using policy values, this premium is deducted from the previous end-of-year policy values.

**MANULIFE FINANCIAL  
CLIENT ILLUSTRATION**

**PROJECTED VALUES  
COMPARING DIFFERENT DIVIDEND AMOUNTS**

Policy Year	Attained Age	Annual Premium	GUARANTEED MINIMUMS		CURRENT DIVIDEND SCALE LESS 1.0%			CURRENT DIVIDEND SCALE		
			Guaranteed Cash Value	Guaranteed Death Benefit	Total Cash Value	Total Death Benefit	Total Cash Value	Total Death Benefit	Total Cash Value	Total Death Benefit
<b>NEXT ANNIVERSARY VALUES</b>										
2008/2009	40	9,205	0	429,186	44,925	1,040,119	45,388	1,040,549		
2009/2010	41	9,205	0	429,186	39,856	1,033,464	40,832	1,034,349		
2010/2011	42	9,205	8,155	429,186	42,817	1,026,375	44,333	1,027,680		
2011/2012	43	9,205	20,172	429,186	49,860	1,018,822	52,003	1,020,500		
2012/2013	44	9,205	32,618	429,186	57,674	1,010,770	60,578	1,012,776		
2013/2014	45	9,205	45,494	429,186	66,299	1,002,183	70,103	1,004,453		
2014/2015	46	9,205	58,369	429,186	75,319	1,000,000	80,192	1,000,000		
2015/2016	47	9,205	72,103	429,186	85,574	1,000,000	91,732	1,000,000		
2016/2017	48	9,205	79,399	429,186	89,599	1,000,000	97,231	1,000,000		
2017/2018	49	9,205	86,696	429,186	93,614	1,000,000	102,906	1,000,000		
2018/2019	50	9,205	93,992	429,186	97,605	1,000,000	108,754	1,000,000		
2019/2020	51	9,205	101,717	429,186	0	0	115,233	1,000,000		
2020/2021	52	9,205	109,013	429,186	0	0	121,443	1,000,000		
2021/2022	53	9,205	116,739	429,186	0	0	128,342	1,000,000		
2022/2023	54	9,205	124,464	429,186	0	0	135,411	1,000,000		
2023/2024	55	9,205	132,189	429,186	0	0	142,685	1,000,000		
2024/2025	56	9,205	139,915	429,186	0	0	150,109	1,000,000		
2025/2026	57	9,205	148,069	429,186	0	0	158,164	1,000,000		
2026/2027	58	9,205	155,795	429,186	0	0	165,937	1,000,000		
2027/2028	59	9,205	163,949	429,186	0	0	174,293	1,000,000		
2028/2029	60	9,205	171,674	429,186	0	0	182,352	1,000,000		
2029/2030	61	9,205	179,400	429,186	0	0	190,566	1,000,000		
2030/2031	62	9,205	187,554	429,186	0	0	199,257	1,000,000		
2031/2032	63	9,205	195,280	429,186	0	0	207,453	1,000,000		
2032/2033	64	9,205	203,005	429,186	0	0	215,304	1,000,000		
2033/2034	65	9,205	210,730	429,186	0	0	222,697	1,000,000		
2034/2035	66	9,205	218,456	429,186	0	0	229,294	1,000,000	0	0

Under the current dividend scale and the current dividend scale less 1.0%, projected dividends are not sufficient to support the full death benefit to age 99.

**IMPORTANT INFORMATION ABOUT THIS ILLUSTRATION**

These figures are based on our current dividend scale, and do not guarantee or predict future plan results. Amounts shown as 'GUARANTEED' are the only amounts that are contractually guaranteed and they assume that premiums are paid every year. Amounts that are not guaranteed can change if dividends change. Dividends primarily depend on claims experience, investment earnings and expenses, and can increase or decrease each year, at the discretion of the company's Board of Directors. At Manulife Financial and throughout the life insurance industry, the continuation of lower interest rates has led to reductions in dividend scales.

The values shown for premiums and deposit option payments are calculated as of the beginning of the year. All other values are calculated as of the end of the year. The death benefit illustrated does not reflect any outstanding policy loans or premiums due.

This illustration does not show the effect of income taxation on any of the values illustrated. We have not shown the tax consequence of making extra deposits into the policy or of other transactions that could affect the policy's tax status. We have also not shown the impact of an annual test required by Revenue Canada to see whether the policy will remain exempt from accrual taxation.

MANULIFE FINANCIAL  
CLIENT ILLUSTRATION

SUMMARY PAGE

REQUESTED ILLUSTRATION

REDUCE TOTAL FACE AMT TO \$500,000. PREMIUM HOLIDAY FOR LIFE.

POLICY SUMMARY INFORMATION

Policy Number: 5499981

Issue Date: May 6 2004

Insured's Name: CHARLES MARC BAILEY  
Owner's Name: BAILEY ENGINEERING INC

Agent's Name: JOHN R. ARDILL

COVERAGE INFORMATION

Plan Type: Performax '90  
Coverage Type: Single Life  
Dividend Option: Term Option

Issue Age: 36  
Sex: Male  
Smoking Status: Non-Smoker

COVERAGE SUMMARY

	FACE AMOUNT	CURRENT ANNUAL PREMIUM	EXPIRES
PERFORMAX '90			
OVERAGE ON THE LIFE INSURED			
Basic Face Amount	214,593	4,806.13	N/A
Term Option/Enhancement Amount	285,407	*	N/A
Term Option Plus Amount	0	0.00	N/A
TOTAL BASE PLAN COVERAGE	500,000	4,806.13	

The values in this illustration reflect any deposit option payments made since your last anniversary.

\* This coverage is supported by dividends

PAGE 1 OF 3 - 5499981  
THIS PROJECTION IS ONLY VALID IF ALL PAGES ARE INCLUDED  
Date Prepared - Aug 23, 2007 Ver 12.0 bezeauc-19905

**MANULIFE FINANCIAL  
CLIENT ILLUSTRATION**

**PROJECTED VALUES  
BASED ON CURRENT DIVIDENDS**

POLICY YEAR	AGE	ANNUAL PREMIUM OUTLAY	TOTAL CASH VALUE	PAID-UP INSURANCE	YEARLY TERM INSURANCE	TOTAL DEATH BENEFIT
NEXT ANNIVERSARY VALUES			49,139	365,186	0	579,779
2008/2009	40	0	48,765	344,383	0	558,976
2009/2010	41	0	52,607	325,635	0	542,078
2010/2011	42	0	58,738	310,182	0	540,454
2011/2012	43	0	65,552	298,280	0	538,711
2012/2013	44	0	73,077	289,768	0	536,818
2013/2014	45	0	81,145	284,473	934	534,762
2014/2015	46	0	90,256	282,281	3,126	532,533
2015/2016	47	0	96,691	282,566	2,841	530,110
2016/2017	48	0	103,624	284,714	693	527,495
2017/2018	49	0	111,084	288,645	0	524,666
2018/2019	50	0	119,337	294,279	0	521,614
2019/2020	51	0	128,001	301,563	0	518,328
2020/2021	52	0	137,574	310,449	0	525,042
2021/2022	53	0	147,860	320,763	0	535,356
2022/2023	54	0	158,920	332,458	0	547,051
2023/2024	55	0	170,797	345,496	0	560,089
2024/2025	56	0	183,790	359,865	0	574,458
2025/2026	57	0	197,501	375,475	0	590,068
2026/2027	58	0	212,402	392,215	0	606,808
2027/2028	59	0	228,127	410,057	0	624,650
2028/2029	60	0	244,995	428,970	0	643,563
2029/2030	61	0	263,253	448,955	0	663,548
2030/2031	62	0	282,510	470,000	0	684,593
2031/2032	63	0	302,950	492,091	0	706,684
2032/2033	64	0	324,636	515,229	0	729,822
2033/2034	65	0	347,518	539,423	0	754,016
2034/2035	66	0	371,394	564,671	0	779,264
2035/2036	67	0	396,719	590,988	0	805,581
2036/2037	68	0	423,104	618,396	0	832,989
2037/2038	69	0	450,531	646,888	0	861,481
2038/2039	70	0	479,519	676,471	0	891,064
2039/2040	71	0	509,854	707,177	0	921,770
2040/2041	72	0	541,460	739,019	0	953,612
2041/2042	73	0	574,715	772,025	0	986,618
2042/2043	74	0	609,373	806,230	0	1,020,823
2043/2044	75	0	645,649	841,657	0	1,056,250
2044/2045	76	0	683,326	878,329	0	1,092,922
2045/2046	77	0	722,594	916,274	0	1,130,867
2046/2047	78	0	763,443	955,534	0	1,170,127
2047/2048	79	0	805,884	996,153	0	1,210,746
2048/2049	80	0	849,869	1,038,147	0	1,252,740
2049/2050	81	0	895,967	1,081,553	0	1,296,146
2050/2051	82	0	943,566	1,126,404	0	1,340,997
2051/2052	83	0	993,379	1,172,737	0	1,387,330
2052/2053	84	0	1,045,050	1,220,587	0	1,435,180
2053/2054	85	0	1,099,272	1,269,995	0	1,484,588
2054/2055	86	0	1,155,458	1,321,008	0	1,535,601
2055/2056	87	0	1,214,038	1,373,683	0	1,588,276
2056/2057	88	0	1,274,673	1,428,075	0	1,642,668
2057/2058	89	0	1,338,507	1,484,228	0	1,698,821
2058/2059	90	0	1,406,040	1,542,184	0	1,756,777
2059/2060	91	0	1,478,182	1,601,993	0	1,816,586
2060/2061	92	0	1,556,441	1,663,699	0	1,878,292
2061/2062	93	0	1,641,048	1,727,353	0	1,941,946
2062/2063	94	0	1,732,868	1,793,009	0	2,007,602
2063/2064	95	0	1,834,960	1,860,718	0	2,075,311
2064/2065	96	0	1,944,521	1,930,559	0	2,145,152
2065/2066	97	0	2,056,087	2,002,636	0	2,217,229
2066/2067	98	0	2,174,463	2,077,454	0	2,292,047

IMPORTANT INFORMATION ABOUT THIS ILLUSTRATION

These figures are based on our current dividend scale, and do not guarantee or predict future plan results. Amounts shown as 'GUARANTEED' are the only amounts that are contractually guaranteed and they assume that premiums are paid every year. Amounts that are not guaranteed can change if dividends change. Dividends primarily depend on claims experience, investment earnings and expenses, and can increase or decrease each year, at the discretion of the company's Board of Directors. At Manulife Financial and throughout the life insurance industry, the continuation of lower interest rates has led to reductions in dividend scales.

The values shown for premiums and deposit option payments are calculated as of the beginning of the year. All other values are calculated as of the end of the year. The death benefit illustrated does not reflect any outstanding policy loans or premiums due.

This illustration does not show the effect of income taxation on any of the values illustrated. We have not shown the tax consequence of making extra deposits into the policy or of other transactions that could affect the policy's tax status. We have also not shown the impact of an annual test required by Revenue Canada to see whether the policy will remain exempt from accrual taxation.

Premium offset is an option where a policy's premiums are paid by its dividends. Because dividends are not guaranteed, we cannot guarantee when premium offset can begin or how long it can continue. Please note that under premium offset, the cash value and death benefit are lower than those shown on a pay for life illustration, especially in the later years. This is because premium offset diverts the value that would normally accumulate in the policy and uses it to pay premiums. If any premium payable at the beginning of the next year is paid using policy values, this premium is deducted from the previous end-of-year policy values.

PAGE 2 OF 3 - 5499981  
THIS PROJECTION IS ONLY VALID IF ALL PAGES ARE INCLUDED  
Date Prepared - Aug 23, 2007 Ver 12.0 bezeauc-19905

**MANULIFE FINANCIAL  
CLIENT ILLUSTRATION**

**PROJECTED VALUES  
COMPARING DIFFERENT DIVIDEND AMOUNTS**

Policy Year	Attained Age	Annual Premium	GUARANTEED MINIMUMS		CURRENT DIVIDEND SCALE LESS 1.0%		CURRENT DIVIDEND SCALE	
			Guaranteed Cash Value	Guaranteed Death Benefit	Total Cash Value	Total Death Benefit	Total Cash Value	Total Death Benefit
<b>NEXT ANNIVERSARY VALUES</b>								
2008/2009	40	4,806	0	214,593	48,676	576,334	49,139	579,779
2009/2010	41	4,806	0	214,593	47,753	551,834	48,765	558,976
2010/2011	42	4,806	4,077	214,593	50,996	540,626	52,607	542,078
2011/2012	43	4,806	10,086	214,593	56,440	538,465	58,738	540,454
2012/2013	44	4,806	16,309	214,593	62,454	536,157	65,552	538,711
2013/2014	45	4,806	22,747	214,593	69,052	533,663	73,077	536,818
2014/2015	46	4,806	29,185	214,593	76,033	530,973	81,145	534,762
2015/2016	47	4,806	36,052	214,593	83,878	528,092	90,256	532,533
2016/2017	48	4,806	39,700	214,593	88,874	524,999	96,691	530,110
2017/2018	49	4,806	43,348	214,593	94,179	521,689	103,624	527,495
2018/2019	50	4,806	46,996	214,593	99,804	518,147	111,084	524,666
2019/2020	51	4,806	50,859	214,593	106,004	514,366	119,337	521,614
2020/2021	52	4,806	54,507	214,593	112,374	510,341	128,001	518,328
2021/2022	53	4,806	58,369	214,593	119,403	506,068	137,574	525,042
2022/2023	54	4,806	62,232	214,593	126,870	501,533	147,860	535,356
2023/2024	55	4,806	66,095	214,593	134,821	500,000	158,920	547,051
2024/2025	56	4,806	69,957	214,593	143,248	500,000	170,797	560,089
2025/2026	57	4,806	74,035	214,593	152,409	500,000	183,790	574,458
2026/2027	58	4,806	77,897	214,593	161,903	500,000	197,501	590,068
2027/2028	59	4,806	81,975	214,593	172,208	500,000	212,402	606,808
2028/2029	60	4,806	85,837	214,593	182,946	500,000	228,127	624,650
2029/2030	61	4,806	89,700	214,593	194,409	503,829	244,995	643,563
2030/2031	62	4,806	93,777	214,593	206,807	514,016	263,253	663,548
2031/2032	63	4,806	97,640	214,593	219,676	524,849	282,510	684,593
2032/2033	64	4,806	101,502	214,593	233,197	536,293	302,950	706,684
2033/2034	65	4,806	105,365	214,593	247,398	548,333	324,636	729,822
2034/2035	66	4,806	109,228	214,593	262,231	560,950	347,518	754,016
2035/2036	67	4,806	112,876	214,593	277,480	574,132	371,394	779,264
2036/2037	68	4,806	116,739	214,593	293,576	587,865	396,719	805,581
2037/2038	69	4,806	120,387	214,593	310,103	602,150	423,104	832,989
2038/2039	70	4,806	123,820	214,593	327,038	616,964	450,531	861,481
2039/2040	71	4,806	127,254	214,593	344,765	632,289	479,519	891,064
2040/2041	72	4,806	130,687	214,593	363,137	648,131	509,854	921,770
2041/2042	73	4,806	133,906	214,593	382,009	664,479	541,460	953,612
2042/2043	74	4,806	137,340	214,593	401,767	681,342	574,715	986,618
2043/2044	75	4,806	140,558	214,593	422,074	698,720	609,373	1,020,823
2044/2045	76	4,806	143,777	214,593	443,128	716,616	645,649	1,056,250
2045/2046	77	4,806	146,782	214,593	464,695	735,021	683,326	1,092,922
2046/2047	78	4,806	149,786	214,593	486,956	753,935	722,594	1,130,867
2047/2048	79	4,806	152,790	214,593	509,890	773,373	763,443	1,170,127
2048/2049	80	4,806	155,795	214,593	533,486	793,342	805,884	1,210,746
2049/2050	81	4,806	158,370	214,593	557,518	813,834	849,869	1,252,740
2050/2051	82	4,806	161,159	214,593	582,563	834,851	895,967	1,296,146
2051/2052	83	4,806	163,520	214,593	607,974	856,395	943,566	1,340,997
2052/2053	84	4,806	166,095	214,593	634,412	878,468	993,379	1,387,330
2053/2054	85	4,806	168,241	214,593	661,371	901,069	1,045,050	1,435,180
2054/2055	86	4,806	170,601	214,593	689,495	924,201	1,099,272	1,484,588
2055/2056	87	4,806	172,747	214,593	718,247	947,880	1,155,458	1,535,601
2056/2057	88	4,806	175,108	214,593	748,031	972,117	1,214,038	1,588,276
2057/2058	89	4,806	177,254	214,593	778,445	996,926	1,274,673	1,642,668
2058/2059	90	4,806	179,400	214,593	810,185	1,022,308	1,338,507	1,698,821
2059/2060	91	4,806	181,546	214,593	843,483	1,048,267	1,406,040	1,756,777
2060/2061	92	4,806	183,692	214,593	878,786	1,074,806	1,478,182	1,816,586
2061/2062	93	4,806	186,052	214,593	916,950	1,101,928	1,556,441	1,878,292
2062/2063	94	4,806	188,413	214,593	957,930	1,129,639	1,641,048	1,941,946
2063/2064	95	4,806	190,988	214,593	1,002,212	1,157,943	1,732,868	2,007,602
2064/2065	96	4,806	193,992	214,593	1,051,422	1,186,846	1,834,960	2,075,311
2065/2066	97	4,806	197,211	214,593	1,103,901	1,216,372	1,944,521	2,145,152
2066/2067	98	4,806	200,644	214,593	1,156,766	1,246,564	2,056,087	2,217,229
			214,593	214,593	1,217,623	1,277,800	2,174,463	2,292,047

**IMPORTANT INFORMATION ABOUT THIS ILLUSTRATION**

These figures are based on our current dividend scale, and do not guarantee or predict future plan results. Amounts shown as 'GUARANTEED' are the only amounts that are contractually guaranteed and they assume that premiums are paid every year. Amounts that are not guaranteed can change if dividends change. Dividends primarily depend on claims experience, investment earnings and expenses, and can increase or decrease each year, at the discretion of the company's Board of Directors. At Manulife Financial and throughout the life insurance industry, the continuation of lower interest rates has led to reductions in dividend scales.

The values shown for premiums and deposit option payments are calculated as of the beginning of the year. All other values are calculated as of the end of the year. The death benefit illustrated does not reflect any outstanding policy loans or premiums due.

This illustration does not show the effect of income taxation on any of the values illustrated. We have not shown the tax consequence of making extra deposits into the policy or of other transactions that could affect the policy's tax status. We have also not shown the impact of an annual test required by Revenue Canada to see whether the policy will remain exempt from accrual taxation.

PAGE 3 OF 3 - 5499981  
THIS PROJECTION IS ONLY VALID IF ALL PAGES ARE INCLUDED  
Date Prepared - Aug 23, 2007 Ver 12.0 bazeauc-19905

**Qualified Financial Services**  
3625 Dufferin Street  
Suite 340  
Toronto, ON M3K 1Z2

Tel: 416-630-4000  
Fax: 416-630-4022

July 26, 2007

John R. Ardill, CFP, CLU, CH.FC.  
Wealth Strategies Group  
3625 Dufferin St. Suite 340  
Toronto, Ontario M3K 1Z2

Date Of Birth: 23-Jan-1968  
Company: Manulife  
Case#: H 9077707  
Plan: DISABILITY  
Amount \$4,000.00

We are pleased to include the Manulife policy for Charles Marc Bailey.

To place this case in force, we need the following delivery requirements:

- Health Statement
- Amendment
- Amendment
- premium required to settle policy - \$1,478.68

**Checks for any premium payments must be made payable to Manulife. Checks payable to your agency or Qualified Financial Services cannot be accepted. Payment must be a preprinted check from the insured or policy owner only.**

The delivery period is limited to 30 days from the date of issue. Please make sure that all delivery requirements are sent to us.

Thank you for the opportunity to be of service. We look forward to working with you on your next case.

Sincerely,

Diana Di Renzo  
Case Manager



## **POLICY DELIVERY INSTRUCTIONS**

Policy number: H 9077707  
Owner: MARC BAILEY  
Life Insured: MARC BAILEY QUALIFIED FINANCIAL SERVICES  
Date prepared: 25 JULY 2007  
Marketing Centre: 00911 1450 JUL 26 2007  
Advisor(s): JOHN ARDILL

**THANK YOU FOR PLACING YOUR BUSINESS WITH US**

**Commissions will be paid upon acceptance of the following outstanding requirements:**

**Application Amendment  
Declaration of Insurability  
Cash outstanding  
Policy Exclusion  
Policy Exclusion**

**Send requirements to your regional office.**

<b>Initial payment:</b>	\$1,478.68
<b>Cash received:</b>	\$0.00
<b>CASH OUTSTANDING:</b>	<b>\$1,478.68</b>

## **MARKETING CENTRE REMARKS**

## Schedule of Benefits and Premiums

Plan Name: **VENTURE SERIES**

Policy Number: H 9077707

Owner: MARC BAILEY

Policy Date: 23 JULY 2007

Person Insured: MARC BAILEY

Sex: MALE

Smoker Status: NON-SMOKER

Annual Policy Fee: \$75.00

Premium: \$1,478.68

Payment Frequency: ANNUALLY

Method of Payment: DIRECT BILL

Total Annual Premium: \$1,478.68 ✓

The rates for this policy are based on statements that the person insured has not used any tobacco products within 12 months of the application date, including any nicotine products or substitutes, marijuana or hash. If misstated, the contract may be subject to cancellation.

For policies of this type, the company anticipates that 55% of the premiums will be required for claims. While this is based on detailed actuarial projections, it is not a contractual obligation.

This contract was verified by ..... and prepared on 25 JULY 2007

## **INSURANCE COVERAGE**

Coverage Number:	01
Coverage Name:	VENTURE SERIES
Issue Age:	39 ✓
Monthly Benefit:	\$4,000.00 ✓
Maximum Benefit Period (Injury / Sickness):	TO AGE 65 ✓
Regular Occupation Period:	5 YEARS ✓
Elimination Period:	90 DAYS ✓
Annual Premium for Monthly Benefit:	\$793.60
Automatic Coverage Enhancements:	YES
Cost of Living Rider Premium:	\$140.00
Partial Disability Rider Premium:	\$47.60
Total Annual Premium for this coverage:	\$981.20
Effective Date:	23 JULY 2007
Coverage Number:	02
Coverage Name:	PREMIUM REFUND RIDER
Issue Age:	39
Maximum Refund Amount:	\$5,915.00 ✓
Total Annual Premium for this coverage:	\$422.48
Effective Date:	23 JULY 2007

## DECLARATION OF INSURABILITY

Policy number: H 9077707  
Person insured: MARC BAILEY  
Application date: APRIL 26, 2007

In this document, "I" means the person insured by this policy.

I declare that I received the policy identified above on 26 July 07.  
day month year

I declare that since the date I signed the application for Disability Insurance with The Manufacturers Life Insurance Company:

- I have not applied to any other company for disability insurance for me;
- I have not suffered from any illness or injury;
- I have not consulted any medical practitioner or chiropractor;
- There has been no detrimental change in my health;
- I have not changed my occupation or occupational duties;
- There has not been a significant decrease in my earned income; and
- I do not know of anything that has happened or changed since the application date that would increase the risk of accident, illness or injury for me.

I understand that these declarations form part of my application for Disability Insurance.

Signed at Toronto this 26 day of July, 2007.

Witness

Signature of Person Insured

**APPLICATION AMENDMENT**

Policy number: H 9077707

Person insured: MARC BAILEY

- I HEREBY CONFIRM THAT THE SALARY IN THE AMOUNT OF \$49,351, INDICATED ON MY SPOUSE TAX RETURN FOR 2006 IS PART OF A SPLIT INCOME FOR TAX PURPOSES. MY SPOUSE IS NOT ACTIVE IN MY COMPANY
- THE ANSWER TO QUESTION #8B IS: \$50,183.25 EMPLOYMENT INCOME FOR 2006. (PLUS 30% OF WHITNEY BAILEY ASSOCIATES INC NET BENEFIT).

I understand and agree that the amendment(s) recorded above form part of the application for Disability Insurance and will be the basis of the Policy Contract.

Signed at Toronto this 26 day of July, 2007

Witness

Signature of Person Insured

**POLICY EXCLUSION**

Policy number: H 9077707

Person insured: MARC BAILEY

Notwithstanding any provision or condition of the contract to the contrary, the insurance under this policy does not cover and no payment shall be made for any disability or loss resulting from:

ANY INJURY, DISEASE OR DISORDER OF THE RIGHT HIP INCLUDING  
COMPLICATIONS THEREOF, TREATMENT OR OPERATION THEREFOR.

I understand and agree that the exclusion(s) recorded above form part of the Policy Contract.

Signed at Toronto this 26 day of July 2007.

Witness

Signature of Owner

CHARLES MARC BAILEY OR  
MRS NANCY BAILEY  
215 PARK AVE  
HOLLAND LANDING ON L9N 1J7  
(905) 883-7251

654

DATE 31 07 2007

PAY TO THE  
ORDER OF

*Manulife Financial*

\$ 1478.63

100 DOLLARS

Security features  
included.  
Details on back.

I'd rather be riding



Canada Trust

NEWMARKET PLAZA, BOX 88-130 DAVIS DRIVE  
NEWMARKET, ONTARIO L3Y 2N1

MEMO

*Disability Policy*

654 03072007

516681 200

RECEIVED AUG 02 2007

Reliable Life Insurance  
100 King Street West  
Hamilton, ON  
L8N 3K9

Attn: Policy Service

**Re: Policy # A093085**

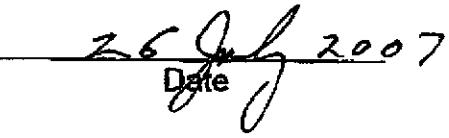
Please accept this letter as your good and sufficient authority to cancel my disability insurance policy # A093085 as of August 1, 2007.

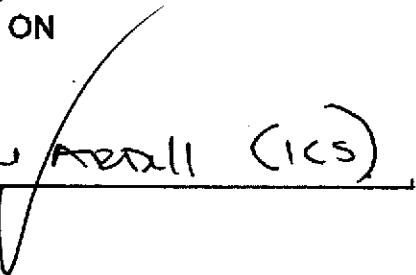
Please send a confirmation along with the premium refund cheque to the address below.

Your prompt attention to this request is appreciated.

Sincerely,

  
Marc Bailey  
215 Park Avenue  
Holland Landing, ON  
L9N 1J7

  
Date

  
cc: Don Overall (ics)

**RELIABLE LIFE**  
Insurance Company

Box 557, 100 King Street West  
Hamilton, Ontario L8N 3K9  
(905) 523-5587 (800) 465-0661

RECEIVED AUG 07 2007

August 3, 2007

Mr. Mark Bailey  
215 Park Avenue  
Holland Landing, ON  
L9N 1J7

RE: Policy A093085

Dear Mr. Bailey;

We wish to acknowledge receipt of your letter, requesting that we cancel the above-mentioned policy.

Please find enclosed our company cheque in the amount of \$773.49, representing a refund, according to your contract, of premiums paid to our company from August 1, 2007 to December 1, 2007.

Therefore, your policy has been cancelled effective August 1, 2007.

Trusting this answers your request, that you for choosing Reliable Life Insurance for your insurance needs.

Sincerely,

Patricia Lapointe  
Bilingual Client Services Representative

/pl

cc: #7900 – Hunter McCorquodale Inc.

Patricia Lapointe (PLS)

C072707

C072707

985102

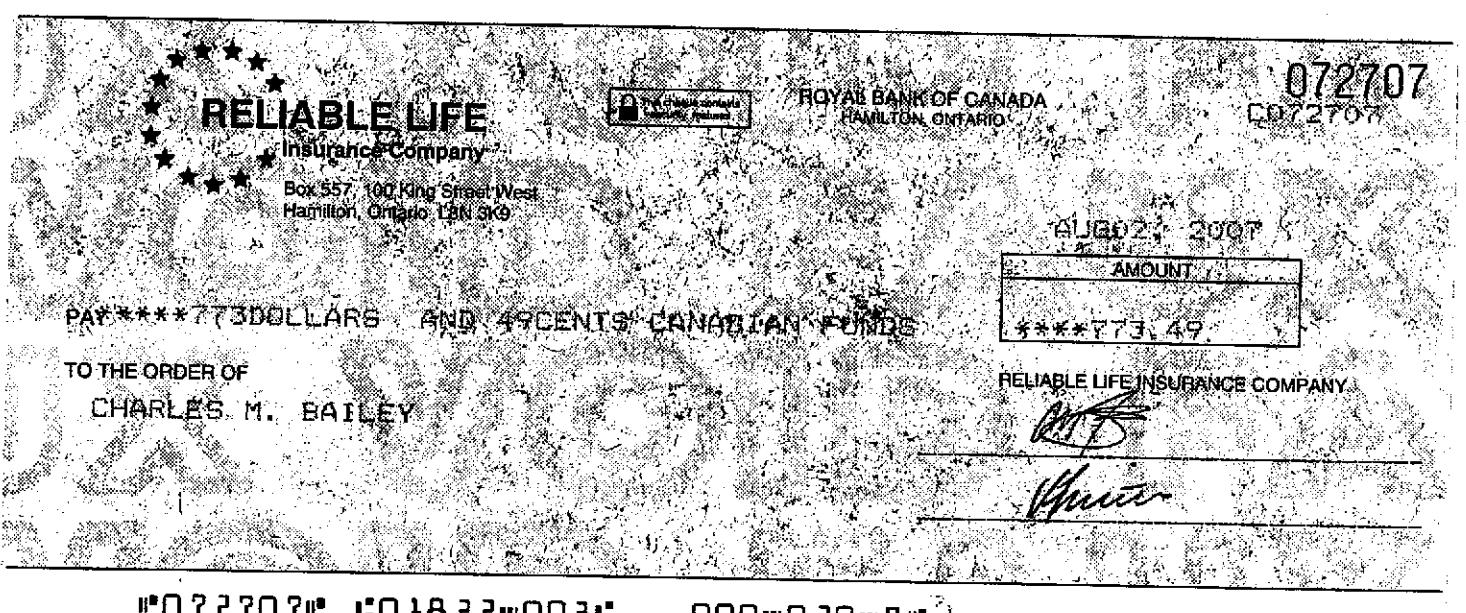
DATE	INVOICE #	DETAILS	AMOUNT	ACCOUNT #
20070802	A093085	CANCELLATION REFUND	773.49	



Box 557, 100 King Street West  
Hamilton, Ontario L8N 3K9

AMOUNT OF CHEQUE

072707



TRANSMISSION VERIFICATION REPORT

TIME : 07/31/2007 14:28  
NAME : QUALIFIED FINANCIAL  
FAX : 4166304022  
TEL : 4166304000  
SER. # : BRDG5J305342

DATE, TIME	07/31 14:28
FAX NO./NAME	19055231947-522
DURATION	00:00:16
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

- 3,094

- 257.83

$$\times 4 = 1031.32$$

AUG, SEPT, OCT, NOV

733.49

Reliable life  
Client Service - 1-800-465-0661  
Fax - 905-523-8338

1239

Reliable Life Insurance  
100 King Street West  
Hamilton, ON  
L8N 3K9

Attn: Policy Service

**Re: Policy # A093085**

Please accept this letter as your good and sufficient authority to cancel my disability insurance policy # A093085 as of August 1, 2007.

Please send a confirmation along with the premium refund cheque to the address below.

Your prompt attention to this request is appreciated.

Sincerely,

  
\_\_\_\_\_  
Marc Bailey  
215 Park Avenue  
Holland Landing, ON  
L9N 1J7

  
\_\_\_\_\_  
Date



DEPOSIT OPTION FROM - 3,521

Summary as of April 8, 2007  
Policy # 5985865

ENGINEERING INC BAILEY  
215 PARK AVE  
HOLLAND LANDING, ONTARIO  
L9N 1J7

### Plan Information

Main Plan Name: PERFORMAX 90  
Policy Effective Date: June 9, 2004  
Dividend Option: ONE YEAR TERM, EXCESS BUYS PD-UP ADD'NS  
Non-forfeiture Option: AUTOMATIC PREMIUM LOAN  
  
Beneficiary:  
BAILEY ENGINEERING INC @

### Coverages/Lives Insured

	Amount of Insurance
01 PERFORMAX 90	37,595.00
Insured: NANCY BAILEY	
Paid-Up Additions:	4,325.62
One Year Term Amount:	58,079.38

### Premium Information

Premium Amount:	88.09
Frequency:	monthly
Premium Method:	automatic withdrawal
Paid To Date:	May 9, 2007
Draw Day:	9



Summary as of April 8, 2007  
Policy # 5985865

ENGINEERING INC BAILEY  
215 PARK AVE  
HOLLAND LANDING, ONTARIO  
L9N 1J7

#### Values

Gross Cash Value:	0.00
**Payout Value:	589.19
Gain At Surrender:	0.00

**\*\* The values shown may include adjustments and are subject to verification.**

#### Advisor

---

Servicing Advisor:	ARDILL, JOHN
Servicing Branch:	QUALIFIED FINANCIAL (14500)

This policy summary is not an official statement and therefore not binding on Manulife Financial. It highlights some of the key features of this policy; however, it may not include complete information about all the features of the policy, details of recent electronic transfers, or if the beneficiary designation is revocable or irrevocable. Please request an annual statement from Manulife's Head Office, if you are considering making changes to this policy.



MAX DEPOSIT OPTION Room - 10,623

Summary as of April 8, 2007  
Policy # 5499981

ENGINEERING INC BAILEY  
215 PARK AVE  
HOLLAND LANDING, ONTARIO  
L9N 1J7

### Plan Information

Main Plan Name: PERFORMAX 90  
Policy Effective Date: May 6, 2004  
Dividend Option: ONE YEAR TERM, EXCESS BUYS PD-UP ADD'NS  
Non-forfeiture Option: AUTOMATIC PREMIUM LOAN  
  
Beneficiary:  
BAILEY ENGINEERING INC @

### Coverages/Lives Insured

	Amount of Insurance
01 PERFORMAX 90	429,186.00
Insured: CHARLES MARC BAILEY	
Paid-Up Additions:	88,314.98
One Year Term Amount:	482,499.02

### Premium Information

Premium Amount:	9,205.29
Frequency:	annual
Premium Method:	direct bill
Paid To Date:	May 6, 2007
Next Billing Due:	May 6, 2007



Summary as of April 8, 2007  
Policy # 5499981

ENGINEERING INC BAILEY  
215 PARK AVE  
HOLLAND LANDING, ONTARIO  
L9N 1J7

### Values

---

Gross Cash Value:	0.00
**Payout Value:	42,823.90
Gain At Surrender:	0.00

**\*\* The values shown may include adjustments and are subject to verification.**

### Advisor

---

Servicing Advisor: ARDILL, JOHN  
Servicing Branch: QUALIFIED FINANCIAL (14500)

This policy summary is not an official statement and therefore not binding on Manulife Financial. It highlights some of the key features of this policy; however, it may not include complete information about all the features of the policy, details of recent electronic transfers, or if the beneficiary designation is revocable or irrevocable. Please request an annual statement from Manulife's Head Office, if you are considering making changes to this policy.



# Insurance Report

Name	Mr. Marc Bailey	
Company	Whitney-Bailey Associates Inc.	
Home Address	215 Park Avenue	ID/Status
City	Holland Landing	SHAREHOLDER
Province	ON P/C L9N 1J7	Home Phone 905-853-7251 Bus. Phone 905-851-0616 Ext. 223

Date	Carrier	Product	Policy No	Coverage	Premium	Beneficiary	Owner	Status
10/1/1997	Unum	DI	048431	3,350	\$1,061.20	Marc	Active	
Notes # 1	<i>Monthly prem \$33.88, FIO \$400, COLA 4% simple, coverage \$200 after 90 days, \$1,150 after 120 days, NO RE-CONSIDERATION on exclusions</i>							
12/1/2003	Rel	DI	A093085	4,000	\$3,094.00	Marc	Active	
Note # 2	<i>180 day elimination, partial dis \$2,000 per month benefit cost is \$278.46 per year</i>							
5/6/2004	Manu	Whole	5499981	1,000,000	\$15,000.00	Bailey Engin	Bailey Engin	Active
Notes # 3	<i>Monthly Premium of \$1,250 (\$9,205.29 Base + \$5,794.71 deposit option), WP not included - Marc is the insured</i>							
6/9/2004	Manu	Whole	5985865	100,000	\$1,200.00	Bailey Engin	Bailey Engin	Active
Notes # 4	<i>Monthly Premium of \$100 (\$88.09 Base + \$11.91 monthly deposit), WP not included - Nancy is the insured</i>							
Notes # 5								
Notes # 6								
Notes # 7								

**Manulife Financial****Financière Manuvie****Your Annual Performax Policy Statement**

Date prepared: April 12, 2006

**Policy number**

5499981

**Policy owner(s)**

BAILEY ENGINEERING INC

**Policy summary**

Your policy took effect on	May 6, 2004
Your policy insures the life of	CHARLES MARC BAILEY
Your policy's dividend option is	Term Option
Your policy's beneficiary is	BAILEY ENGINEERING INC

If you're not familiar with some of the terms used here, they're explained at the back of this statement.

For details on your policy and riders, see the following pages.

**Death benefit**

Death benefit as of	
May 6, 2006	\$1,008,795.96
- for the Life insured	

**Cash value**

Total cash value as of	
May 6, 2006	\$11,014.21

**Premiums**

Your total premium for the policy year starting	
May 6, 2006	\$9,879.00 823.25 mill

**Dividends**

Your dividend for this year is	\$1,381.97
--------------------------------	------------

**Did you know...**

The dividend scale has decreased. Please see the enclosed flyer for more information.

more...

*Performax: Because every one is different.*

# Your Annual Performax Policy Statement

Policy Number: 5499981

Page 2



## Policy details as of May 6, 2006

### Death benefit for the Life Insured

	Coverage amount (\$)	Annual premium (\$)
Basic policy	429,186.00	9,879.00
Term Option **	570,814.00	0.00
Paid-up insurance	88,314.98	*
Yearly term insurance	482,499.02	*
Cash value of your optional deposits	8,795.96	
<b>Total</b>	<b>1,008,795.96</b>	<b>9,879.00</b>

\*Funded by dividends

\*\*The Term Option Amount is guaranteed for the lifetime of the policy, subject to the conditions explained in the Term Option rider.

### Your policy's cash value

	Cash value (\$)
Basic policy	0.00
Paid up insurance	10,739.19
Dividends used to purchase Yearly term insurance	275.02†
<b>Total cash value</b>	<b>11,014.21</b>

† This amount reduces during the year. We will refund any unused amount to you if you surrender your policy.

### Your premiums

You have arranged to pay premiums by pre-authorized chequing. This statement is not a request for premium payment.

Your premiums are payable	monthly
Your monthly premium is	\$823.25
The maximum optional deposit you may make during the next policy year is	\$32,390.40**

\*\*This is an estimate of the maximum optional deposit you can make and still keep your policy exempt from accrual taxation, based on your policy values and insurance coverage as of May 6, 2006.

more...

**Manulife Financial****Financière Manuvie****Your Annual Performax Policy Statement**

Policy Number: 5499981

Page 3

**How your dividend option works**

You have chosen the Term Option dividend option. Under this option, your dividends purchase a blend of Paid up insurance and Yearly term insurance.

Dividend paid to you this year	\$1,381.97
Optional deposits you made this year	\$3,380.23
<i>Total (purchases the insurance shown below)</i>	<i>\$4,762.20</i>

	Cash value (\$)	Death benefit amount (\$)
Paid-up insurance purchased on May 6, 2006	4,402.28	36,202.74
Paid up insurance purchased before May 6, 2006	<u>6,336.91</u>	<u>52,112.24</u>
<i>Total Paid-up insurance as of May 6, 2006</i>	<i>10,739.19</i>	<i>88,314.98</i>
Yearly term insurance purchased on May 6, 2006		<u>482,499.02</u>
<i>Total Term Option coverage</i>		<i>570,814.00</i>

more...

## Your Annual Performax Policy Statement

Policy Number: 5499981

Page 4



### Comparison of future values

This section looks at your policy's values in future years. It shows you what the guaranteed values will be and, for values that aren't guaranteed, it compares the results of two different dividend scales.

- The **Guaranteed values** below include your Term Option coverage reflecting the lifetime guarantee that your contract provides. The values assume that premiums are paid every year.
- Values that are not guaranteed can change if dividends change.
- Dividends depend primarily on claims experience, investment earnings and expenses and they can increase or decrease each year, as decided by the company's Board of Directors.
- The values do not reflect any outstanding policy loans, premiums due, adjustments required to keep your policy exempt from accrual taxation or the possible tax consequences of withdrawing money from your policy or surrendering it.
- The **Total annual payment** shown below assumes that you pay your premiums once a year and it includes any regularly scheduled optional payments that you plan to make.
- The last two years shown below illustrate policy values when the life insured turns 65 and 85.

Year	Total annual payment(\$)	Guaranteed values		Values not guaranteed at current dividend scale		Values not guaranteed at current dividend scale less 1%	
		Cash value(\$)	Death benefit(\$)	Total cash value(\$)	Total death benefit(\$)	Total cash value(\$)	Total death benefit(\$)
Current		0	1,000,000	11,014	1,008,796	11,014	1,008,796
2006/07	15,000	0	1,000,000	18,298	1,014,951	18,411	1,015,043
2007/08	15,000	0	1,000,000	26,118	1,021,520	26,430	1,021,777
2008/09	15,000	0	1,000,000	34,550	1,028,539	35,161	1,029,042
2009/10	15,000	8,155	1,000,000	52,000	1,036,036	53,065	1,036,879
2032/33	15,000	210,730	1,000,000	1,045,595	2,390,895	1,235,978	2,838,245
2052/53	15,000	336,482	1,000,000	3,173,752	4,378,891	4,389,912	6,071,881

For more information

If you have any questions, please contact your insurance advisor.

JOHN R. ARDILL

905 841 0782

Or phone our Valued Customer Centre at 1-888-Manulife (1-888-626-8543) between 8 a.m. and 8 p.m. E.T.

more...

Manulife Financial

 Financière Manuvie

## Performax Deposit Option Payment

Date prepared: April 12, 2006

**Policy number** 5499981

**Policy owner(s)** BAILEY ENGINEERING INC

**To keep you up to date** We're reminding you that you can make optional deposits at any time. These Deposit Option payments are used to purchase Paid-up insurance or Yearly term insurance or both at your next policy anniversary. We may require you to provide evidence of insurability if you make an optional deposit.

**\$5,794.68** is the amount of the optional deposit you planned to make.

Please use the section below for any optional deposits you wish to make.

You have arranged to pay premiums by pre-authorized chequing. This notice is not a request for premium payment.

**For more  
Information**

If you have any questions, please contact your insurance advisor.

JOHN R. ARDILL

Or phone our Valued Customer Centre at 1-888-Manulife (1-888-626-8543) between 8 a.m. and 8 p.m. E.T.

The Manufacturers Life Insurance Company

**Please return this section when making your payment.**  
If you have already sent your payment, please disregard this notice.

POLICY NUMBER	OPTIONAL DEPOSIT
5499981-8	

*Return your payment in the enclosed envelope to:*

The Manufacturers Life Insurance Company

THE Manufacturer's ENCL  
P.O. Box 4052, Stamford, CT

P.R. 130X 40  
Toronto ON

TORONTO  
MCM/814

**III Manulife Financial****III Financière Manuvie****Terms used in this statement (for more details, see your policy)****Basic policy**

Insurance coverage provided on the Life (or Lives) insured and paid for by your basic policy premium. This coverage is guaranteed for life, as long as you continue to pay the basic premium. It does not include any amount of coverage provided by riders or by the Term Option, Term Option Plus or Multiplier Dividend Option.

**Beneficiary**

The person or persons you have chosen to receive the death benefit paid by this policy.

**Cash value**

The value that we would pay to you if you cancelled your policy. This amount is reduced by any premiums due or any policy loans. There may be tax implications to cancelling your policy or withdrawing money from it.

**Death benefit**

The amount we pay to the beneficiary if the person whose life is insured dies while the policy is still in effect. This amount is reduced by any premiums due or any policy loans.

**Deposit Option**

Extra payments you may make into the policy, in addition to your regular premium payment. These optional deposits are used to purchase Paid-up insurance or Yearly term insurance or both at your next policy anniversary.

**Dividend option**

The choice you've made about how you want us to credit any dividends we pay you. The choices are:

- buy Paid-up insurance
- take it in cash
- use it to pay premiums
- leave it with us to accumulate with interest
- use it to buy additional coverage through the Term Option or the Multiplier Dividend Option

**Life insured**

Any person whose life or health is insured under the policy. Also referred to as an insured person.

**Paid-up insurance**

Insurance for which all premiums have been paid. This insurance has a cash value and earns dividends.

**Rider costs**

The costs of the benefits provided by riders.

**Term Option (formerly Multiplier Dividend Option)**

A dividend option that uses the dividends we pay to you to purchase and support an additional amount of coverage. It purchases a blend of paid-up insurance and yearly term insurance.

**Term Option Plus**

An additional amount of coverage that you pay a premium for. This option must be chosen when the policy is purchased — it cannot be added later.

more...

### **Additional protection which may be purchased**

**Accidental death benefit**

Provides a benefit if the insured person under this rider dies as a result of an accident.

**Children's protection**

Insurance coverage on the children of the person whose life is insured.

*To extend this coverage to a new child, please notify us of the child's birth or adoption within six months of the date it happens.*

**Guaranteed insurability option**

Allows you to purchase additional insurance coverage under this policy or a new policy on the life insured at specified option dates, without evidence of insurability.

**Spouse protection**

Insurance coverage on the spouse of the person whose life is insured by the policy.

**Term insurance**

Provides additional term insurance coverage to a life insured. This coverage is temporary but may be converted, without evidence of insurability, to any permanent plan then offered by us.

**Total disability waiver**

If an insured person under this rider becomes totally disabled for a period of at least six months, we will waive the monthly deductions for this policy for the period of the total disability.

**Payor waiver**

There are two different versions of this benefit:

- Premiums will be paid by us if the payor dies or the person whose life is insured becomes totally disabled  
or
- Premiums will be paid by us if the payor dies or if the person whose life is insured or the payor becomes totally disabled

(The payor is the person you named in the application for the policy to pay the policy premiums.)

Current mailing address:

DAILEY ENGINEERING INC  
215 PARK AVE  
HOLLAND LANDING ONT  
L9N 1J7

If the name or address here is incorrect, please call us at 1-888-626-8543 between 8 a.m. and 8 p.m. E.T.

# Manulife Financial

April 4, 2006

Charles Marc Bailey  
Bailey Engineering Inc  
215 Park Ave  
Holland Landing Ont  
L9n 1j7

## **Re: Policy number 5499981-8**

Dear Mr. Bailey,

We have received your request to change your premiums to Annual billing and increase the total deposit to \$17,500.00. Your Annual premium is \$9,205.29, therefore, you are requesting that we increase your annual Deposit Option payment to \$8,294.71 for 2006.

Once the pre-authorized chequing withdrawal has been processed on April 16, 2006 to pay the monthly April premium, we will change the mode of your premium to Annual effective your policy anniversary of May 6, 2006, however, in order to allow an additional deposit option payment in the amount of \$8,294.71, we require Deposit Option forms to be completed & provided by the policy anniversary date of May 6, 2006.

If you have any questions, please contact your insurance advisor or phone our Valued Customer Centre at 1-888-626-8543 from Monday to Friday between 8 a.m. and 8 p.m. ET.

Sincerely,

Janice Mombourquette  
Service Associate  
Valued Customer Centre – Individual Life

cc: Ardill, John 1450

## Eryn Beintema

**From:** "Eryn Beintema" <eryn@ardillfinancial.com>  
**To:** "Pat Armstrong" <pat.armstrong@qfscanada.com>  
**Sent:** November 22, 2005 9:49 AM  
**Subject:** Re: BAILEY, Marc #5499981

Hi Pat,

I got an email from the client that this request has been completed. The amount has been reduced correctly.

Eryn

----- Original Message -----

**From:** Pat Armstrong  
**To:** ilc\_asc@manulife.com  
**Cc:** John Ardill (Eryn)  
**Sent:** Thursday, November 17, 2005 9:04 AM  
**Subject:** BAILEY, Marc #5499981

Hi,

On November 3rd we submitted a request to discontinue the monthly deposit payment on the above policy. Please advise the status as I have not received confirmation of completed transaction as requested.

Thanks,

**Pat Armstrong**  
Qualified Financial Services  
3625 Dufferin Street  
Suite #340  
Toronto, Ontario  
M3K 1Z2  
Ph: 416-630-4000 #319  
Fax: 416-630-4022

*"At Qualified Financial Services we continue to focus on building relationships and providing exceptional services"*

# Memorandum

**To:** Diana Care  
**From:** Eryn Beintema  
**Date:** May 31, 2004  
**Subject:** Nancy Bailey

---

Diana,

I have returned Nancy Bailey's policy along with the requirements to make the premium payments monthly for \$100.00 per month, including the new, signed illustration and the PAC authorization. Premium payments include required premium of \$88.09 and deposit option of \$11.91

Enclosed is the signed delivery receipt so that the when the new policy is issued it can be issued in force.

Also enclosed is the signed amendment. It has not yet been signed by Marc Bailey but once I receive it will forward it to you.

If you have any questions, please let me know.

Thanks,  
Eryn.

**Qualified Financial Services**  
3625 Dufferin Street  
Suite 340  
Toronto, ON M3K 1Z2

Tel: 416-630-4000  
Fax: 416-630-4022

May 25, 2004

John R. Ardill, CFP, CLU, CH.FC.  
Ardill, Creator of The Lifecycle Puzzle  
2 Orchard Heights Blvd., Unit #27  
Aurora, Ontario L4G 3W3

Date Of Birth: 19-Jan-1967  
Company: Manulife  
Case#: 5985865  
Plan: WHOLIFE  
Amount \$37,595.00

We are pleased to include the Manulife policy for Nancy Bailey.

To place this case in force, we need the following delivery requirements:

- Amendment
- premium required to settle policy - \$ 974.27
- Policy Receipt

The delivery period is limited to 30 days from the date of issue. Please make sure that all delivery requirements are sent to us.

Thank you for the opportunity to be of service. We look forward to working with you on your next case.

Sincerely,

  
Diana Care  
Case Manager

# Policy delivery receipt

Policy owner: NANCY A BAILEY

Your signature below tells us that you agree with the following statements:

- I received the policy described above on 28 05 04 day month year
- I received and reviewed a copy of the application and agree that the information in it is accurate.
- If I am an insured person, I affirm that since the application date there has been neither a detrimental change to my health nor a change to my occupation or lifestyle that could increase the risk to my health or life.
- I understand that the insurance coverage provided by the policy will not take effect until the later of
  - the Policy date shown on the policy summary or policy specification pages of the policy, or
  - the date the first payment is made.
- I understand that the policy will not be in effect if, since the application date,
  - there has been a detrimental change to the health of any of the insured people, or
  - any of the insured people have made a change to their occupation or healthstyle that could increase the risk to their life or health
- I have reviewed and understood the policy illustration I received, including the fact that some values in the policy are guaranteed and some aren't. (*I understand that this statement does not apply if the policy I purchased is a Signet, Lifecheque, LivingCare, LifeWise or Term policy because all of the values in those policies are, in fact, guaranteed.*)

  
Signature of NANCY A BAILEY

APPLICATION SUPPLEMENT

*Copy*

Return one copy of this form to  
Manulife Financial

Head Office: 25 Water St. S  
P.O. Box 800, Stn C  
Kitchener, ON  
N2G 4Y5

Both copies of this form including the one in this Policy Contract must be signed before this Policy is delivered.

Policy Number: 5985865

Resource Centre: 14500 QUALIFIED FINANCIAL SRVS

Name of person to be insured: NANCY A BAILEY

The undersigned requests to make the following additions, corrections and amendments in the application dated November 06, 2003. It is agreed that they are to be of the same effect as if contained in the application.

By signing below it is agreed that this policy number 5985865 insures Nancy A Bailey only. The attached application signed November 06, 2003 is considered to be the application for this policy.

The owner of this policy is Nancy A Bailey.

The date of birth of Nancy A Bailey is December 19, 1967.

Signed at Anoka, this 28<sup>th</sup> day of January, 2004.

Nancy A Bailey  
Signature of NANCY A BAILEY

\_\_\_\_\_  
Signature of CHARLES M BAILEY

J. Adell  
Signature of Agent

The Manulife Financial group of companies:  
The Manufacturers Life Insurance Company  
MFC Insurance Company Limited  
Manulife Canada Ltd.

# Manulife Financial

## Request for Pre-Authorized Cheque Plan

The Manufacturers Life Insurance Company is hereby requested and authorized, subject to the conditions described on the reverse page hereof, to draw cheques monthly in its favor under its Pre-Authorized Cheque Plan (hereinafter referred to as PAC). Such cheques are to be charged against the bank account described below for the purpose of collecting premiums and/or loan payments on the policies noted or hereafter added to the PAC Plan.

Type of account     Savings     Personal Chequing     Current     Bank Account  
Number \_\_\_\_\_

Name and address of bank, trust company or credit union

CANADA TRUST  
NEWMARKET PLAZA, 130 DAVIS DRIVE  
NEWMARKET, ONT. L3Y 2N1

Name of Depositor(s) as shown on bank record — Please Print

NANCY BAILEY

Policy Number(s) — indicate amount, if any, to be applied to loan in each case

Policy Number	Premium	Loan Account	Effective day and month of first cheque
5985865	*100		EFFECTIVE <del>10</del> JUN 04, A TEL PROCESS SOMEDAY AS POLICY #5499981 (C.N.A.F. BAILEY)

This is authorization to the bank to make such payments.

The above authorization and request shall apply to any other account in this bank or to the account in any other bank, trust company or credit union subsequently named by me.

May 28/04

Date

Signature of Depositor

Signature of Second Depositor if required by bank account.

Address of bank Depositor

<sup>1</sup> Specimen cheque must be attached

NN0312E(0495)

CHARLES MARC BAILEY OR  
MRS NANCY BAILEY  
215 PARK AVE  
HOLLAND LANDING ON, LBN 1J7  
(905) 853-7251 fourbaileys@rogers.com

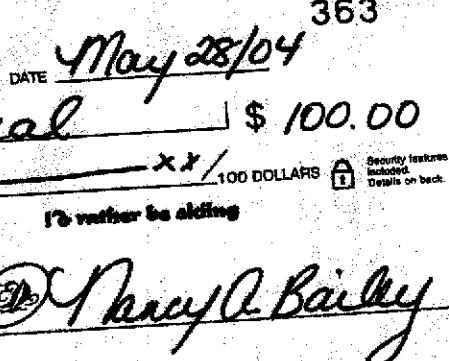
PAY TO THE  
ORDER OF  
*Manulife Financial*  
One hundred —

Canada Trust  
NEWMARKET PLAZA, 130 DAVIS DRIVE  
NEWMARKET, ONTARIO L3Y 2N1

MEMO \_\_\_\_\_

# 363 10:30 7/2004

516681-21\*



## APPLICATION SUPPLEMENT

Return one copy of this form to  
Manulife Financial

Head Office: 25 Water St. S  
P.O. Box 800, Stn C  
Kitchener, ON  
N2G 4Y5

Both copies of this form including the one in this Policy Contract must be signed before this Policy is delivered.

Policy Number: 5985865

Resource Centre: 14500 QUALIFIED FINANCIAL SRVS

Name of person to be insured: NANCY A BAILEY

The undersigned requests to make the following additions, corrections and amendments in the application dated November 06, 2003. It is agreed that they are to be of the same effect as if contained in the application.

By signing below it is agreed that this policy number 5985865 insures Nancy A Bailey only. The attached application signed November 06, 2003 is considered to be the application for this policy.

The owner of this policy is Nancy A Bailey.

The date of birth of Nancy A Bailey is December 19, 1967.

Signed at Holland Landing, this 28<sup>th</sup> day of May, 2004.

Nancy A Bailey  
Signature of NANCY A BAILEY

Charles M. Bailey  
Signature of CHARLES M. BAILEY

J. J. Dell  
Signature of Agent

The Manulife Financial group of companies:  
The Manufacturers Life Insurance Company  
MFC Insurance Company Limited  
Manulife Canada Ltd.

Sent to QFS thru 21  
6/

April 16, 2004

London Life Insurance Co.  
50 McIntosh Drive  
Suite 220  
Markham, Ontario  
L3R 9T3

Attention: Customer Service

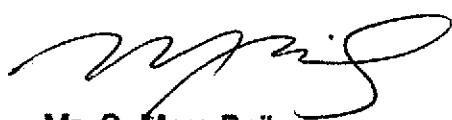
From: Mr. C. Marc Bailey

Policy # 9,650,723-9

Please accept this letter as your good and sufficient authority to cancel my T-10 policy #9,650,723-9 for \$400,000 effective immediately.

If you have any questions, please call 905-713-3795.

Sincerely,



Mr. C. Marc Bailey

To: ARDILL, JOHN R - 052313  
Branch - 14500 QUALIFIED FINANCIAL SERVICES INC.

From: New Business  
Date: May 13, 2004  
Subject: Policy Issue Check List For:  
Policy - 5499981  
Policy Owner - CHARLES MARC BAILEY

---

If you have any questions about the delivery process or form(s), please call your contact for New Business (Case Manager, Case Co-ordinator, or Head Office contact).

**A. Requirements**

This policy has been issued subject to the requirements listed below:

- 1) PLEASE OBTAIN SIGNED AMENDMENT ✓
- 2) PLEASE OBTAIN SIGNED ILLUSTRATION ✓

We need to receive the forms by JUN 13 2004.

If any of the requirements have already been sent to us, please note that on this page.

**B. Instructions for delivery**

- 1) For term and group conversions that did not require any evidence of insurability
  - Deliver the policy.

OR

- 2) For all other policies, you must determine if there has been a change in health for any of the people to be insured. A change of health includes any change that would cause the applicant to answer questions about health, medical history, lifestyle or occupation differently than when they applied.

**1. If there has been a change in health for any of the people to be insured:**

- Do not deliver the policy.
- Do not collect any signatures on the delivery receipt.
- Do not collect any premium.
- Call your New Business contact to provide information about the change. You will receive further instructions within two business days.

**2. If there has been no change in insurability for the people to be insured:**

- Have each form signed by the appropriate person as required.
- Collect the premium if necessary.
- Return the form and this page to New Business, DEL STN: KC-1.
- Deliver the policy.

## APPLICATION SUPPLEMENT

Return one copy of this form to  
Manulife Financial

Head Office: 25 Water St. S  
P.O. Box 800, Stn. C  
Kitchener, ON N2G 4Y5

Both copies of this form including the one in this Policy Contract must be signed before this Policy is delivered.

Policy Number: 5499981      Resource Centre: 14500 QUALIFIED FINANCIAL SERVICES INC.

Name of person to be insured: CHARLES MARC BAILEY

The undersigned requests the following additions, corrections and amendments in the application dated May 06, 2004. It is agreed that they are to be of the same effect as if contained in the application.

By signing below, we agree that this policy number 5499981 insures CHARLES MARC BAILEY only. The attached application signed May 06, 2004 is considered to be the application for this policy.

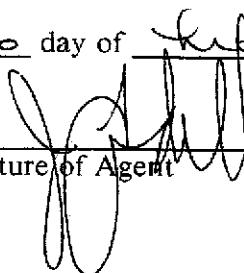
The owner of this policy is Charles M Bailey.

IN REGARDS TO THE LIFE OF CHARLES MARC BAILEY, THE DETAILS TO QUESTION 13 ON THE PARAMEDICAL EXAM DATED JANUARY 06, 2004 SHOULD READ CONTINUED FROM PAGE 1: DR. SCHATZKER, NO TREATMENT, DECEMBER 1996.

IN REGARDS TO THE LIFE OF CHARLES MARC BAILEY, THE DETAILS TO QUESTION 13 ON THE PARAMEDICAL EXAM DATED JANUARY 06, 2004 SHOULD READ CONTINUED FROM PAGE 1: VASECTOMY 2003, DR.LIQUORNICK, SOUTHLAKE REGIONAL HEALTH CENTRE.

Signed at Shawinigan, this 26 day of February, 2004

  
Signature of CHARLES MARC BAILEY

  
Signature of Agent

The Manulife Financial group of companies:  
The Manufacturers Life Insurance Company  
MFC Insurance Company Limited  
Manulife Canada Ltd.

Letter to Broker RE: Delivery Requirements

**Qualified Financial Services**  
3625 Dufferin Street  
Suite 340  
Toronto, ON M3K 1Z2

Tel: 416-630-4000  
Fax: 416-630-4022

March 22, 2004

John R. Ardill, CFP, CLU, CH.FC.  
Ardill, Creator of The Lifecycle Puzzle  
2 Orchard Heights Blvd., Unit #27  
Aurora, Ontario L4G 3W3

Date Of Birth: 23-Jan-1968

Company: Manulife

Case#: 5499981

Plan: WHOLIFE

Amount WHOLIFE

Amount \$1,000,000.0

We are pleased to include the Manulife policy for Charles Marc Bailey.

To place this case in force, we need the following delivery requirements:

- Illustration - W/O DW RIDER & SIGN
- Amendment
- premium required to settle policy -\$ 9205.29
- Policy Receipt

The delivery period is limited to 30 days from the date of issue. Please make sure that all delivery requirements are sent to us.

Thank you for the opportunity to be of service. We look forward to working with you on your next case.

Sincerely,



Diana Care  
Case Manager



**ARDILL**  
*Creator of*  
*The Lifecycle Puzzle™*

---

## M E M O

**Date:** **April 19, 2004**

**To:** Diana

**From:** Eryn Beintema

---

**Subject:** **Marc Bailey**

Hi Diana,

Enclosed is the policy for Marc Bailey and the delivery requirements. We have change the deposit option to reflect an annual premium amount of \$15,000. A new, signed, illustration is included. Please have the policy reissued with this change. If you have any questions, please let me know.

Thanks,  
Eryn



Performax

## Plan summary and comparison of values

Life insured	M Bailey, Age 36
Date of birth	January 23, 1968
Coverage selected	Single life
Dividend option	Term option
<b>Basic coverage</b>	<b>\$429,186</b>
Term option (eligible for lifetime guarantee)	570,814
<b>Total death benefit</b>	<b>\$1,000,000</b>
Planned deposit option payment (frequency same as billing)	\$5,794.71
Initial deposit option payment	\$5,794.71
Total annual required premium	\$9,205.29
First payment amount	\$15,000.00

## It's important for you to understand

Dividends are not guaranteed because they are affected by a number of variables such as investment earnings, tax changes, our Company's death claims experience and expenses. The following example will help you understand how changes in dividend scales can affect the values that are not guaranteed in your policy.

- All values are illustrated as of the end of the policy year and include the dividend that is payable at the beginning of the next year, if applicable. Also, if any premium payable at the beginning of the next year is paid using policy values, this premium is deducted from the end-of-year policy values. Premiums are assumed to be paid at the beginning of each year.
- Values shown as guaranteed are contractually guaranteed in your policy and assume that premiums are paid every year.
- Total death benefit and total cash surrender values consist of guaranteed values and values based on dividends which are not guaranteed.
- A portion of the total cash surrender value may be subject to tax upon withdrawal or surrender.
- It's important to note that a change in the dividend scale can affect your policy if you plan to pay premiums over a limited period of time. A reduction in the dividend scale will affect your policy's values and may also require you to make more premium payments than illustrated.
- Based on the Term option coverage selected, your plan is eligible for the lifetime Term option guarantee. With this guarantee, the Term option coverage is guaranteed not to be affected by any reduction in dividend scales for the lifetime of the plan of your plan. This guarantee, however, is cancelled if any paid-up insurance purchased by dividends is surrendered for any reason. In this illustration, this guarantee was cancelled in policy year 45.

*A copy of these pages will be included in your contract. Please consult the Performax contract for full plan details.*

Designed for **Bailey**  
Male, age 36, non-smoker

Presented by

160504090133/R32  
Effective date April 16, 2004  
Reference # 160504090133

## Plan summary and comparison of values (cont'd)

- The illustrated values in the chart below show how your policy values and the number of premium payments you need to make could change if the dividend scale is reduced.

Policy year	Guaranteed values (\$)		Values not guaranteed (\$) at current dividend scale less 1.00%		Values not guaranteed (\$) at current dividend scale	
	Cash value	Death benefit	Total cash surrender value	Total death benefit	Total cash surrender value	Total death benefit
5	0	1,000,000	39,142	1,033,019	39,966	1,033,719
10	58,369	1,000,000	164,503	1,079,927	171,110	1,084,018
20	139,915	1,000,000	425,689	1,408,300	482,035	1,601,354
30	218,456	1,000,000	839,143	1,834,251	1,044,623	2,299,400
40	287,555	1,000,000	1,517,299	2,491,512	2,066,373	3,412,329

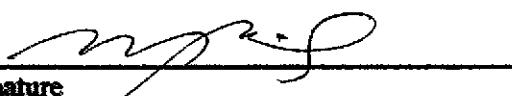
  

Number of payments	Lifetime	14	14
--------------------	----------	----	----

I understand that dividends can change and that those changes can affect

- the portion of the policy's death benefit and cash value that is not guaranteed, and
- the years when policy values could pay premiums, if I chose premium offset.

Signature



Date

16 April 04

Signature of Joint owner, if applicable

Date

16 April 04

Representative's signature

Date

A copy of these pages will be included in your contract. Please consult the Performax contract for full plan details.

Designed for **Bailey**  
Male, age 36, non-smoker

Presented by

DLS.00-160504090133(E32)(RS.2)  
Effective date April 16, 2004  
Reference # 160504090133

## APPLICATION SUPPLEMENT

Return one copy of this form to  
Manulife Financial

Head Office: 25 Water St. S  
P.O. Box 800, Stn C  
Kitchener, ON  
N2G 4Y5

Both copies of this form including the one in this Policy Contract must be signed before this Policy is delivered.

Policy Number: 5499981

Resource Centre: 14500 QUALIFIED FINANCIAL SRVS

Name of person(s) to be Insured: CHARLES MARC BAILEY

The undersigned requests to make the following additions, corrections and amendments in the application dated November 06, 2003. It is agreed that they are to be of the same effect as if contained in the application.

By signing below, it is agreed that this policy number 5499981 insures the life of CHARLES MARC BAILEY only. The attached application signed on November 06, 2003 is considered to be the application for this life insurance policy.

The owner of this policy is: CHARLES MARC BAILEY.

This policy is issued without Total Disability Waiver Rider.

The initial and planned deposit option payment amount of this policy is \$11,504.39. 5,794.71

In regards to the life of CHARLES MARC BAILEY, the details to question 13 on the paramedical exam dated January 06, 2004 should read continued from page 1: Dr. Schatzker, no treatment, December 1996.

In regards to the life of CHARLES MARC BAILEY, the details to question 17 on the paramedical exam dated January 06, 2004 should read continued from page 1: vasectomy 2003, Dr. Liquornick, Southlake Regional Health Centre.

Signed at Aurora, this 16 day of April, 2004.

Signature of CHARLES MARC BAILEY

Signature of NANCY A BAILEY

Signature of Agent

# Policy delivery receipt

Policy owner: CHARLES MARC BAILEY

Your signature below tells us that you agree with the following statements:

- I received the policy described above on 16 NOV 04.  
day month year
- I received and reviewed a copy of the application and agree that the information in it is accurate.
- If I am an insured person, I affirm that since the application date there has been neither a detrimental change to my health nor a change to my occupation or lifestyle that could increase the risk to my health or life.
- I understand that the insurance coverage provided by the policy will not take effect until the later of
  - the Policy date shown on the policy summary or policy specification pages of the policy, or
  - the date the first payment is made.
- I understand that the policy will not be in effect if, since the application date,
  - there has been a detrimental change to the health of any of the insured people, or
  - any of the insured people have made a change to their occupation or healthstyle that could increase the risk to their life or health
- I have reviewed and understood the policy illustration I received, including the fact that some values in the policy are guaranteed and some aren't. (*I understand that this statement does not apply if the policy I purchased is a Signet, Lifecheque, LivingCare, Life Wise or Term policy because all of the values in those policies are, in fact, guaranteed.*)

  
Signature of CHARLES MARC BAILEY

The Manulife Financial group of companies:  
The Manufacturers Life Insurance Company  
MFC Insurance Company Limited  
Manulife Canada Ltd.

# Manulife Financial

## Request for Pre-Authorized Cheque Plan

The Manufacturers Life Insurance Company is hereby requested and authorized, subject to the conditions described below, to draw cheques monthly in its favor under its Pre-Authorized Cheque Plan (hereinafter referred to as PAC). Such cheques are to be charged against the bank account described below for the purpose of collecting premiums and/or loan payments on the policies noted or hereafter added to the PAC Plan at my request.

Type of account  Savings  Personal Chequing  Current  Bank Account  
Number 349 + 5166812

Name and address of bank, trust company or credit union

Canada Trust  
Newmarket Plaza  
8008 - 130 Davis Dr. Newmarket, ON L3Y 2N1

Name of Depositor(s) as shown on bank record — Please Print

Policy Number(s) — Indicate amount, if any, to be applied to loan in each case

Policy Number	Premium	Loan Account	Effective day and month of first cheque
<u>5499981</u>	<u>\$1250</u>		

This is authorization to the bank to make such payments.

The above authorization and request shall apply to any other account in this bank or to the account in any other bank, trust company or credit union subsequently named by me.

16 Apr 04

Mrs J

Date Signature of Depositor

Signature of Second Depositor if required by bank account

Address of bank Depositor

To the Bank

I hereby authorize and request you to pay and debit to the account mentioned above all cheques purporting to be drawn on your [REDACTED] presented for

  
**CHARLES MARC BAILEY OR  
MRS NANCY BAILEY**  
 216 PARK AVE  
 HOLLAND LANDING ON L9N 1J7  
 (905) 853-7251 fourbaileys@rogers.com

PAY TO THE  
ORDER OF

DATE

349

with respect to it  
shall give rise to no

100 DOLLARS 

Amount to pay

**TD Canada Trust**  
 NEWMARKET PLAZA, 8008 - 130 DAVIS DRIVE  
 NEWMARKET, ONTARIO L3Y 2N1

MEMO

I'd rather be saving



ies.  
policies.

Company to the  
y to the Company

necessary for the

# 349 # 103072 # 0040

516681-21



President and Chief Executive Officer

Note: If a company is Payor, this agreement must be signed by an authorized officer stating title and affixing seal or stamp.

NN0312E (0495)

A specimen cheque must be attached

1474117 Oct  
315 Park Ave  
Holland Landing L9N 1J7  
CITY, PROVINCE, POSTAL CODE  
PAY TO THE ORDER OF Marilyn Financial  
One thousand, three hundred \$ 1300.00  
DOLLARS

Security  
features  
included

**Canada Trust**  
NEWMARKET PLAZA, 6008 - 130 DAVIS DRIVE  
NEWMARKET, ONTARIO L3Y 2M1

Nancy A. Bailey  
PER \_\_\_\_\_  
PER \_\_\_\_\_

101210 1030720041 79015202817#

NP This document contains security features. See reverse side.

**Eryn Beintema**

---

**From:** "Diana Care" <diana.care@qfscanada.com>  
**To:** <eryn@ardillfinancial.com>  
**Cc:** <diana.care@qfscanada.com>  
**Sent:** Tuesday, May 18, 2004 4:32 PM  
**Subject:** Bailey, Nancy - Manulife(5985865)

Hi Eryn,  
Please see below from Manulife:  
Hello Diana,

The application reads the birthdate as January 19, 1967 as well as an email received on January 8, 2004. I have checked with Keyfacts and the doctor's office did advise them that the client birthdate is December 19, 1967. I will have this contract issued current dated at age 36 with the correct birthdate.

Regards,  
Tonya Lambkin

Eryn, I was able to pull up the email of Jan 8,2004 and yes in fact you did send us an email that stated her birthdate was in Jan. Don't worry it's all fixed now and everything will be corrected!

Have a great one!

Regards,  
Diana

Eryn Beintema

**From:** "Eryn Beintema" <eryn@ardillfinancial.com>  
**To:** "Diana Care" <diana.care@qfscanada.com>  
**Sent:** Tuesday, May 18, 2004 3:32 PM  
**Subject:** Re: Bailey, Nancy - Manulife(5985865)

Hi Diana,

I checked the client file and her birthdate is definately Dec 1967. I know that there was some confusion way back about her's and Marc's DOB's but I didn't think it found it's way to the application. The medical info or APS should be able to confirm the DOB correct?

Eryn

----- Original Message -----

**From:** "Diana Care" <[diana.care@qfscanada.com](mailto:diana.care@qfscanada.com)>  
**To:** <[eryn@ardillfinancial.com](mailto:eryn@ardillfinancial.com)>  
**Cc:** <[diana.care@qfscanada.com](mailto:diana.care@qfscanada.com)>  
**Sent:** Tuesday, May 18, 2004 3:15 PM  
**Subject:** Bailey, Nancy - Manulife(5985865)

Hi Eryn,

Please see below:

Hello Diana,

I am showing the client's birthdate as January 19, 1967, age nearest to 37 after July 19, 2003. Please reconfirm the birthdate, if it is December 19, 1967 age nearest is 37 after June 19, 2003. Please advise.

Thank you,  
Tonya Lambkin  
Manulife Financial - Case Coordinator

Eryn, Manulife is correct, the application shows January!

Eryn Beintema

**From:** "Eryn Beintema" <eryn@ardillfinancial.com>  
**To:** "Diana Care" <diana.care@qfscanada.com>  
**Sent:** Tuesday, May 18, 2004 2:26 PM  
**Subject:** Re: Bailey, Nancy - Manulife(5985865)

Hi Diana,

**Basic Amount: \$37,595**

**Term Option: \$62,405**

**Total: \$100,000**

However, client date of birth is Dec 19, 1967, so she is not 37 until Dec. of this year. Should her age 36 not stay in effect until June 19/04?

Eryn

----- Original Message -----

**From:** "Diana Care" <[diana.care@qfscanada.com](mailto:diana.care@qfscanada.com)>  
**To:** <[eryn@ardillfinancial.com](mailto:eryn@ardillfinancial.com)>  
**Cc:** <[diana.care@qfscanada.com](mailto:diana.care@qfscanada.com)>  
**Sent:** Tuesday, May 18, 2004 10:58 AM  
**Subject:** Bailey, Nancy - Manulife(5985865)

Hi Eryn,

Please see below:

Broker - John Ardill

Hello there,

I just need to confirm the basis and term option amounts on this policy as the illustration and product page are different. Please also note client's

age nearest is 37 and not 36 as submitted. For age 36 policy would have had to be backdated to July 19, 2003. Please advise at your earliest convenience.

**Eryn Beintema**

**From:** "Diana Care" <diana.care@qfscanada.com>  
**To:** <eryn@ardillfinancial.com>  
**Cc:** <diana.care@qfscanada.com>  
**Sent:** Thursday, May 13, 2004 2:47 PM  
**Subject:** Bailey, Nancy - Manulife(5985865)

Hi Eryn,  
Please advise on the following:

Hello Diana,

Just to reconfirm, if the client wants to backdate to July 19, 2003 with the annual premium of \$974.29 would be due now and this amount will be due again in two months from now. If the client chooses monthly, we would require the back premium from July as well for a total of \$968.99 paid up to May and then another two months as well. Unfortunately, our system can only issued the contract with one policy year date. If the broker requires an optional contract with a different policy year date we will have to set up a new file with a new policy number and this must go back to the underwriter for approval. For the minimal price difference I would imagine the current dated policy would be the way to go. Please reconfirm this with the broker and advise accordingly. Also, confirm if we are definitely to issue as monthly to avoid any further reissues.

Thank you.

Regards,  
Tonya Lambkin  
Manulife Financial - Case Coordinator

per John:  
No - current date

Told Diana  
May 14 but  
at 9:35

Diana

## Plan summary and comparison of values

<b>Life insured</b>	Terrance Bessette, Age 41
<b>Coverage selected</b>	Single life
<b>Dividend option</b>	Term option
<b>Basic coverage</b>	\$119,905
<b>Term option (eligible for lifetime guarantee)</b>	130,095
<b>Total death benefit</b>	\$250,000
<b>Planned deposit option payment (frequency same as billing)</b>	\$51.74
<b>Initial deposit option payment</b>	\$51.74
<b>Total monthly required premium</b>	\$302.27
<b>First payment amount</b>	\$354.01
<b>Additional Benefits</b>	
<b>Total disability waiver</b>	

### It's important for you to understand

Dividends are not guaranteed because they are affected by a number of variables such as investment earnings, tax changes, our Company's death claims experience and expenses. The following example will help you understand how changes in dividend scales can affect the values that are not guaranteed in your policy.

- All values are illustrated as of the end of the policy year and include the dividend that is payable at the beginning of the next year, if applicable. Also, if any premium payable at the beginning of the next year is paid using policy values, this premium is deducted from the end-of-year policy values. Premiums are assumed to be paid at the beginning of each year.
- Values shown as guaranteed are contractually guaranteed in your policy and assume that premiums are paid every year.
- Total death benefit and total cash surrender values consist of guaranteed values and values based on dividends which are not guaranteed.
- A portion of the total cash surrender value may be subject to tax upon withdrawal or surrender.
- It's important to note that a change in the dividend scale can affect your policy if you plan to pay premiums over a limited period of time. A reduction in the dividend scale will affect your policy's values and may also require you to make more premium payments than illustrated.

*A copy of these pages will be included in your contract. Please consult the Performax contract for full plan details.*

Designed for **Terrance Bessette**  
Male, age 41, non-smoker

Presented by **Agent Default**  
Manulife Financial

D5.5.0-100604131801(E5.2)(R5.2)

Effective date **May 10, 2004**

Reference # **100604131801**

**Qualified Financial Services**  
3625 Dufferin Street  
Suite 340  
Toronto, ON M3K 1Z2

Tel: 416-630-4000  
Fax: 416-630-4022

March 22, 2004

John R. Ardill, CFP, CLU, CH.FC.  
Ardill, Creator of The Lifecycle Puzzle  
2 Orchard Heights Blvd., Unit #27  
Aurora, Ontario L4G 3W3

Date Of Birth: 23-Jan-1968

Company: Manulife

Case#: 5499981

Plan: WHOLIFE

Amount \$1,000,000.0

We are pleased to include the Manulife policy for Charles Marc Bailey.

To place this case in force, we need the following delivery requirements:

- Illustration - W/D DW RIDER & SIGN
- Amendment
- premium required to settle policy - \$ 9205.29
- Policy Receipt

The delivery period is limited to 30 days from the date of issue. Please make sure that all delivery requirements are sent to us.

Thank you for the opportunity to be of service. We look forward to working with you on your next case.

Sincerely,



Diana Care  
Case Manager

To: ARDILL, JOHN R - 052313  
Branch - 14500 QUALIFIED FINANCIAL SERVICES INC.

From: New Business  
Date: March 17, 2004  
Subject: Policy Issue Check List For:  
Policy - 5499981  
Policy Owner - CHARLES MARC BAILEY

---

If you have any questions about the delivery process or form(s), please call your contact for New Business (Case Manager, Case Co-ordinator, or Head Office contact).

**A. Requirements**

This policy has been issued subject to the requirements listed below:

- 1) PLEASE OBTAIN OUTSTANDING PREMIUM \$9205.29
- 2) PLEASE OBTAIN A DELIVERY RECEIPT
- 3) PLEASE OBTAIN SIGNED AMENDMENT
- 4) PLEASE OBTAIN SIGNED ILLUSTRATION  
TO REFLECT NO TOTAL DISABILITY WAIVER  
RIDER

We need to receive the forms by APR 18 2004.

If any of the requirements have already been sent to us, please note that on this page.

**B. Instructions for delivery**

- 1) For term and group conversions that did not require any evidence of insurability
  - Deliver the policy.

OR

- 2) For all other policies, you must determine if there has been a change in health for any of the people to be insured. A change of health includes any change that would cause the applicant to answer questions about health, medical history, lifestyle or occupation differently than when they applied.

**1. If there has been a change in health for any of the people to be insured:**

- Do not deliver the policy.
- Do not collect any signatures on the delivery receipt.
- Do not collect any premium.
- Call your New Business contact to provide information about the change. You will receive further instructions within two business days.

**2. If there has been no change in insurability for the people to be insured:**

- Have each form signed by the appropriate person as required.
- Collect the premium if necessary.
- Return the form and this page to New Business, DEL STN: KC-1.
- Deliver the policy.

## Insurance advisor's report

# COPY

In this report you and your refer to the insurance advisor who is selling the policy.

### 1 About this sale

To the best of your knowledge, does any part of this application replace, change or borrow against any life or critical illness insurance currently or recently in effect with Manulife Financial or any other company?

No  Yes If yes, please ensure that the application contains the full details required in section 8. Once the new policy is in effect, please send us the forms necessary to cancel an existing policy.

### 2 About the people to be insured

a. How long have you known the people to be insured?

Person "A" to be insured	Person "B" to be insured
6 Years	just Years

b. Which underwriting requirements have you requested for the people being insured? Please check all that apply.

Person "A" to be insured	Person "B" to be insured	Person "A" to be insured	Person "B" to be insured
Paramedical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical by physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical by internist or cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance blood profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height, weight, blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micro-urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Electro-cardiogram	<input type="checkbox"/>
		Chest X-ray	<input type="checkbox"/>
		Treadmill stress test	<input type="checkbox"/>
		Inspection report	<input type="checkbox"/>
		Other: _____	<input type="checkbox"/>
			<input type="checkbox"/>

### 3 Other Manulife Financial representatives involved in this sale

a. Which Manulife Financial marketing support people were involved in this sale? Check all that apply.

- Regional Support Team  Regional Tax and Estate Planning Consultant  
 Regional Actuarial Consultant  Regional Underwriting Consultant  
 Other: \_\_\_\_\_

b. Servicing representative:

Name of servicing representative (first, middle initial, last)		
John R. ARDILL		
Advisor code 52313	Branch code 0000	Percentage of commission 100 %

c. Other representative:

Name of other representative (first, middle initial, last)		
Advisor code	Branch code	Percentage of commission %

d. Was this sale made through National Accounts?

No  Yes If yes, please tell us the name of any insurance specialist who was involved.

Name of insurance specialist (first, middle initial, last)	Advisor code	Business phone number ( )
--	--------------	---------------------------

### 4 General information

Please tell us any other information that may be useful in reviewing this application as well as any special policy date or other requests.

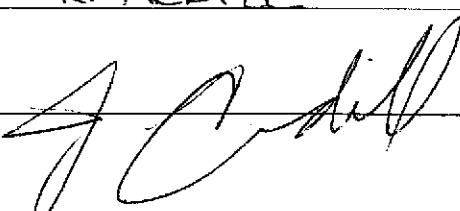
---

---

---

### 5 Insurance advisor's certification

By signing below, you confirm that you hold all necessary licences and certificates to sell the products applied for in this application for the area where you sold them.

Your name (first, middle initial, last)	Advisor code
John R. ARDILL	0000 52313
Signature	
	



# Application for life and critical illness insurance

In this application, *we*, *us* and *our* refer to The Manufacturers Life Insurance Company, (Manulife Financial). *You* and *your* refer to either the policy owner or the people to be insured. At the start of each section, we've stated who *you* and *your* refer to in that section.

Please print clearly.

## Section 1 – General information

In this section, *you* and *your* refer to the policy owner.

### 1.1 What you're applying for

Are you:

applying for a new policy

converting an existing policy *Complete only sections 1, 2, 3, 4, 9, 10 and 13 of this application. If you're also changing your smoking or Healthstyles status or increasing the amount of coverage in addition to the conversion, complete sections 5, 6 and 7 as well.*

Please tell us what type of insurance you're applying for and complete a **product page** for each type of insurance.

*Please check all that apply.*

Life insurance

Critical illness insurance *Before completing the rest of this application, please review section 1 of the Lifecheque product page to determine if you are eligible to apply for Lifecheque coverage.*

### 1.2 Have you completed another application form to insure other people under the same policy?

No  Yes If yes, what is the application number?

Application number

### 1.3 Are you applying for additional or optional coverage through another application form?

No  Yes If yes, please tell us:

Total amount of coverage you're applying for in all applications

\$

Type of coverage you're applying for:

Optional coverage

Additional coverage *Please tell us the application number*

Application number

**You must include a completed product page, and the sales illustration signature page where applicable, for the additional or optional policy.**

### 1.4 Why are you buying this policy?

Insured Retirement Program (IRP)

Other, please explain:

Personal

### 1.5 What language would you like your policy in?

Issue the policy in English

Établir le contrat en français

## Section 2 - Information about the people to be insured

In this section, *you* and *your* refer to the people to be insured. The questions must be answered by the people to be insured. If a person to be insured is a minor, the minor's parent or guardian must provide the information on their behalf.

### Important notice

We use the information you provide in this application to determine whether or not you are eligible for coverage and to establish the premium rates for the coverage you're applying for. If you misrepresent any facts or do not answer questions truthfully, we can cancel any policy we have issued on the basis of the information you provided.

### 2.1 Person "A" to be insured

a. Name (first, middle initial, last)

CHARLES MARC BAILEY		Date of birth (dd/mmm/yyyy)	Sex <input checked="" type="checkbox"/> male <input type="checkbox"/> female
Address (street and number) 215 PARK AVENUE	Apt. PEEL	City or town HOLLAND LANDFORD ONT	Province
Postal code L9N 1J7	Number of years at this address	Home phone number (905) 853-7251	Place of birth TORONTO
			Social insurance number 485 451 405

b. Are you either a Canadian citizen or landed immigrant?

Yes  No If no, please tell us:

Previous country of residence

Your current immigration status in Canada

c. Do you expect to change your country of residence?

No  Yes If yes, please tell us the details.

Details

d. Do you expect to travel outside North America within the next 12 months?

No  Yes If yes, please tell us:

Countries you will visit

Length of stay

### 2.2 Person "B" to be insured

a. Name (first, middle initial, last)

NANCY ANN BAILEY		Date of birth (dd/mmm/yyyy)	Sex <input checked="" type="checkbox"/> male <input type="checkbox"/> female
Address (street and number) 215 PARK AVENUE	Apt.	City or town HOLLAND LANDFORD ONT	Province
Postal code L9N 1J7	Number of years at this address	Home phone number (905) 853-7251	Place of birth SARZIA
			Social insurance number 473 427 714

b. Are you either a Canadian citizen or landed immigrant?

Yes  No If no, please tell us:

Previous country of residence

Your current immigration status in Canada

c. Do you expect to change your country of residence?

No  Yes If yes, please tell us the details.

Details

d. Do you expect to travel outside North America within the next 12 months?

No  Yes If yes, please tell us:

Countries you will visit

Length of stay

### 2.3 Children to be insured

Complete this only if you are applying for a child rider.

You may cover your children, step-children and legally adopted children under a child rider. Please give us the following information for each child to be insured under this rider.

Name (first, middle initial, last)	Sex <input type="checkbox"/> male <input checked="" type="checkbox"/> female	Date of birth (dd/mmm/yyyy)
Name (first, middle initial, last)	Sex <input type="checkbox"/> male <input checked="" type="checkbox"/> female	Date of birth (dd/mmm/yyyy)
Name (first, middle initial, last)	Sex <input type="checkbox"/> male <input checked="" type="checkbox"/> female	Date of birth (dd/mmm/yyyy)

Do you expect any children to be insured to change their country of residence or to travel outside North America within the next 12 months?

No  Yes If yes, please tell us the details.

Name of child to be insured	Details
Name of child to be insured	Details
Name of child to be insured	Details

### Section 3 – Policy ownership

In this section, *you* and *your* refer to the policy owner. The questions must be answered by the owner or owners of the policy. Each owner must be a resident of Canada, as defined for Canadian income tax purposes. Please note that all owners must sign for all changes to the policy that you request in the future.

#### 3.1 Policy owners

**Who will own this policy? Please check all that apply**

- Person "A" to be insured  
 Person "B" to be insured  
 The following individual(s) not insured under the policy.

Owner #1

Name (first, middle initial, last)	CHARLES MARC BAILEY	Sex <input checked="" type="checkbox"/> male <input type="checkbox"/> female
Date of birth (dd/mmm/yyyy)	Social insurance number	Relationship to person to be insured
23/01/68	485451405	SELF

Owner #2

Name (first, middle initial, last)	NANCY BAILEY	Sex <input type="checkbox"/> male <input checked="" type="checkbox"/> female
Date of birth (dd/mmm/yyyy)	Social insurance number	Relationship to person to be insured
19/01/67	473427714	SELF

- A legal entity such as a company or trust

Full legal name (including "Company," "Limited," "Inc." etc.)	Business number
---	-----------------

Your business number is the identification number you use for tax purposes. Under the Income Tax Act we are required to record a business number if the policy is owned by a business.

#### Owner's mailing address

Select one owner to receive all correspondence relating to this policy and provide their mailing address below.

Name (first, middle initial, last, or company name)	C. MARC BAILEY		
Address (street and number)	City or town	Province	Postal code
215 PARK AVENUE	HOLLAND LANDISH	ONT	L9N 1J7

#### Multiple owners outside Quebec

If this policy is to be owned by more than one person, we will set it up as *joint ownership with right of survivorship*. This means policy ownership is shared between the joint policy owners and, if the policy is still in effect after the death of one of the joint owners, that owner's share automatically passes to the surviving joint owner or owners. If you want ownership of your policy to be set up as *tenants in common* instead of *joint ownership with right of survivorship*, check the box below.

- Tenants in common (If you checked this box, you will need to complete Manulife's form NN0967.)

#### Multiple owners in Quebec

If this policy is to be owned by more than one person, and if the policy is still in effect after the death of one of the owners, that owner's interest will pass to their estate unless a subrogated policy owner has been named for that person's interest in the policy.

#### 3.2 Naming a successor owner (outside Quebec)

This section does not apply to critical illness policies.

Complete this section for a non-Quebec policy if you want to name another person to receive the owner's interest in this policy after his or her death. We recommend you do this if there is only one owner and the policy may continue after that owner's death.

Name of owner	Name of successor owner (first, middle initial, last)	Relationship to owner
---------------	---	-----------------------

#### 3.3 Naming a subrogated owner (in Quebec)

This section applies to life and critical illness policies.

Complete this section for a policy governed by Quebec legislation if you want to name another person to receive an owner's interest in this policy after his or her death. We recommend that you do this if the policy may continue after a policy owner's death.

Name of owner #1	Name of subrogated owner (first, middle initial, last)	Relationship to owner
Name of owner #2	Name of subrogated owner (first, middle initial, last)	Relationship to owner

## Section 4 – Beneficiary information

### This section does not apply to critical illness insurance

In this section, *you* and *your* refer to the policy owner. The questions must be answered by the owner or owners of the policy. Complete this section only if you are applying for life insurance, as you cannot name a beneficiary for a Lifecheque critical illness policy. Any benefits payable under a Lifecheque policy will go to the owner or the owner's estate.

#### Choosing a beneficiary

You may choose one or more beneficiaries for each insured person. The beneficiary receives the benefit if they are alive when the death of the insured person results in the payment of a death benefit. If you want to choose a different beneficiary for a rider or a specific coverage, please complete the Beneficiary Designation form NN0283E.

If you name more than one beneficiary, please tell us the percentage of the death benefit each primary beneficiary is to receive. Otherwise, we will divide the death benefit evenly among the surviving primary beneficiaries.

You may choose both primary and secondary beneficiaries. A secondary beneficiary receives a death benefit only if no primary beneficiaries are alive when the insured person dies.

#### About irrevocable beneficiary designations

If you name an irrevocable beneficiary, you cannot make changes to the policy, assign its benefits or cash value, withdraw funds from it or transfer its ownership without the beneficiary's written approval. Parents or guardians of irrevocable beneficiaries who are children cannot give approval on their behalf. Approval must come directly from the beneficiary, and a minor beneficiary cannot give consent.

For all provinces other than Quebec, beneficiary designations are revocable, unless you check the *Irrevocable* box. In Quebec, if you name your spouse as a beneficiary, this designation is irrevocable, unless you check the *Revocable* box.

### 4.1 Beneficiaries – Person "A" to be insured

#### a. Primary beneficiaries

Name of primary beneficiary (first, middle initial, last) <b>NANCY ANN BAILEY</b>	Relationship to Person "A" (in Quebec, to the policy owner) <b>WIFE</b>	<input checked="" type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Share <b>100%</b>
Name of primary beneficiary (first, middle initial, last)	Relationship to Person "A" (in Quebec, to the policy owner)	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Share %

Total 100%

#### b. Secondary beneficiaries

Name of secondary beneficiary (first, middle initial, last)	Relationship to Person "A" (in Quebec, to the policy owner)	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Share %
Name of secondary beneficiary (first, middle initial, last)	Relationship to Person "A" (in Quebec, to the policy owner)	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Share %

Total 100%

### 4.2 Beneficiaries – Person "B" to be insured

#### a. Primary beneficiaries

Name of primary beneficiary (first, middle initial, last) <b>CHARLES MARC BAILEY</b>	Relationship to Person "B" (in Quebec, to the policy owner) <b>HUSBAND</b>	<input checked="" type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Share <b>100%</b>
Name of primary beneficiary (first, middle initial, last)	Relationship to Person "B" (in Quebec, to the policy owner)	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Share %

Total 100%

#### b. Secondary beneficiaries

Name of secondary beneficiary (first, middle initial, last)	Relationship to Person "B" (in Quebec, to the policy owner)	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Share %
Name of secondary beneficiary (first, middle initial, last)	Relationship to Person "B" (in Quebec, to the policy owner)	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Share %

Total 100%

### 4.3 Trustee for minor beneficiaries (not applicable in Quebec)

We recommend that you complete this section if a beneficiary you've named above is a minor. By completing this section, you agree that any benefit that becomes payable to a minor child will be paid to the trustee to hold in trust for the child until the child comes of age.

Name of beneficiary (first, middle initial, last)	Name of trustee (first, middle initial, last)	Relationship of trustee to beneficiary
Name of beneficiary (first, middle initial, last)	Name of trustee (first, middle initial, last)	Relationship of trustee to beneficiary

#### 5.4 Other information

If you answer yes to any question in section 5.4, please tell us the details below.

	Person "A" to be insured	Person "B" to be insured
a. Within the past five years, have you been convicted of a criminal offence, or are you currently charged with one? If yes, tell us the nature of the offence and the dates.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
b. Have you been imprisoned for a criminal offence? If yes, tell us the sentence and the amount of time you served.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
c. In the past two years, have you flown in an aircraft as a pilot or crew member or do you expect to fly in an aircraft as a pilot or crew member? If yes, please complete Manulife's Aviation questionnaire.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
d. In the past two years, have you participated in a hazardous sport such as scuba or skin diving, sky diving, hang gliding, mountain climbing, heli-skiing or racing of any kind or do you expect to participate in a hazardous sport? If yes, please complete the appropriate Manulife Sports questionnaire.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

	Person "A" to be insured	Person "B" to be insured	Children to be insured
e. Have you been declined for life, disability, critical illness or long-term care insurance, or been offered restricted coverage or coverage at a non-standard rate? If yes, please tell us the details, including the name of the insurance company.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

<input checked="" type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured	Question 5.4(e) <i>Whitney - Bailey Assoc.</i>	Details
<input type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured	Question	Details
<input type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured	Question	Details
<input type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured	Question	Details
<input type="checkbox"/> Name of child to be insured:	Question e. only	Details

#### 5.5 Employment information

Person "A" to be insured

What is your occupation? <i>STRUCTURAL ENGINEER</i>	Employer's name <i>WHITNEY - BAILEY ASSOC.</i>
Employer's address <i>530 RAVNTREE DRIVE #3 WOODBRIDGE ON L4L 8H2</i>	Business telephone number <i>(905) 851-0616</i>

Person "B" to be insured

What is your occupation? <i>Homemaker</i>	Employer's name
Employer's address	Business telephone number ( )

#### 5.6 Financial information

	Person "A" to be insured	Person "B" to be insured
a. What is your annual earned income (within \$10,000), including salary, commissions and bonuses?	\$ 180,000	\$
b. What is your annual income (within \$10,000) from other sources, including dividends, interest and income from real estate?	\$ 0	\$
c. What is your estimate of your personal net worth?	\$ 3,000,000	\$

If you are applying for business insurance over \$1,000,000, please answer the following questions.	This year	Last year
d. Book value of business (net worth)	\$	\$
e. Fair market value of business	\$	\$
f. Gross annual revenue	\$	\$
g. Net annual after-tax income	\$	\$
h. Percentage of business owned by Person "A" to be insured Percentage of business owned by Person "B" to be insured	%	%

i. Are other partners, owners and executives being insured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If no, please explain.	
j. In the past five years, have the people to be insured or the business had any major financial difficulties, such as bankruptcy or having their pay garnished?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us the details.

Please return to: ILC New Business, 25 Water Street South, P.O. BOX 800, STN C, KITCHENER ON N2G 4Y5

## Section 5 – Personal information

In this section, *you* and *your* refer to the people to be insured. All people to be insured must complete this section, except those converting a policy without changing their smoking or Healthstyles status or increasing their coverage.

### 5.1 Smoking and tobacco use

Have you ever smoked or used any of the following?	Person "A" to be insured	If yes, average amount used, how often and the last date used.	Person "B" to be insured	If yes, average amount used, how often and the last date used.
a. Cigarettes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
b. Marijuana	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
c. Cigars	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
d. Pipe	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
e. Cigarillos	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
f. Chewing tobacco	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
g. Nicotine substitutes (such as gum or patches)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
h. Other (e.g. betel nuts)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

### 5.2 Alcohol and drug use

If you answer yes to any question in section 5.2, please tell us the details below.			Person "A" to be insured	Person "B" to be insured
a. Have you ever used or experimented with unprescribed drugs or narcotics such as cocaine, LSD, heroin, amphetamines, barbiturates or similar agents? If yes, please tell us what you used, how often, and the last time you used it.			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
b. Have you ever been treated or counselled for alcohol or drug abuse, or has someone ever recommended that you seek treatment or counselling? If yes, please give us details, including dates.			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
c. Do you currently drink alcohol? If yes, please tell us how much you drink in an average week, and what types of alcoholic beverages you drink.			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

<input checked="" type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured	Question	Details 5.2(c) Beer, wine & SPIRITS ; 5 drinks / week
<input type="checkbox"/> Person "A" to be insured <input checked="" type="checkbox"/> Person "B" to be insured	Question	Details 5.2(c) 1-2 glasses of wine per week
<input type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured	Question	Details
<input type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured	Question	Details

### 5.3 Motor vehicle use

If you answer yes to any question in section 5.3, please tell us the details below.			Person "A" to be insured	Person "B" to be insured
a. In the past five years, have you been convicted of, or are you currently charged with, careless or dangerous driving, or refusing a breathalyzer test? If yes, please tell us the number of charges or convictions and the date of the last conviction.			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
b. Has your driver's licence been suspended or revoked in the last five years? If yes, please give us the details, including the date of suspension.			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
c. In the past two years, have you been convicted of, or are you currently charged with, any other motor vehicle or traffic violation? If yes, please tell us the number of charges or convictions and the date of the last conviction.			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
d. Have you been convicted of, or are you currently charged with, operating a motor vehicle either while impaired by alcohol or drugs, or with a blood alcohol level of more than 80 mg per 100 ml? If yes, please tell us the number of charges or convictions and the date of the last conviction.			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

<input type="checkbox"/> Person "A" to be insured <input checked="" type="checkbox"/> Person "B" to be insured	Question	Details
<input type="checkbox"/> Person "A" to be insured <input checked="" type="checkbox"/> Person "B" to be insured	Question	Details
<input type="checkbox"/> Person "A" to be insured <input checked="" type="checkbox"/> Person "B" to be insured	Question	Details
<input type="checkbox"/> Person "A" to be insured <input checked="" type="checkbox"/> Person "B" to be insured	Question	Details

Please tell us your driver's licence number and where it was issued if:

- you are applying for coverage over \$1,000,000, or
- you answered yes to any of the questions in section 5.3.

Person "A" to be insured

Driver's licence number	Where it was issued
-------------------------	---------------------

Person "B" to be insured

Driver's licence number	Where it was issued
-------------------------	---------------------

If you live in British Columbia, Manitoba or Quebec, you must also complete a *Motor Vehicle Record Authorization* form.

## Section 6 – Height and weight

In this section, *you* and *your* refer to the people to be insured. All people to be insured must complete this section, except those converting a policy without changing their smoking or Healthstyles status or increasing their coverage.

	Height	Weight	Has your weight changed by more than 10 pounds (4.5 kg) in the past 6 months?
Person "A" to be insured	5' 10"	220 lbs	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us the details.
Person "B" to be insured	5' 4"	180 lbs	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please tell us the details.
Name of child to be insured:			LOST 17 lbs SINCE May 2003
Name of child to be insured:			
Name of child to be insured:			

## Section 7 – Medical information

In this section, *you* and *your* refer to the people to be insured. All people to be insured must complete this section, except those converting a policy without changing their smoking or Healthstyles status or increasing their coverage. If your insurance advisor will have medical information collected by a paramedical service, please complete sections 7.1 and 7.2, then go to section 8.

### 7.1 Your family medical history

- a. Have either of your parents or a sibling ever been diagnosed with any of the following conditions: heart disease, stroke, cancer (please specify type), Huntington's chorea or Polycystic kidney disease?

Person "A" to be insured      Person "B" to be insured      Children to be insured  
 No  Yes  Unknown       No  Yes  Unknown       No  Yes  Unknown

If yes, please tell us details below.

Person to be insured	Relative's relationship to you	Condition (if cancer, tell us the type or location)	Age at onset
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:			
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:			
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:			
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:			

- b. Complete this question only if you are applying for critical illness insurance, otherwise go to section 7.2.

Have either of your parents or a sibling ever been diagnosed with any of the following conditions: Parkinson's disease, motor neuron disease, multiple sclerosis, Alzheimer's disease, Amyotrophic Lateral Sclerosis (also called ALS or Lou Gehrig's disease), diabetes, hepatitis, high blood pressure, kidney disorders, or any other hereditary disease?

Person "A" to be insured      Person "B" to be insured      Children to be insured  
 No  Yes  Unknown       No  Yes  Unknown       No  Yes  Unknown

If yes, please tell us details below.

Person to be insured	Relative's relationship to you	Condition	Age at onset
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:			
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:			
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:			
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:			

## 7.2 About your doctor

Person "A" to be insured

905 - 868 - 8330

Name of your doctor (first, middle initial, last)

DR. ASHA SONDHI

Address

883 Mulock Drive

City or town

NEWMARKET

Province

On

Postal code

NEWMARKET

ON

Date last consulted (dd/mmm/yyyy) Reason last consulted and any treatment or medication prescribed:

June 2003

CHECKUP - OK.

Person "B" to be insured

Name of your doctor (first, middle initial, last)

DR. ASHA SONDHI

Address

883 Mulock Drive

City or town

NEWMARKET

Province

On

Postal code

NEWMARKET

ON

Date last consulted (dd/mmm/yyyy) Reason last consulted and any treatment or medication prescribed:

June 2003

REGULAR CHECKUP - OK.

## 7.3 Your medical history

If you answer yes to any question in section 7.3, please tell us the details in section 7.6

**Do you currently have any of the following conditions, been told that you have them, or been treated for any of them?**

a. High blood pressure?

No  Yes

b. High cholesterol?

No  Yes

c. Cancer?

No  Yes

d. Diabetes?

No  Yes

Children to be insured

## 7.4 Children under age 2

If you answer yes to any question in section 7.4, please tell us the details in section 7.6

Children to be insured

a. Did any child to be insured remain hospitalized for more than five days after their birth?

No  Yes

b. Was there any evidence of birth difficulty, an RH problem, findings indicating exposure to or suffering from an infectious disease, or a congenital deformity such as deformed limbs, "blue baby" or lack of mental development?

No  Yes

## 7.5 Your health history

If you answer yes to any question in section 7.5, please tell us the details in section 7.6

Person "A" to be insured

Have you ever had or been told that you had any problem with:

Person "B" to be insured

Children to be insured

a. Your heart and blood vessels:

No  Yes

1. heart murmur, shortness of breath, swollen ankles, an irregular pulse, rheumatic fever or poor circulation?

No  Yes

2. heart disease, angina, chest discomfort, stroke or Transient Ischemic Attack (TIA)?

No  Yes

3. have you had an electrocardiogram or other heart investigations? If yes, please complete the section below.

No  Yes

Person "A"  Person "B"

Type of investigation:

Reason for it:

No  Yes

Name of child:

Result:

Date (dd/mmm/yyyy)

Person "A"  Person "B"

Type of investigation:

Reason for it:

Date (dd/mmm/yyyy)

Name of child:

Result:

	Person "A" to be insured	Person "B" to be insured	Children to be insured
b. Your nose, throat or lungs: such as: asthma, tuberculosis, chronic bronchitis, persistent cough, pleurisy, emphysema, allergies or tumour?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
c. Your abdominal organs: such as: ulcer, colitis, bleeding, diverticulitis, gallstones, jaundice, liver disease, hepatitis (including active or carrier state) or tumour?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. Your kidneys, bladder, breasts or genitals: such as: congenital abnormality, nephritis, inflammation, stone, tumour, sugar, albumin, blood or pus in the urine, urinary tract infection or a sexually transmitted disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
e. Your nervous system, eyes or ears: such as: cerebral palsy, Down's Syndrome, convulsions, seizures, spells, a mental, emotional or nervous disorder, tumour, or impaired sight or hearing?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
f. Your glands or blood: such as: leukemia, bleeding tendency, gout, enlarged glands, goitre, anaemia, tumour or a skin condition?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
g. Your muscles or bones: such as: any injury or disorder of the muscles, bones, joints or spine – including amputation, weakness, paralysis, deformity or tumour?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
h. Your immune system:			
1. such as: HIV or AIDS or any generalized enlargement of your lymph glands or any test results indicating possible exposure to the HIV or AIDS virus?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. has anyone ever recommended that you be tested for exposure to the HIV or AIDS virus?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. do you have any reason to believe that you have been exposed to the HIV or AIDS virus?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please return to: JLC New Business, 25 Water Street South, P.O. BOX 800, STN C, KITCHENER ON N2G 4Y5

**7.5 Your health history (continued)**

If you answer yes to any question in section 7.5, please tell us the details in section 7.6

i. **Medical tests:** Have you had any medical tests, including X-rays or blood tests, during the past five years?

j. **Prescribed medication:** Are you currently taking any prescribed medication, other than those you have already told us about?

k. **Other areas:**

1. Have you had: any illness, injury, surgery, hospital care, treatment, medication, medical examination, diagnostic test or counselling in the past five years not already mentioned in this application or that has been recommended but is yet to take place?
2. During the past 12 months, have you missed more than 15 consecutive days of work or school because of illness or injury?
3. Are you currently disabled and unable to perform the duties of your regular occupation?
4. Are you aware of any symptoms or complaints for which you have not consulted a doctor or received treatment?

Person "A" to be insured	Person "B" to be insured	Children to be insured
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**7.6 Medical information details**

If you have answered yes to any of the questions in section 7, please tell us the details below. Include conditions, dates, durations, results, and names and addresses of doctors, hospitals and clinics.

Person to be insured	Question number	Details
<input type="checkbox"/> Person "A" <input checked="" type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	7.5 (c)	Gall Bladder removed Oct. 8, 2002 BECAUSE OF GALL STONES. ALL OK.
<input type="checkbox"/> Person "A" <input checked="" type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	7.5 (e)	Diagnosed with Idiopathic CNS Hyper- Sensitivity - SIMILAR TO NARCOLEPSY. DIAGNOSED IN JUNE 1991 - NO MEDICATION (EQA).
<input type="checkbox"/> Person "A" <input checked="" type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	7.5 (i)	ULTRASOUNDS IN 2002 DIAGNOSED GALLSTONES. 2 ULTRASOUNDS PERFORMED DURING PREGNANCY IN 2000. ROUTINE BLOOD WORK PERFORMANCE FOR PREGNANCY AND REGULAR CHECKUPS. ALL OK.
<input type="checkbox"/> Person "A" <input checked="" type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	7.5 (k)	TREATED FOR POSTPARTUM DEPRESSION IN JAN. 2001. PRESCRIBED PAXIL (ANTIDEPRESSANT) 1 pill /day, 20mg /tablet, FOR 1 YEAR. NO FURTHER TREATMENT REQUIRED.
<input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	7.5 (g)	Sees chiropractor 1 every 2 months for preventative treatment for arthritis in his hips.
<input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	7.5 (k)	HAS BEEN TOLD HE WILL NEED A HIP REPLACEMENT SOME TIME IN THE FUTURE - WHEN THE PAIN BECOMES INTOLERABLE.
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		

### 7.6 Medical information details (continued)

Person to be insured	Question number	Details
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		

Please return to: ILC New Business, 25 Water Street South, P.O. BOX 800, STN C, KITCHENER ON N2G 4Y5

APPLICATION FOR LIFE AND CRITICAL ILLNESS INSURANCE

Page 10 of 22

NN7000E (07/2003)

## Section 8 – Your other insurance policies

In this section, **you** and **your** refer to the people to be insured.

**a. Are any people to be insured currently covered under another life, accidental death or critical illness insurance policy, other than a group plan?**

Person "A" to be insured  No  Yes Person "B" to be insured  No  Yes Children to be insured  No  Yes  
If yes, please tell us the following details:

Person to be insured	Name of insurance company	Amount of life insurance coverage and the purpose for the coverage	Amount of accidental death insurance coverage	Amount of critical illness insurance coverage	Year in which the policy was issued
<input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	UNUM	\$ 1350 - <input checked="" type="checkbox"/> personal <input type="checkbox"/> business	\$	\$	1997
<input type="checkbox"/> Person "A" <input checked="" type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	LONDON LIFE	\$ 100,000 <input checked="" type="checkbox"/> personal <input type="checkbox"/> business	\$	\$	Nov. 1998
<input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	LONDON LIFE	\$ 400,000 <input checked="" type="checkbox"/> personal <input type="checkbox"/> business	\$	\$	Nov. 1998
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		\$ <input type="checkbox"/> personal <input type="checkbox"/> business	\$	\$	
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		\$ <input type="checkbox"/> personal <input type="checkbox"/> business	\$	\$	
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		\$ <input type="checkbox"/> personal <input type="checkbox"/> business	\$	\$	

**b. Is this application for insurance connected with any plans to borrow against the loan value of any insurance or to change or replace insurance now or recently in effect?**

Person "A" to be insured  No  Yes Person "B" to be insured  No  Yes Children to be insured  No  Yes  
If yes, please tell us the following details. You must also complete the forms to cancel the existing policy.

Person to be insured	Name of insurance company	Type of insurance	Amount of coverage	The date of any change
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		<input type="checkbox"/> Life <input type="checkbox"/> Critical illness	\$	
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		<input type="checkbox"/> Life <input type="checkbox"/> Critical illness	\$	
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		<input type="checkbox"/> Life <input type="checkbox"/> Critical illness	\$	
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		<input type="checkbox"/> Life <input type="checkbox"/> Critical illness	\$	

**c. Have you applied for any other life or critical illness insurance that has not yet been issued?**

Person "A" to be insured  No  Yes Person "B" to be insured  No  Yes Children to be insured  No  Yes  
If yes, please tell us the following details.

Person to be insured	Name of insurance company	Type of insurance	Total amount of new coverage
<input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	RELIABLE LIFE	<input checked="" type="checkbox"/> Life <input type="checkbox"/> Critical illness	\$ 4,000 -
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		<input type="checkbox"/> Life <input type="checkbox"/> Critical illness	\$
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		<input type="checkbox"/> Life <input type="checkbox"/> Critical illness	\$
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		<input type="checkbox"/> Life <input type="checkbox"/> Critical illness	\$

## **Section 9 – Application to convert an existing life insurance policy**

In this section, "Policy 1" refers to the policy that contains the insurance being converted. "Policy 2" refers to the policy that will contain the insurance after it is converted.

*You and your* refer to the owner of Policy 1, or the person who is insured under a group plan with Manulife Financial.

### **Eligibility to convert an existing policy**

If your existing group or individual term life insurance policy allows it, you can convert your coverage to another policy without answering any health-related questions.

### **Information you need to provide**

If you are applying to convert an existing policy, please complete sections 1, 2, 3, 4, 9 and 13 of this application. If you're also increasing the amount of coverage or changing the insured person's smoking or Healthstyle status, please complete sections 5, 6 and 7 as well.

#### **9.1 Converting an individual policy**

a. The insurance to be converted is contained in

Policy number of Policy 1

b. The insurance being converted is contained in the: Please check all that apply

- policy       Term insurance rider       Children's protection rider       other rider: \_\_\_\_\_  
 Spouse protection rider       Term option rider (Multiplier Dividend Option)

c. Where would you like to add the  
insurance you are converting?

Policy number of Policy 2

d. Please tell us the following information about the insurance you are converting:

Name of insured person (first, middle initial, last)	Date the coverage to be converted became effective	Current coverage amount	Amount of current coverage to be converted	Amount of current coverage to be cancelled	Amount of current coverage to remain in the original policy or in a rider
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

e. Please attach Policy 1 to this application. If it is not attached, please tell us why:

f. Is the life insured currently totally disabled and unable to perform the duties of their regular occupation?

Person "A" to be insured  No  Yes Person "B" to be insured  No  Yes

#### **9.2 Converting coverage under a group policy**

Group policy number	Certificate number	Date when your employment ended (dd/mmm/yyyy)	Name of employer
---------------------	--------------------	---	------------------

- the effective date of the new coverage will be shown on the contractual document that we send you describing the new insurance, and
- you agree that we have the right to contest the new insurance, based on the evidence of insurability submitted when the original insurer issued or reinstated the insurance you are converting.

On the effective date of the new insurance, the coverage you are converting and any coverage you ask us to cancel under the column "Amount of current coverage to be cancelled" will be cancelled. Depending on the amount of insurance you are converting and cancelling, this may mean that Policy 1 will end.

### 9.3 Terms and conditions for converting a policy (continued)

- Under the *validity* and *suicide* provisions of the new insurance coverage – added to Policy 2 – the term *issue date* has the following meanings:
- for new insurance that does not require evidence of insurability, the *issue date* is the date that the insurance you are converting was issued, unless that insurance has been reinstated. In this case, the *issue date* is the date of the most recent reinstatement of that insurance.
  - for new insurance that requires evidence of insurability, the *issue date* is the date we issue the new insurance.

If you have used the insurance in either Policy 1 or Policy 2 as security for a loan, you must either:

- obtain a *Release of Assignment*, or in Quebec a *Release of Hypothecation*, or
- have the person who has an interest in either Policy 1 or Policy 2 as security for a loan sign on page 11, telling us that they agree to the conversion of the policy.

### 9.4 Consent required to convert the policy

In this section, "Policy 1" refers to the policy that contains the insurance being converted. "Policy 2" refers to the policy that will contain the insurance after it is converted. "We", "us" and "our" refer to the company that will insure Policy 2. The "original insurer" refers to the company that issued the insurance in Policy 1 that is being converted.

**If you are the owner of Policy 2, but not of Policy 1, you need to read and sign Section 13. If you are both the owner of the policy being converted and the person being insured, you do not need to sign below; you do need to read and sign Section 13. However, we do need the signature below of:**

- any owner who owned Policy 1 but will not own Policy 2
- any irrevocable beneficiaries of Policy 1 or Policy 2
- anyone who has an interest in Policy 1 or Policy 2 as security for a loan.

Each person who signs below agrees to the conversion of insurance described in this section, and acknowledges that:

- we will not be bound by any collateral assignment, or hypothec in Quebec, with respect to the new insurance until we receive a copy of the assignment or hypothec at our Head Office.
- by signing below an irrevocable beneficiary acknowledges that their rights under Policy 1 will not necessarily be carried forward into Policy 2, unless they are designated as an irrevocable beneficiary in Policy 2.
- if you own Policy 1 but not Policy 2, by signing below you consent to the conversion, you acknowledge that you do not gain any ownership rights as a result of this conversion, and agree that Policy 2 will be owned by its current owners.
- the original insurer is authorized to release all information connected with Policy 1 to us and our reinsurers and we are authorized to use it as described in Section 12.
- to the best of your knowledge, the information provided in connection with the original policy was true and complete at the time it was provided.
- within two years of the issue date, of the last reinstatement date, or of the date of any increase in coverage of Policy 1, we are entitled to void any coverage issued as a result of this application for change if the original insurer relied on a material misrepresentation to issue Policy 1 or a coverage on that policy. After that time, we are entitled to void any policy or coverage if there was a misstatement of age or fraud in relation to the application for Policy 1.
- you agree that the coverage that comes into effect as a result of this application for change satisfies the original insurer's obligation to provide additional insurance under the original policy. You release the original insurer from this obligation to the same extent that the original insurer would have been released if they had provided the new insurance coverage.

Signature of owner of Policy 1 (If owner(s) of Policy 2 are not owner(s) of Policy 1.)	Signature of witness	Date (dd/mmm/yyyy)
Signature of owner of Policy 1 (If owner(s) of Policy 2 are not owner(s) of Policy 1.)	Signature of witness	Date (dd/mmm/yyyy)
Signature of person who has an interest in Policy 1 as security for a loan (if applicable)	Signature of witness	Date (dd/mmm/yyyy)
Signature of person who has an interest in Policy 1 as security for a loan (if applicable)	Signature of witness	Date (dd/mmm/yyyy)
Signature of irrevocable beneficiary (if applicable)	Signature of witness	Date (dd/mmm/yyyy)
Signature of person who has an interest in Policy 2 as security for a loan (if applicable)	Signature of witness	Date (dd/mmm/yyyy)
Signature of person who has an interest in Policy 2 as security for a loan (if applicable)	Signature of witness	Date (dd/mmm/yyyy)
Signature of irrevocable beneficiary (if applicable)	Signature of witness	Date (dd/mmm/yyyy)

## Section 10 – Premium and payment information

In this section, *you* and *your* refer to the policy owner.

### 10.1 Your first premium

#### a. Amount of your first premium

\$10,440.07

#### b. How are you paying your first premium?

by cheque with this application  by cheque when we deliver your policy  with funds from a Manulife Financial policy

Policy number	Name of person insured under the policy (first, middle initial, last)	How much you are transferring \$
---------------	---	-------------------------------------

How will we take this amount from the policy?  dividends  a loan  part of the policy's cash value

By signing below you agree that:

- you are entitled to receive the proceeds of the policy you've identified above
- the policy was issued by Manulife Financial
- you have directed us to make the payments shown above.

Signature of owner of the policy from which the funds are transferred	Date (dd/mmm/yyyy)
Signature of owner of the policy from which the funds are transferred	Date (dd/mmm/yyyy)

### 10.2 Your payment options for regular premiums

How will you pay your regular premiums?:

- Automatic monthly withdrawal Complete section 10.3 "Paying regular premiums through automatic monthly withdrawals"  
 Annually by cheque  
 Semi-annually by cheque  
 Quarterly by cheque.

### 10.3 Paying regular premiums through automatic monthly withdrawals

Your monthly premium \$	Extra payment amount \$	Your total monthly payment \$
----------------------------	----------------------------	----------------------------------

Do you want to:

- add your monthly payment to an existing automatic monthly withdrawal plan with Manulife Financial

Policy number on which the current automatic monthly withdrawal plan is set up

- set up a new automatic monthly withdrawal agreement.

Monthly withdrawal date (1st through 28th)

What banking information should we use?:

- from the cheque used to pay the first premium  from the attached voided cheque  
 as follows:

Name of bank or financial institution			
Bank number	Transit number	Account number	
Address (street and number)			
City or town		Province	Postal code

Attach a cheque marked "void" for the account you want us to use for withdrawals if it's different from the account from which you're paying your first premium.

By setting up an automatic monthly withdrawal plan, you authorize your bank to honour any withdrawals we make. You or we may end the plan by giving 10 days' written notice, counted from the date the notice is mailed. We may also end the plan immediately if your bank doesn't honour a withdrawal. **You agree that we have the right to increase the amount of the automatic monthly withdrawals to the amount required to keep your policy in effect. By signing below, you waive the right to receive 10 days notice of an increase in the amount of automatic monthly withdrawal.**

If the owner of the account from which automatic monthly withdrawals are to be made is not the owner of the policy, the owner of the account must authorize the withdrawals by signing below. If withdrawals are to be made from a joint account, both owners of the account must sign.

Name of account owner (first, middle initial, last)	Name of account owner (first, middle initial, last)
Signature of account owner	Signature of account owner

## Section 11 – Temporary life insurance agreement

In this section, *you* and *your* refer to the people to be insured. If you answer *yes* to question a or b, or if you choose not to answer them, you are not eligible for temporary life insurance. In this case, your insurance advisor is not authorized to accept your premium payment or give you a *Temporary life insurance certificate*. Temporary life insurance is available if the owner has applied for life insurance through this application and the other conditions of this agreement are met.

### To the insurance advisor:

- if the client meets all conditions listed in the certificate, tear off the *Temporary life insurance certificate* and give it to the client. If the client does not meet all of the conditions, leave the certificate attached to this application
- if a question in the *Eligibility for temporary life insurance* questions below is answered *yes* or not answered, do not issue a *Temporary life insurance certificate*. Leave the certificate attached to this application
- ensure that all people to be insured – and the policy owner, if not covered under this temporary life insurance agreement – sign this certificate
- if the client qualifies for temporary life insurance and has made a payment, issue a *Temporary life insurance certificate* and give the receipt for payment to the client.

### Eligibility for temporary life insurance

Only people from the ages of 15 days to 75 years inclusive are eligible for temporary life insurance.

	Person "A" to be insured	Person "B" to be insured
a. In the past 12 months, have you been treated by a doctor or other health practitioner for a confirmed or suspected heart attack, stroke, cancer, AIDS or HIV infection?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
b. In the past 60 days, have you consulted a doctor or other health practitioner and been told to have a further examination, diagnostic test or surgery which has not been performed, or for which the results are not known (other than pregnancy or childbirth)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

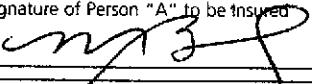
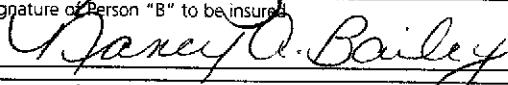
If you answered *no* to questions a and b, please provide the following information and sign this agreement below.

By signing below, each person agrees that:

- to the best of your knowledge, all of the questions in this application have been answered truthfully and completely
- you have read and understood the temporary life insurance agreement.

Amount paid by cheque (payable to Manulife Financial)

\$

Signed at (city or town)  AURORA	Date (dd/mmm/yyyy)  06/11/03
Signature of Person "A" to be insured  	Signature of witness
Signature of Person "B" to be insured  	Signature of witness
Signature of parent or guardian of a person to be insured under age 16 (under age 18 in Quebec)	Signature of witness
Signature of policy owner (if not insured under the policy)	Signature of witness
Signature of policy owner (if not insured under the policy)	Signature of witness

Details of the temporary life insurance agreement are listed in the certificate. Temporary life insurance coverage begins immediately as long as the conditions listed in the certificate are met. Your insurance advisor will give you a *Temporary life insurance certificate*, which includes an agreement that explains your coverage.

LI795769

LI795769

# Manulife Financial

## Authorization to share information – person A

You and your refer to the people to be insured and the parent or guardian of children to be insured who are under age 18.

By signing below, you authorize and direct doctors and other medical practitioners, health care professionals, hospitals, clinics and other medically related facilities, insurance companies, the Medical Information Bureau and any other organization, institution, association or person that has information, records or knowledge of you or your health, or of your children or their health, to share or exchange information with us or our reinsurers.

Signed at (city or town)	Date (dd/mmm/yyyy)
AURORA	06/11/03
Signature of person "A" to be insured	
Signature of witness	
If the person to be insured is under age 18:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Signature of parent or guardian	
Signature of witness	

# Manulife Financial

## Authorization to share information – person B

You and your refer to the people to be insured and the parent or guardian of children to be insured who are under age 18.

By signing below, you authorize and direct doctors and other medical practitioners, health care professionals, hospitals, clinics and other medically related facilities, insurance companies, the Medical Information Bureau and any other organization, institution, association or person that has information, records or knowledge of you or your health, or of your children or their health, to share or exchange information with us or our reinsurers.

Signed at (city or town)	Date (dd/mmm/yyyy)
AURORA	06/11/03
Signature of person "B" to be insured	
Signature of witness	
If the person to be insured is under age 18:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Signature of parent or guardian	
Signature of witness	

# Manulife Financial

## Your receipt

LI795769

Amount received \$
-----------------------

Your first premium must be paid by cheque in Canadian funds drawn on a Canadian financial institution, and made payable to Manulife Financial.

By signing below, the insurance advisor confirms that this first premium is for any life and any critical illness insurance applied for in this application, covering the people listed below.

Name of Person "A" to be insured (first, middle initial, last)	Name of Person "B" to be insured (first, middle initial, last)
Total amount of insurance coverage applied for \$	Date (dd/mmm/yyyy)
Signature of insurance advisor	

*Detach and leave with client*

# Manulife Financial

## Medical Information Bureau

LI795769

We consider the information contained in your application to be confidential. However, Manulife Financial or our reinsurers involved with your policy may make a report to the Medical Information Bureau based on your application, or to other insurance companies to which you apply for life, health or critical illness insurance, or to which a claim for benefits has been made.

The Medical Information Bureau is a non-profit organization set up by life insurance companies to share information among its members. If you apply for insurance or submit a claim to a member company, the Medical Information Bureau will share any information it has on file.

You may review the information in your file, and request a correction if necessary, by contacting the bureau at:

Medical Information Bureau  
330 University Avenue, Suite 102,  
Toronto, Ontario MSG 1R7  
Telephone: (416) 597-0590.

In addition to requesting information from the Medical Information Bureau when we process your application, we may also obtain a personal investigation or consumer report containing personal information about the people to be insured.

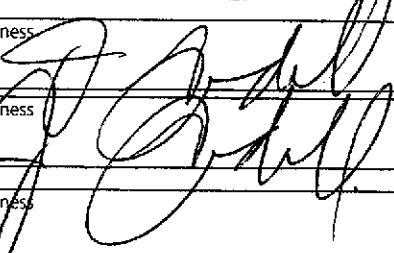
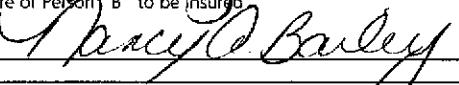
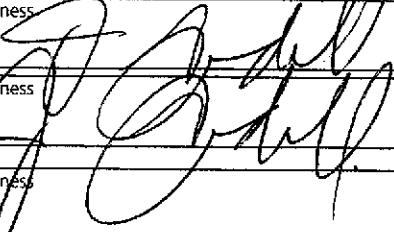
### 13.2 Signatures

Please review this application, including the Acknowledgements on page 21, then sign below.

In this section *you* and *your* mean the people to be insured, the policy owner, and the parent or guardian of any people to be insured under age 16 (or under age 18 in Quebec). If the policy owner is a corporation, we require the signatures and titles of two signing officers.

By signing below you are confirming that:

- to the best of your knowledge, all of the information in this application is current and correct
- you agree to the terms of this application
- you make all of the declarations, acknowledgements and authorizations contained in this application.

Signed at (city or town, province)	Date (dd/mmm/yyyy)	
Aurora	06/11/03	
Signature of Person "A" to be insured	Signature of witness	
		
Signature of Person "B" to be insured	Signature of witness	
		
Signature of child to be insured if over age 16 (over age 18 in Quebec)	Signature of witness	
		
Signature of policy owner (if not insured under the policy)	Title (if the policy is owned by a business)	Signature of witness
Signature of policy owner (if not insured under the policy)	Title (if the policy is owned by a business)	Signature of witness

If a person to be insured is under age 16 (under age 18 in Quebec), the mother, father or guardian (if they are not also a policy owner) must sign below to consent to this application for insurance.

Relationship to the person to be insured:  Mother  Father  Guardian

Signature of parent or guardian	Signature of witness	Signature of insurance advisor
---------------------------------	----------------------	--------------------------------

#### To be completed by the insurance advisor if any person to be insured lives in Quebec

Please provide the following information if any of the people to be insured live in Quebec.

If this application is accepted by Manulife Financial, will the insurance advisor share their commission with another insurance advisor?

No  Yes

Name of other insurance advisor who will receive a share of commission (first, middle initial, last)

BRANCH NAME	ADVISOR NAME	APPLICATION/POLICY NUMBER	<input checked="" type="checkbox"/> INDIVIDUAL INSURANCE <input type="checkbox"/> GROUP LIFE	
FORM COMPLETED BY: <input type="checkbox"/> HOOPER-HOLMES <input checked="" type="checkbox"/> QUALITY <input type="checkbox"/> OTHER:	Diana Care		5499981	
1. NAME OF INSURED (First, Middle Initial, Last)		2. DATE OF BIRTH		
Charles m. Bailey		31	01/1968	
NAME OF PERSONAL PHYSICIAN		ADDRESS OF PERSONAL PHYSICIAN		
Dr. Sandhi		883 Mulock Dr Newmarket		
POSTAL CODE		L1A 1B1		
4. (a) DATE LAST CONSULTED D M Y 2002		(b) REASON LAST CONSULTED AND ANY TREATMENT OR MEDICATION PRESCRIBED Physical - bloodwork results normal.		
5. LIST ALL MEDICATIONS CURRENTLY BEING TAKEN		Cipro - drops ear both (a.m.)		
6. FAMILY MEDICAL HISTORY		HEIGHT	WEIGHT	
(a) Has any parent or sibling died or been diagnosed to have heart disease, stroke, or cancer before age 65? <input checked="" type="checkbox"/>		No	Yes	Provide full details to any "YES" answers here. Include conditions, dates, durations, results, names and addresses of doctors, clinics, etc. Number the answers to correspond to the questions.
(b) Is there any family history of Huntington's Chorea, diabetes, polycystic kidney disease, mental illness or any other inherited familial disease? <input checked="" type="checkbox"/>				
To your knowledge, have you ever had or been told you had any problem with any of the following: (If the person to be insured is a child, we expect the parent or guardian to answer on behalf of that child):		17. walk in Dec 31/02 clinic - All-med Newmarket Dr. Jugnudar ear infection both ears Cipro - 3 gts BID. x 7 days. 7(d) 1994 ? heart murmur saw cardiologist Richmond Hill Echo - results normal. Diagnose unknown.		
7. YOUR HEART AND BLOOD VESSELS, such as: (a) Heart murmur, shortness of breath, swelling of ankles, irregular pulse, rheumatic fever, or poor circulation? <input checked="" type="checkbox"/> (b) Heart disease, angina, chest pain, stroke, or Transient Ischemic Attack (TIA)? <input checked="" type="checkbox"/> (c) High blood pressure? <input checked="" type="checkbox"/> (d) Have you had any electrocardiograms or other heart investigations? If "Yes", give type, when, why, what result.				
8. YOUR NOSE, THROAT, LUNGS, such as: asthma, tuberculosis, chronic bronchitis, persistent cough, pleurisy, emphysema, allergies, tumour, sleep apnea, or cystic fibrosis?		<input checked="" type="checkbox"/>		
9. YOUR ABDOMINAL ORGANS, such as: ulcer, colitis, bleeding, diverticulitis, Crohn's Disease, jaundice, liver disease, hepatitis (including active or carrier state), or tumour?		<input checked="" type="checkbox"/>		
10. YOUR KIDNEYS, BLADDER, BREASTS, PROSTATE OR REPRODUCTIVE ORGANS, such as: congenital abnormality, nephritis, inflammation, stone, tumour, sugar, albumin, blood or pus in the urine, urinary tract infection or sexually transmitted disease?		<input checked="" type="checkbox"/>		
11. YOUR NERVOUS SYSTEM, EYES, EARS, such as: cerebral palsy, Down's Syndrome, convulsions, seizures, spells, a mental, emotional, or nervous disorder, tumour, impaired sight or hearing, eating disorders, or Multiple Sclerosis?		<input checked="" type="checkbox"/>		
12. YOUR GLANDS OR BLOOD, such as: leukemia, bleeding tendency, hemophilia, diabetes, gout, enlarged glands, goitre, anemia, tumour, or skin condition?		<input checked="" type="checkbox"/>		
YOUR MUSCLES OR BONES, such as: any injury or disorder of the muscles, bones, joints, spine? Amputation, weakness, paralysis, deformity, tumour, or muscular dystrophy?		<input checked="" type="checkbox"/>		
14. YOUR IMMUNE SYSTEM, such as: (a) Any immune deficiency disorder, including HIV or AIDS, or any generalized enlargement of your lymph glands or any test results indicating possible exposure to HIV or AIDS virus? <input checked="" type="checkbox"/> (b) Has such testing ever been recommended? <input checked="" type="checkbox"/> (c) Do you have any reason to believe you have been exposed to the HIV or AIDS virus? <input checked="" type="checkbox"/>		13. ACL repair Dec '97 Markham Regional Hosp. Dr. Seligman • arthritis both knees -		
15. A change in your weight of more than 10 lbs. (4.5 kg) in the past 6 months?		<input checked="" type="checkbox"/>		
16. Have you had any X-rays or blood tests done during the last 5 years? If "Yes", give reasons and results.		<input checked="" type="checkbox"/>		
17. Have you had any illness, injury, operation, hospital care, treatment, medication, medical examination, diagnostic test, or counselling in the last 5 years not mentioned above or has any been recommended?		<input checked="" type="checkbox"/>		
18. Has a physician ever recommended further investigation or treatment of any condition as a result of your use of drugs or alcohol?		<input checked="" type="checkbox"/>		
19. (a) Have you smoked any cigarettes within the past 12 months? If "Yes", give average number of packs smoked daily and number of years you have smoked. <input checked="" type="checkbox"/> (b) Do you use other tobacco products or nicotine-based products? If "Yes", please provide details at right. <input checked="" type="checkbox"/> (c) If you have ever smoked or used these products, when did you quit?		<input checked="" type="checkbox"/>		
I have read the above statements and answers and they are complete and true to the best of my knowledge and belief. I hereby agree that they shall form part of the application for insurance for which this Medical Evidence was required.				
Signed at Holland Landing this 6 day of Jan 04		SIGNATURE OF PERSON TO BE INSURED X Marj		
SIGNATURE OF WITNESS OKaynayken				

# Manulife Financial

## Performax Product Page

Because every one is different.

APPLICATION NUMBER

L1795769

NAME OF LIFE INSURED (FIRST, MIDDLE INITIAL, LAST)

NANCY ANN BAILEY

- Performax, PAR
  - Joint Performax, PAR (Death Benefit payable on first death)
  - Joint Performax, PAR (Death Benefit payable on second death)
- Premiums     first death     second death

A) DIVIDEND OPTIONS

- Term Option
- Term Option Plus
- Paid-up
- Cash \*

- Accumulation \*
- Premium reduction \* (only available if premiums are paid annually)
- Other (please specify)

\* May be subject to taxation

B) BASIC FACE AMOUNT (Note: For total death benefit amounts over \$1,000,000, please complete MN0774E Confidential Financial Questionnaire).

43,861  
\$ 50,000

TERM OPTION AMOUNT	TERM OPTION PLUS AMOUNT	TOTAL DEATH BENEFIT
\$ 30,000 * 56,139	\$	\$ 100,000

C) INITIAL DEPOSIT OPTION PAYMENT (DUMP-IN) \$

974.27

D) PLANNED DEPOSIT OPTION PAYMENT (DUMP-IN) (Frequency same as billing)

\$ 80 \* 119.50

E) PLEASE ATTACH ILLUSTRATION OR INDICATE TOTAL PREMIUM QUOTED:

F) SUPPLEMENTAL BENEFITS FOR PERFORMAX

i) Applicable to single life plans

- Total Disability Waiver Rider
- Accidental Death Benefit \$
- Guaranteed     Regular     Special \$
- Children's Protection Rider → Number of Units (1 unit = \$ 5,000)
- Payor Waiver, Death or Disability
- Spouse Protection Rider 10 Year Term \$
- Term Insurance Rider Life Insured

- 10 Year Term \$
- Total Disability Waiver (additional life insured)

ii) Applicable to joint plans with Death Benefit payable on first death

- Total Disability Waiver Rider
- Accidental Death Benefit \$
- Joint Term Insurance Rider (10 Year Term) \$

I understand that this product page will form a part of the application to The Manufacturers Life Insurance Company for life insurance.

Signed at

AURORA

SIGNATURE OF OWNER

Nancy C. Bailey

this 6<sup>th</sup> day of

Nov. 2003

SIGNATURE OF AGENT/BROKER

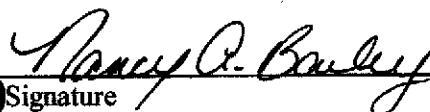
J. Odell

## Plan summary and comparison of values (cont'd)

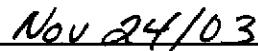
Policy year	Guaranteed values (\$)		Values not guaranteed (\$) at current dividend scale less 1.00%		Values not guaranteed (\$) at current dividend scale	
	Cash value	Death benefit	Total cash surrender value	Total death benefit	Total cash surrender value	Total death benefit
5	0	100,000	510	100,000	520	100,000
10	5,113	100,000	7,173	100,000	7,377	100,000
20	12,256	100,000	25,761	100,000	28,569	101,331
30	19,136	100,000	63,217	149,503	75,578	180,881
40	25,189	100,000	129,483	225,872	167,614	294,709

I understand that dividends can change and that those changes can affect

- the portion of the policy's death benefit and cash value that is not guaranteed, and
- the years when policy values could pay premiums, if I chose premium offset.

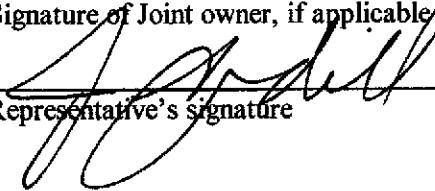


Signature



Date

Signature of Joint owner, if applicable



Representative's signature



Date

A copy of these pages will be included in your contract. Please consult the Performax contract for full plan details.

Designed for **Nancy Bailey**  
Female, age 36, non-smoker

Presented by **Mr. John R. Ardill**  
Ardill - Creator of 'The Lifecycle Puzzle'  
Tel: 416-657-2057  
Fax: 905-841-0782

S.4.0.0-251203103307(E5.2)(R5.2)  
Effective date November 07, 2003  
Reference # 251203103307

# LIFE INSURANCE DISCLOSURE FORM

If you are replacing a current insurance policy, you should be given this form before you fill out an application for the new insurance. The form outlines some of the details of your current policy and the proposed policy.

The new insurance company must give you a copy of your policy once it has been approved. You have 20 days from the time you receive a copy of this disclosure form to withdraw the new application and receive a full refund of any premiums paid.

**Ask yourself the following questions as you look over this form.**

- **Is the new policy enough of an improvement to justify any new costs?** All new policies have some new costs, such as those for underwriting, administration and agent's commission.
- **Do premiums under the new policy rise as you age?** The premiums on some policies go up as you get older or if you get sick.
- **Are there circumstances where your new policy does not pay benefits?** Part A of this form tells you if your policy will not pay because of suicide or because you provided incomplete information.
- **Does the new policy pay you as much as the current one?** Make sure you look over the details of death benefits, cash value, and dividends carefully.
- **Does the new policy guarantee to insure you, or allow you to increase your insurance coverage, no matter what your future medical condition?** Your current policy may do this.
- **Does your new policy let you borrow money at attractive interest rates?** Your current policy may do this.
- **Are you losing tax advantages or creating a tax liability?** Many current insurance policies provide valuable income tax benefits. These benefits are not available with some new policies. Cancellation of your current policy may increase your income tax this year. Make sure that you fully understand the tax consequences of changing policies.

## IMPORTANT

1. DO NOT SIGN THIS FORM UNLESS IT HAS BEEN COMPLETELY FILLED OUT.
2. DO NOT CANCEL YOUR OLD INSURANCE POLICY UNTIL THE NEW ONE IS IN FORCE AND DELIVERED. SIGNING THIS FORM DOES NOT CANCEL YOUR OLD POLICY.
3. NOTE THAT YOU HAVE TO SIGN THE FORM HERE AND ON THE THIRD PAGE.

I have read this notice completely, and the agent explained the significance of the information contained in all parts of the form to me.

Consumer's signature: X \_\_\_\_\_

Date: \_\_\_\_\_

# LIFE INSURANCE DISCLOSURE FORM

<i>please print</i>	Your Current Policy	Proposed Replacement Policy
<b>PART A - General Information</b>		
Policy number	9651342-2	not applicable
Insurance company	London Life	Manulife
Date of issue	Nov 1, 1998	not applicable
Name of the person whose life is insured	Nancy Bailey Nancy Bailey	
Name of the person who owns the policy (if not owned by the person who is insured)	"	
Type of policy (whole life, term, universal, etc.)	T-10, Ric	
Will you have to pay extra premiums or will your coverage be reduced if you smoke, have health problems, or work at a risky occupation?		
Is the policy registered as an RRSP?	No	No
Most policies will not pay if the person insured commits suicide within two years of the policy's issue date. When does the suicide period on this policy expire?	Nov 2000	
A policy may not pay if information on the application was incomplete (for example, if the insured did not disclose a previous illness to the insurance company). If this information is not discovered within a certain period (usually two years), however, the policy will pay, in the absence of fraud. On what date does this period expire?		
Does the policy give the right to buy additional insurance, whatever the insured person's health? If yes, when and how much?		
Does the policy have any other benefits, e.g., waiver of premium?	No	No
<b>PART B - Premiums</b>		
A premium is the amount of money you pay the insurance company to be insured. Some policies guarantee that the premium amount will stay the same for the length of the policy. Will this policy's premium stay the same?	No	Yes
What is the annual premium? If Universal Life, what premium is being paid currently?	* 13.34 / month	
Is there a minimum premium? Is there a maximum premium?		* 1237.00
How and when will it change?	Increases every 10 years	-
If Universal Life, is the formula by which expenses are calculated guaranteed?		
Does any of the coverage change over time?	Guaranteed	
If yes, which coverage changes?		
By how much?		

# LIFE INSURANCE DISCLOSURE FORM *Continued*

please print	Your Current Policy	Proposed Replacement Policy
--------------	---------------------------	-----------------------------------

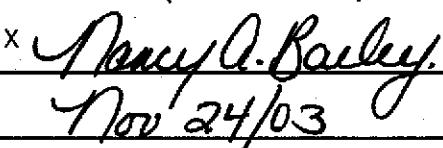
## PART C - Guaranteed Death Benefits

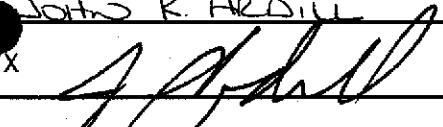
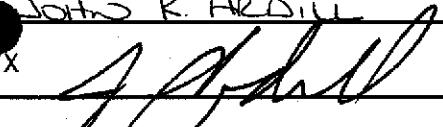
What does the policy pay if the insured person dies today?	<del>\$100,000</del>	\$100,000
Will this amount change or expire at any time?	YES	
If so, how?	Expires Nov 1 2043	
If Universal Life, is the charge for the death benefit guaranteed?		

## PART D - Cash Value, Dividends and Loans

Some policies have a cash value, which means that some of the insurance premium goes into a reserve that grows in value. The owner of the policy has the option of taking out this cash value, which may end the policy or reduce the death benefit. Does this policy have a cash value?	NO	YES
If yes, what is the total cash value at the last anniversary?		
What will the guaranteed cash value be at: age 65? age 70? age 75?		
Can loans be taken out on this policy? If yes, at what interest rate may money be borrowed, and on what terms (for example, a set maximum or a variable rate)?		
Is there a loan currently outstanding on the policy?	NO	NO
Some policies pay dividends based on the performance of the insurance company. Is this policy eligible for dividends?		
If so, what dividend option was selected? (For example, increased insurance coverage, reduced premiums, cash payouts, accumulation)		
How much was the most recent dividend?		
If Universal Life, is there a minimum investment guarantee?		

**NOTE: Because there are many costs associated with issuing a new policy, it may be in your financial interests to amend the current policy rather than replacing it. In considering your replacement decision, you may wish to seek the advice of the company that issued your current policy.**

NANCY BAILEY	Consumer's Name (please print)
	Consumer's Signature
Nov 24/03	Date

	Agent's Name (please print)
	Agent's Signature
ONTARIO:	Province and Licence Number

## Agent's Statement

I have completed this form **fully and accurately**, and have explained the significance of all of the information contained on the form to the customer.

# LIFE INSURANCE DISCLOSURE FORM

NOV 28 2003

If you are replacing a current insurance policy, you should be given this form *before* you fill out an application for the new insurance. The form outlines some of the details of your current policy and the proposed policy.

The new insurance company must give you a copy of your policy once it has been approved. You have 20 days from the time you receive a copy of this disclosure form to withdraw the new application and receive a full refund of any premiums paid.

## Ask yourself the following questions as you look over this form.

- **Is the new policy enough of an improvement to justify any new costs?** All new policies have some new costs, such as those for underwriting, administration and agent's commission.
- **Do premiums under the new policy rise as you age?** The premiums on some policies go up as you get older or if you get sick.
- **Are there circumstances where your new policy does not pay benefits?** Part A of this form tells you if your policy will not pay because of suicide or because you provided incomplete information.
- **Does the new policy pay you as much as the current one?** Make sure you look over the details of death benefits, cash value, and dividends carefully.
- **Does the new policy guarantee to insure you, or allow you to increase your insurance coverage, no matter what your future medical condition?** Your current policy may do this.
- **Does your new policy let you borrow money at attractive interest rates?** Your current policy may do this.
- **Are you losing tax advantages or creating a tax liability?** Many current insurance policies provide valuable income tax benefits. These benefits are not available with some new policies. Cancellation of your current policy may increase your income tax this year. Make sure that you fully understand the tax consequences of changing policies.

## IMPORTANT

1. DO NOT SIGN THIS FORM UNLESS IT HAS BEEN COMPLETELY FILLED OUT.
2. DO NOT CANCEL YOUR OLD INSURANCE POLICY UNTIL THE NEW ONE IS IN FORCE AND DELIVERED. SIGNING THIS FORM DOES NOT CANCEL YOUR OLD POLICY.
3. NOTE THAT YOU HAVE TO SIGN THE FORM HERE AND ON THE THIRD PAGE.

I have read this notice completely, and the agent explained the significance of the information contained in all parts of the form to me.

Consumer's signature: X

  
Date: Nov 24/03

CDS 8 S VDM

# LIFE INSURANCE DISCLOSURE FORM

<i>please print</i>	Your Current Policy	Proposed Replacement Policy
<b>PART A - General Information</b>		
Policy number		<i>not applicable</i>
Insurance company		
Date of issue		<i>not applicable</i>
Name of the person whose life is insured		
Name of the person who owns the policy (if not owned by the person who is insured)		
Type of policy (whole life, term, universal, etc.)		
Will you have to pay extra premiums or will your coverage be reduced if you smoke, have health problems, or work at a risky occupation?		
Is the policy registered as an RRSP?		
Most policies will not pay if the person insured commits suicide within two years of the policy's issue date. When does the suicide period on this policy expire?		
A policy may not pay if information on the application was incomplete (for example, if the insured did not disclose a previous illness to the insurance company). If this information is not discovered within a certain period (usually two years), however, the policy will pay, in the absence of fraud. On what date does this period expire?		
Does the policy give the right to buy additional insurance, whatever the insured person's health? If yes, when and how much?		
Does the policy have any other benefits, e.g., waiver of premium?		
<b>PART B - Premiums</b>		
A premium is the amount of money you pay the insurance company to be insured. Some policies guarantee that the premium amount will stay the same for the length of the policy. Will this policy's premium stay the same?		
What is the annual premium? If Universal Life, what premium is being paid currently? Is there a minimum premium? Is there a maximum premium?		
How and when will it change?		
If Universal Life, is the formula by which expenses are calculated guaranteed?		
Does any of the coverage change over time?	Annuity	
If yes, which coverage changes?		
By how much?		

# LIFE INSURANCE DISCLOSURE FORM *Continued*

<i>please print</i>	Your Current Policy	Proposed Replacement Policy
<b>PART C - Guaranteed Death Benefits</b>		
What does the policy pay if the insured person dies today?		
Will this amount change or expire at any time?		
If so, how?		
If Universal Life, is the charge for the death benefit guaranteed?		
<b>PART D - Cash Value, Dividends and Loans</b>		
Some policies have a cash value, which means that some of the insurance premium goes into a reserve that grows in value. The owner of the policy has the option of taking out this cash value, which may end the policy or reduce the death benefit. Does this policy have a cash value?		
If yes, what is the total cash value at the last anniversary?		
What will the guaranteed cash value be at: age 65? age 70? age 75?		
Can loans be taken out on this policy? If yes, at what interest rate may money be borrowed, and on what terms (for example, a set maximum or a variable rate)?		
Is there a loan currently outstanding on the policy?		
Some policies pay dividends based on the performance of the insurance company. Is this policy eligible for dividends?		
If so, what dividend option was selected? (For example, increased insurance coverage, reduced premiums, cash payouts, accumulation)		
How much was the most recent dividend?		
If Universal Life, is there a minimum investment guarantee?		

**NOTE: Because there are many costs associated with issuing a new policy, it may be in your financial interests to amend the current policy rather than replacing it. In considering your replacement decision, you may wish to seek the advice of the company that issued your current policy.**

	Consumer's Name <i>(please print)</i>
X <i>[Signature]</i>	Consumer's Signature
<i>[Signature]</i>	Date

	Agent's Name <i>(please print)</i>
X	Agent's Signature
	Province and Licence Number

## Agent's Statement

I have completed this form **fully and accurately**, and have explained the significance of all of the information contained on the form to the customer.

# LIFE INSURANCE DISCLOSURE FORM

please print	Your Current Policy	Proposed Replacement Policy
--------------	---------------------	-----------------------------

## PART A - General Information

Policy number	9,650,723-9	not applicable
Insurance company	LONDON LIFE	MANULIFE
Date of issue	APRIL 1/98	not applicable
Name of the person whose life is insured	C. MARC BAILEY	C. MARC BAILEY
Name of the person who owns the policy (if not owned by the person who is insured)	C. MARC BAILEY	
Type of policy (whole life, term, universal, etc.)	T-10, P/C	WHOLE LIFE
Will you have to pay extra premiums or will your coverage be reduced if you smoke, have health problems, or work at a risky occupation?		
Is the policy registered as an RRSP?	NO	NO
Most policies will not pay if the person insured commits suicide within two years of the policy's issue date. When does the suicide period on this policy expire?	2000	Two year after policy issue
A policy may not pay if information on the application was incomplete (for example, if the insured did not disclose a previous illness to the insurance company). If this information is not discovered within a certain period (usually two years), however, the policy will pay, in the absence of fraud. On what date does this period expire?	Two year after policy issue	✓
Does the policy give the right to buy additional insurance, whatever the insured person's health? If yes, when and how much?	NO	NO
Does the policy have any other benefits, e.g., waiver of premium?	NO	WAIVER OF PREMIUM

## PART B - Premiums

A premium is the amount of money you pay the insurance company to be insured. Some policies guarantee that the premium amount will stay the same for the length of the policy. Will this policy's premium stay the same?	Yes No	Yes No
What is the annual premium? If Universal Life, what premium is being paid currently? Is there a minimum premium? Is there a maximum premium?	\$38.88/month	\$11,023.38
How and when will it change?	Increase every 10 yrs. from age 65 yrs old	Penased to \$10,728 at 65 yrs old
If Universal Life, is the formula by which expenses are calculated guaranteed?	N/A	N/A
Does any of the coverage change over time?	NO	YES increases by waiver of premium
If yes, which coverage changes?	✓	Waiver of Premium
By how much?		EXPIRES 2005

# LIFE INSURANCE DISCLOSURE FORM

If you are replacing a current insurance policy, you should be given this form *before* you fill out an application for the new insurance. The form outlines some of the details of your current policy and the proposed policy.

The new insurance company must give you a copy of your policy once it has been approved. You have 20 days from the time you receive a copy of this disclosure form to withdraw the new application and receive a full refund of any premiums paid.

## Ask yourself the following questions as you look over this form.

- **Is the new policy enough of an improvement to justify any new costs?** All new policies have some new costs, such as those for underwriting, administration and agent's commission.
- **Do premiums under the new policy rise as you age?** The premiums on some policies go up as you get older or if you get sick.
- **Are there circumstances where your new policy does not pay benefits?** Part A of this form tells you if your policy will not pay because of suicide or because you provided incomplete information.
- **Does the new policy pay you as much as the current one?** Make sure you look over the details of death benefits, cash value, and dividends carefully.
- **Does the new policy guarantee to insure you, or allow you to increase your insurance coverage, no matter what your future medical condition?** Your current policy may do this.
- **Does your new policy let you borrow money at attractive interest rates?** Your current policy may do this.
- **Are you losing tax advantages or creating a tax liability?** Many current insurance policies provide valuable income tax benefits. These benefits are not available with some new policies. Cancellation of your current policy may increase your income tax this year. Make sure that you fully understand the tax consequences of changing policies.

## IMPORTANT

1. DO NOT SIGN THIS FORM UNLESS IT HAS BEEN COMPLETELY FILLED OUT.
2. DO NOT CANCEL YOUR OLD INSURANCE POLICY UNTIL THE NEW ONE IS IN FORCE AND DELIVERED. SIGNING THIS FORM DOES NOT CANCEL YOUR OLD POLICY.
3. NOTE THAT YOU HAVE TO SIGN THE FORM HERE AND ON THE THIRD PAGE.

I have read this notice completely, and the agent explained the significance of the information contained in all parts of the form to me.

Consumer's signature: X \_\_\_\_\_

Date: \_\_\_\_\_

# LIFE INSURANCE DISCLOSURE FORM Continued

please print	Your Current Policy	Proposed Replacement Policy
<b>PART C - Guaranteed Death Benefits</b>		
What does the policy pay if the insured person dies today?	\$ 400,000	\$ 1,000,000
Will this amount change or expire at any time?	Yes	No
If so, how?	Expire April 1 2043	
If Universal Life, is the charge for the death benefit guaranteed?	2043	
<b>PART D - Cash Value, Dividends and Loans</b>		
Some policies have a cash value, which means that some of the insurance premium goes into a reserve that grows in value. The owner of the policy has the option of taking out this cash value, which may end the policy or reduce the death benefit. Does this policy have a cash value?	No	Yes
If yes, what is the total cash value at the last anniversary?	n/a	
What will the guaranteed cash value be at: age 65? age 70? age 75?		
Can loans be taken out on this policy? If yes, at what interest rate may money be borrowed, and on what terms (for example, a set maximum or a variable rate)?	approx 8% set yearly.	
Is there a loan currently outstanding on the policy?	No	No
Some policies pay dividends based on the performance of the insurance company. Is this policy eligible for dividends?	No	Yes.
If so, what dividend option was selected? (For example, increased insurance coverage, reduced premiums, cash payouts, accumulation)	Term option	
How much was the most recent dividend?		
If Universal Life, is there a minimum investment guarantee?		

**NOTE:** Because there are many costs associated with issuing a new policy, it may be in your financial interests to amend the current policy rather than replacing it. In considering your replacement decision, you may wish to seek the advice of the company that issued your current policy.

C. MARC BAILEY	Consumer's Name (please print)
X <i>Marc Bailey</i>	Consumer's Signature
24 Nov 03	Date

John R. ARDILL	Agent's Name (please print)
X <i>J. Ardill</i>	Agent's Signature
ONTARIO	Province and Licence Number

## Agent's Statement

I have completed this form **fully and accurately**, and have explained the significance of all of the information contained on the form to the customer.

# LIFE INSURANCE DISCLOSURE FORM

82 AON

If you are replacing a current insurance policy, you should be given this form *before* you fill out an application for the new insurance. The form outlines some of the details of your current policy and the proposed policy.

The new insurance company must give you a copy of your policy once it has been approved. You have 20 days from the time you receive a copy of this disclosure form to withdraw the new application and receive a full refund of any premiums paid.

## Ask yourself the following questions as you look over this form.

- **Is the new policy enough of an improvement to justify any new costs?** All new policies have some new costs, such as those for underwriting, administration and agent's commission.
- **Do premiums under the new policy rise as you age?** The premiums on some policies go up as you get older or if you get sick.
- **Are there circumstances where your new policy does not pay benefits?** Part A of this form tells you if your policy will not pay because of suicide or because you provided incomplete information.
- **Does the new policy pay you as much as the current one?** Make sure you look over the details of death benefits, cash value, and dividends carefully.
- **Does the new policy guarantee to insure you, or allow you to increase your insurance coverage, no matter what your future medical condition?** Your current policy may do this.
- **Does your new policy let you borrow money at attractive interest rates?** Your current policy may do this.
- **Are you losing tax advantages or creating a tax liability?** Many current insurance policies provide valuable income tax benefits. These benefits are not available with some new policies. Cancellation of your current policy may increase your income tax this year. Make sure that you fully understand the tax consequences of changing policies.

## IMPORTANT

1. DO NOT SIGN THIS FORM UNLESS IT HAS BEEN COMPLETELY FILLED OUT.
2. DO NOT CANCEL YOUR OLD INSURANCE POLICY UNTIL THE NEW ONE IS IN FORCE AND DELIVERED. SIGNING THIS FORM DOES NOT CANCEL YOUR OLD POLICY.
3. NOTE THAT YOU HAVE TO SIGN THE FORM HERE AND ON THE THIRD PAGE.

I have read this notice completely, and the agent explained the significance of the information contained in all parts of the form to me.

Consumer's signature:

  
Date: 24 Nov 03

NOA 5-9-02

# LIFE INSURANCE DISCLOSURE FORM

Name please print	Your Current Policy	Proposed Replacement Policy
<b>PART A - General Information</b>		
Policy number		not applicable
Insurance company		
Date of issue		not applicable
Name of the person whose life is insured		
Name of the person who owns the policy (if not owned by the person who is insured)		
Type of policy (whole life, term, universal, etc.)		
Will you have to pay extra premiums or will your coverage be reduced if you smoke, have health problems, or work at a risky occupation?		
Is the policy registered as an RRSP?		
Most policies will not pay if the person insured commits suicide within two years of the policy's issue date. When does the suicide period on this policy expire?		Two years after policy issue date
A policy may not pay if information on the application was incomplete (for example, if the insured did not disclose a previous illness to the insurance company). If this information is not discovered within a certain period (usually two years), however, the policy will pay, in the absence of fraud. On what date does this period expire?		Two years after application date
Does the policy give the right to buy additional insurance, whatever the insured person's health? If yes, when and how much?	Yes	No
Does the policy have any other benefits, e.g., waiver of premium?		
<b>PART B - Premiums</b>		
A premium is the amount of money you pay the insurance company to be insured. Some policies guarantee that the premium amount will stay the same for the length of the policy. Will this policy's premium stay the same?	Yes <i>27</i>	Yes <i>27</i>
What is the annual premium? If Universal Life, what premium is being paid currently?		
Is there a minimum premium?		
Is there a maximum premium?		
How and when will it change?		
If Universal Life, is the formula by which expenses are calculated guaranteed?	<i>no</i>	<i>no</i>
Does any of the coverage change over time?		
If yes, which coverage changes?		
By how much?		

# LIFE INSURANCE DISCLOSURE FORM *Continued*

<i>please print</i>	Your Current Policy	Proposed Replacement Policy
<b>PART C - Guaranteed Death Benefits</b>		
What does the policy pay if the insured person dies today?		
Will this amount change or expire at any time?		
If so, how?		
If Universal Life, is the charge for the death benefit guaranteed?		
<b>PART D - Cash Value, Dividends and Loans</b>		
Some policies have a cash value, which means that some of the insurance premium goes into a reserve that grows in value. The owner of the policy has the option of taking out this cash value, which may end the policy or reduce the death benefit. Does this policy have a cash value?		
If yes, what is the total cash value at the last anniversary?		<i>No</i>
What will the guaranteed cash value be at: age 65? age 70? age 75?		
Can loans be taken out on this policy? If yes, at what interest rate may money be borrowed, and on what terms (for example, a set maximum or a variable rate)?		<i>Age 65 Interest variable</i>
Is there a loan currently outstanding on the policy?		
Some policies pay dividends based on the performance of the insurance company. Is this policy eligible for dividends?	<i>No</i>	<i>Yes</i>
If so, what dividend option was selected? (For example, increased insurance coverage, reduced premiums, cash payouts, accumulation)		<i>Term option</i>
How much was the most recent dividend?		
If Universal Life, is there a minimum investment guarantee?		

**NOTE: Because there are many costs associated with issuing a new policy, it may be in your financial interests to amend the current policy rather than replacing it. In considering your replacement decision, you may wish to seek the advice of the company that issued your current policy.**

	Consumer's Name <i>(please print)</i>
X <i>M. J. K.</i>	Consumer's Signature
	Date

	Agent's Name <i>(please print)</i>
X	Agent's Signature
	Province and Licence Number

## Agent's Statement

I have completed this form **fully and accurately**, and have explained the significance of all of the information contained on the form to the customer.

Eryn Beintema

---

**From:** "Diana Care" <diana.care@qfscanada.com>  
**To:** <eryn@ardillfinancial.com>  
**Cc:** <diana.care@qfscanada.com>  
**Sent:** Monday, March 08, 2004 9:39 AM  
**Subject:** Bailey, Charles Marc - Manulife(5499981)

Hi Eryn,  
Please see below:

**1. DECISION STANDARD ON CHARLES MARC BAILEY**  
THE DISABILITY WAIVER HAS BEEN DECLINED DUE TO ARTHRITIS AND  
CONFIDENTIAL INFORMATION RECEIVED. REGARDS.

I'm going to ask them to issue as opposed to holding for Nancy. If this is not what you want please let me know.

Diana

hans  
- ordering APS

**Eryn Beintema**

---

**From:** "Diana Care" <diana.care@qfscanada.com>  
**To:** <susan@ardillfinancial.com>; <eryn@ardillfinancial.com>  
**Cc:** <diana.care@qfscanada.com>  
**Sent:** Thursday, December 11, 2003 10:37 AM  
**Subject:** Bailey, Charles Marc - Manulife(5499981)

Hi Eryn,

You had asked me to ask the nurse to schedule an appointment sooner however see below:

Hi Diana

The nurse has called these clients to make the jan 6 at 6pm appointment sooner, however, the clients do not want to change this, they want to be seen on jan 6 at 6pm, this is their choice and not the rn's.

Thanks

Josie

Diana



Male, age 48, non-smoker  
Presented by John R. Ardill, CFP, CLU, CHFC  
Ardill, Creator of The LifeCycle Plan®

Designed for G. LAW

Reference # 31303212516  
Effective date December 03, 2003  
Fax: 905-841-0782  
Tel: 905-713-3795  
3301-330212516

Please consult the *Performance* contract for full plan details.

0	74	18,943	0	18,943	549,452	0	75	18,943	0	18,943	549,452	0	76	18,943	0	18,943	549,452	0	77	18,943	0	18,943	549,452	0	78	18,943	0	18,943	549,452	0	79	18,943	0	18,943	549,452	0	80	18,943	0	18,943	549,452	0	81	18,943	0	18,943	549,452	0	82	18,943	0	18,943	549,452	0	83	18,943	0	18,943	549,452	0	84	18,943	0	18,943	549,452	0	85	18,943	0	18,943	549,452	0	86	18,943	0	18,943	549,452	0	87	18,943	0	18,943	549,452	0	88	18,943	0	18,943	549,452	0	89	18,943	0	18,943	549,452	0	90	18,943	0	18,943	549,452	0	91	18,943	0	18,943	549,452	0	92	18,943	0	18,943	549,452	0	93	18,943	0	18,943	549,452	0	41	18,943	0	18,943	549,452	0	42	18,943	0	18,943	549,452	0	43	18,943	0	18,943	549,452	0	44	18,943	0	18,943	549,452	0	45	18,943	0	18,943	549,452	0
---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---	----	--------	---	--------	---------	---

Tax portion:	Guaranteed premium	Deposits required	Paid by policyholder	Paid by other	Withdrawals	Other dispositions	Age	Year	Policy	Annual premium	Payments	Death benefit	Benefit values	Guaranteed premium	Deposits required	Paid by policyholder	Tax portion:	Guaranteed premium	Deposits required	Paid by policyholder	Withdrawals	Other dispositions	Age	Year	Policy					
Guaranteed	Yes	No	Yes	No	Yes	No	Guaranteed	Yes	Performance	18,943	549,452	549,452	549,452	18,943	549,452	Paid by	18,943	549,452	549,452	549,452	18,943	549,452	18,943	549,452	18,943	549,452	18,943	549,452	18,943	549,452

Detailed values using the current dividend scale (cont'd)

## Performance

III Manulife Financial

**SUSAN**

---

**From:** "Vic Arnaud (CP)" <vica@hunter-mccorquodale.com>  
**To:** "John Ardill" <john@ardillfinancial.com>  
**Sent:** Tuesday, December 09, 2003 11:28 AM  
**Subject:** RE: Charles Bailey - INSUREability Application

Dec 9 '03

I left message  
that has  
been apprved.

John,

I am pleased to advise you that the above application has been APPROVED.

Policy Details: Benefit Period: 10 years

Elimination Period: 180 days

Monthly Benefit: \$4,000

Annual Premium: \$3,094.00, including Partial  
Disability.

Effective Date: December 1, 2003.

Delivery Requirements: Delivery Acknowledgement  
Amendment

Balance of Annual premium due of \$2,815.54  
(deposit with app was \$278.46)

The policy will be mailed next week. If you have any questions, please give  
us a call.

Thanks, Vic

> -----Original Message-----

> From: Vic Arnaud (CP) [mailto:vica@hunter-mccorquodale.com]  
> Sent: Wednesday, December 03, 2003 1:33 PM  
> To: John Ardill  
> Subject: Charles Bailey - INSUREability Application

>

> John,

>

> An update...

>

> We are awaiting the medical report from Dr. Asha Sondhi. The  
> original request was sent on November 7th. A follow up was sent on  
> November 24th and today, December 3rd.

>

> Your client may wish to contact the doctor's office to advise them  
> to complete the report as soon as possible in order to expedite the  
> application.

>

> Thanks, Vic

>

>



DEC 09 2003

December 5, 2003

Mr. Marc Bailey  
215 Park Ave  
Holland Landing ON L9N 1J7

Policy No.: 048431

Dear Mr. Bailey:

We are pleased to advise you that your recent policy change request has been approved. Enclosed is your Policy Change Rider, which should be kept with your other policy documents.

Your premium withdrawal on January 01, 2004 will be for \$246.08, which represents your regular withdrawal and the outstanding premiums due as a result of the Policy Change. This policy has been issued with a 10% Preferred Discount.

If you have any questions or concerns, please contact your sales representative or call us toll-free at 1-888-604-3434 to speak with a Customer Service Representative. We are also available to answer your questions via the internet at :  
[canadacallcentre@unumprovident.com](mailto:canadacallcentre@unumprovident.com)

Sincerely,

Customer Service  
Provident Life and Accident Insurance Company

/mal

cc: 925  
105831

\*2815.54

## POLICY SCHEDULE

DATE PREPARED : 03 DECEMBER 2003

PERSON INSURED : MARC BAILEY  
 POLICY NUMBER : 048431  
 POLICY DATE : 01 OCTOBER 1997  
 PAYMENT MODE : MONTHLY PAC  
 MODE PREMIUM : \$90.20  
 EXPIRY DATE : 01 OCTOBER 2033

## RENEWAL PREMIUMS

PAYABLE ON : THE 1ST DAY OF EACH MONTH, UNDER THE PRE-AUTHORIZED  
 CHEQUE PLAN  
 UP TO AND INCLUDING : 01 SEPTEMBER 2033

RENEWAL PREMIUMS ARE GUARANTEED TO THE EXPIRY DATE, THEREAFTER, ANY  
 RENEWAL PREMIUMS WILL BE AT THE COMPANY RATES THEN IN EFFECT.

## BASE COVERAGE

PLAN TITLE : OWN OCCUPATION PLUS  
 MONTHLY BENEFIT FOR TOTAL DISABILITY : \$200.00  
 ELIMINATION PERIOD : 90 DAYS  
 MAXIMUM BENEFIT PERIOD : TO AGE 65  
 QUALIFICATION PERIOD : 0 DAYS

DESCRIPTION OF BENEFITS OR PROVISIONS	ISSUE DATE	BENEFIT AMOUNT	ANNUAL** PREMIUM	YEARS PAYABLE
BASE COVERAGE - AS STATED NON SMOKER RATES APPLIED	01 OCT 1997		\$50.00	36
BENEFIT PROVISION : INDEXING OF INCOME - 15.00%	01 OCT 1997	\$1150	\$280.26	36
ADDITIONAL MONTHLY BENEFIT ELIMINATION PERIOD : 120 DAYS MAXIMUM BENEFIT PERIOD : TO AGE 65 NON SMOKER RATES APPLIED	01 OCT 1997	\$1350	\$54.54	36
ESCOLATOR BENEFIT NON SMOKER RATES APPLIED	01 OCT 1997	\$2000	\$585.00	30
MONTHLY BENEFIT FOR TOTAL DISABILITY ELIMINATION PERIOD : 90 DAYS MAXIMUM BENEFIT PERIOD : TO AGE 65 NON-SMOKER RATES APPLIED	01 OCT 2003		\$91.40	30
BENEFIT PROVISION : INDEXING OF INCOME - 15.00%	01 OCT 2003	\$2000	\$1061.20	
ESCOLATOR BENEFIT NON SMOKER RATES APPLIED				

ALL ANNUAL PREMIUMS ARE INCLUDED IN THE MODE PREMIUM.  
 \*\* AT AGE 40, ANNUAL PREMIUM WILL INCREASE FOR STEP RATE POLICIES ONLY.

POLICY SCHEDULE

DATE PREPARED : 03 DECEMBER 2003

---

PERSON INSURED : MARC BAILEY  
POLICY NUMBER : 048431  
POLICY DATE : 01 OCTOBER 1997  
PAYMENT MODE : MONTHLY PAC  
MODE PREMIUM : \$90.20  
EXPIRY DATE : 01 OCTOBER 2033

---

RENEWAL PREMIUMS

PAYABLE ON : THE 1ST DAY OF EACH MONTH, UNDER THE PRE-AUTHORIZED  
CHEQUE PLAN  
UP TO AND INCLUDING : 01 SEPTEMBER 2033

RENEWAL PREMIUMS ARE GUARANTEED TO THE EXPIRY DATE, THEREAFTER, ANY  
RENEWAL PREMIUMS WILL BE AT THE COMPANY RATES THEN IN EFFECT.

BASE COVERAGE

PLAN TITLE : OWN OCCUPATION PLUS  
MONTHLY BENEFIT FOR TOTAL DISABILITY : \$200.00  
ELIMINATION PERIOD : 90 DAYS  
MAXIMUM BENEFIT PERIOD : TO AGE 65  
QUALIFICATION PERIOD : 0 DAYS

DESCRIPTION OF BENEFITS OR PROVISIONS	ISSUE DATE	BENEFIT AMOUNT	ANNUAL*** PREMIUM	YEARS PAYABLE
BASE COVERAGE - AS STATED NON SMOKER RATES APPLIED	01 OCT 1997		\$50.00	36
BENEFIT PROVISION : INDEXING OF INCOME - 15.00%				
ADDITIONAL MONTHLY BENEFIT ELIMINATION PERIOD : 120 DAYS MAXIMUM BENEFIT PERIOD : TO AGE 65 NON SMOKER RATES APPLIED	01 OCT 1997	\$1150	\$280.26	36
ESCOLATOR BENEFIT NON SMOKER RATES APPLIED	01 OCT 1997	\$1350	\$54.54	36
MONTHLY BENEFIT FOR TOTAL DISABILITY ELIMINATION PERIOD : 90 DAYS MAXIMUM BENEFIT PERIOD : TO AGE 65 NON SMOKER RATES APPLIED	01 OCT 2003	\$2000	\$585.00	30
BENEFIT PROVISION : INDEXING OF INCOME - 15.00%				
ESCOLATOR BENEFIT NON SMOKER RATES APPLIED	01 OCT 2003	\$2000	\$91.40	30
	TOTAL ANNUAL PREMIUM :		\$1061.20	

ALL ANNUAL PREMIUMS ARE INCLUDED IN THE MODE PREMIUM.

\*\*\* AT AGE 40, ANNUAL PREMIUM WILL INCREASE FOR STEP RATE POLICIES ONLY.

D.

- ~~W. G. Cook~~

- Cohn  
Sally Davis

985-426-0215

- Hunter Mc Connell

East Plan 1 & 3

- Carr

Mrs Taylor

416-322-7268

Rey

- Ned <sup>Name</sup> discont May 50%  
for 6 month

- grand audience Benefit

1st sides 1 min 35%

2nd " " 70%

3rd yr " " 100%

milk

1,000 90 10 81.90

1,000

# 491

(S) Unwst info on options F10.

D 7,600

3350

4,250  $^{\circ} 9125 - 3388 = 57,37$

2nd floor 4,000 x 81.90

-327.60

384.97

23 Jan '64

Disability Mar 27 Oct 03

Income 120 000

100,000

220,000

119 000 Net

9,9% mth

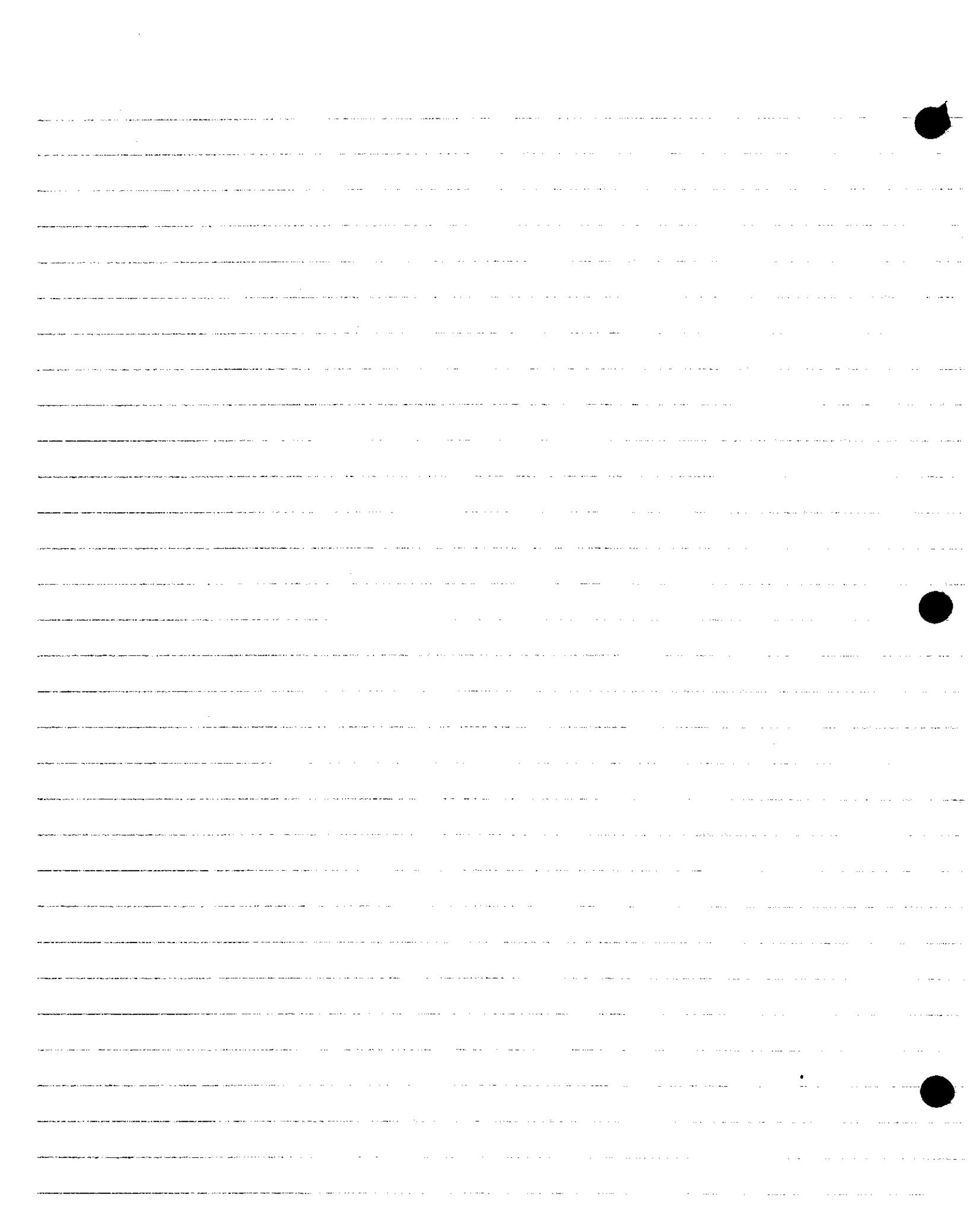
dis mon:

1350

8550

Max init. " 7,600  
- 6,375 0  
~~6,250~~

Maintain Cost per 1000 \$34.40



**Eryn Beintema**

---

**From:** "Diana Care" <diana.care@qfscanada.com>  
**To:** <susan@ardillfinancial.com>; <eryn@ardillfinancial.com>  
**Cc:** <diana.care@qfscanada.com>  
**Sent:** Wednesday, December 03, 2003 12:57 PM  
**Subject:** Bailey, Charles Marc - Manulife(5499981)

Hi John/Eryn,

I just spoke with Nancy Bailey in regards to the medicals. She advised that Marc had come down with the flu last week and he's also very very busy therefore he would call us back to schedule the meds. Nancy took down my name and number and I've asked her to keep in contact with me as soon as Marc and herself have a preferred date and time to book their medicals

Regards,

Diana

**SUSAN**

---

**From:** "Cassell, Maureen" <MCassell@unumprovident.com>  
**To:** <susan@ardillfinancial.com>  
**Sent:** Thursday, November 27, 2003 2:16 PM  
**Subject:** 048431 Marc Bailey

11/27/2003

The Future Income Option increase has been approved as applied for effective 10/01/2003.

Amount approved : \$2000.00

Elimination period : 90 days

The change papers will follow.

Regards,  
Maureen

*Maureen Cassell  
Financial Underwriting Specialist  
UnumProvident Canada  
mcassell@unumprovident.com  
1-888-246-0099 ext 4108*

*Nov 27 '03  
called and told  
Marc of approval.*

**FAXED**  
**10:50**

## **F A X**

**Date:** November 26, 2003

**To:** Maureen Cassell, ext 4108

**From:** Susan Dicks

**Pages:** 9 total

---

**Subject:** Marc Bailey

1. Enclosed is the corporate income and expense statement for fiscal year ended 2002.
2. The wage paid to the insured during this fiscal year was \$120,000.
3. The insured does not have group coverage with Manulife.
4. The spouse works 0 hours in the business.
5. We do not have a T4 for the spouse. Instead, I have enclosed pages 1 and 2 of her T1 General 2002.

Regards,



Susan Dicks

**Whitney~Bailey Associates Inc.**

ARCHITECTS & ENGINEERS

**FAX TRANSMISSION**

**Date:** November 10, 2003

**Total number of pages including this page:** 7

**To:** Ardill Financial – Susan Dicks

**Subject:** WBA Financial Statements

**Fax No:** 905-841-0782

**From:** Marc Bailey

**Comments:**

---

Copy of WBA's draft Financial Statements for the Period ending June 30/03 for your use in my application for insurance.

Regards,

*Marc*

*Whitney Bailey*

**WHITNEY-BAILEY ASSOCIATES INC.**

**FINANCIAL STATEMENTS**  
**(Unaudited)**

**JUNE 30, 2003**

*Whitney Bailey*

**Notice to Reader**  
**Balance Sheet**  
**Statement of Income and Retained Earnings**  
**Notes to the Financial Statements**

**Wm. J. TROTTER & ASSOCIATES LLP CHARTERED ACCOUNTANTS**

---

*85 West Walnut Street, Suite 1, Richmond Hill, Ontario L4B 1K7 Telephone 905-764-2555 Fax 905-764-2553*

**NOTICE TO READER**

We have compiled the accompanying balance sheet of **WHITNEY-BAILEY ASSOCIATES INC.**, as at **JUNE 30, 2003** and the statement of income and retained earnings for the year then ended from information provided by management. We have not audited, reviewed or otherwise attempted to verify the accuracy or completeness of such information. Readers are cautioned that these statements may not be appropriate for their purposes.

*Richmond Hill, Ontario*  
*September 24, 2003*

**Chartered Accountants**

# WHITNEY-BAILEY ASSOCIATES INC.

## BALANCE SHEET (Unaudited - See Notice to Reader)

JUNE 30, 2003

	2003	2002
<b>ASSETS</b>		
<b>Current:</b>		
Cash and short term deposits	\$1,783,457	\$ 608,707
Accounts receivable	132,440	324,727
Work in progress	893,747	-
Prepaid expenses	80,506	21,657
Due from related companies (note 2)	<u>975,170</u>	<u>-</u>
	3,865,320	955,091
 Capital (note 3)	108,037	94,517
Goodwill, at cost less accumulated amortization	<u>1</u>	<u>25,000</u>
	<u>\$3,973,358</u>	<u>\$1,074,608</u>
 <b>LIABILITIES</b>		
<b>Current:</b>		
Accounts payable	\$ 240,388	\$ 141,344
Income taxes payable	1,233,736	100,119
Deferred revenue	<u>-</u>	<u>-</u>
	1,474,124	241,463
 Due to related companies (note 2)	<u>-</u>	<u>318,804</u>
	<u>1,474,124</u>	<u>560,267</u>
 <b>SHAREHOLDER'S EQUITY</b>		
Share capital (note 4)	50,100	50,100
Retained earnings	<u>2,449,134</u>	<u>464,241</u>
	<u>2,499,234</u>	<u>514,341</u>
	<u>\$3,973,358</u>	<u>\$1,074,608</u>

(See accompanying notes)

**WHITNEY-BAILEY ASSOCIATES INC.**

**STATEMENT OF INCOME AND RETAINED EARNINGS**  
 (Unaudited - See Notice to Reader)

**FOR THE YEAR ENDED JUNE 30, 2003**

	2003	2002
Revenue	<u>\$5,545,241</u>	<u>\$3,275,328</u>
Expenses:		
Insurance	49,871	35,481
Bad debts	40,000	24,955
Wages and benefits	1,200,461	742,577
Business development	11,109	14,127
Occupancy	75,727	40,477
Communications	15,004	10,673
Travel	22,962	19,709
Professional fees	204,188	23,143
Bank charges and interest	10,086	1,270
Outside services	540,977	556,093
Office and general	124,186	65,441
Amortization of capital assets	32,120	22,182
Amortization of goodwill	24,999	5,000
Management services	-	<u>1,500,000</u>
	<u>2,351,690</u>	<u>3,061,128</u>
Net income for the year before provision for income taxes	3,193,551	214,200
Provision for income taxes	<u>1,208,658</u>	<u>44,756</u>
Net income for the year	1,984,893	169,444
Retained earnings, opening	<u>464,241</u>	<u>294,797</u>
Retained earnings, closing	<u>\$2,449,134</u>	<u>\$ 464,241</u>

(See accompanying notes)

# **WHITNEY-BAILEY ASSOCIATES INC.**

## **NOTES TO THE FINANCIAL STATEMENTS** **(Unaudited - See Notice to Reader)**

**JUNE 30, 2003**

### **1. Significant accounting policies**

#### *Capital assets*

Capital assets are recorded at cost and amortized using the following annual rates and methods:

Office furniture and equipment	20% declining balance
Computer equipment	30% declining balance

#### *Goodwill*

Goodwill is recorded at cost and is being amortized over 10 years on the straight line method.

### **2. Due to/from related companies**

Non interest bearing and repayable on demand.

### **3. Capital assets**

	Cost	Accumulated Amortization	Net Book Value	
			2003	2002
Office furniture & equipment	\$ 57,521	\$ 30,433	\$ 27,088	\$ 28,377
Computer equipment	<u>149,058</u>	<u>68,109</u>	<u>80,949</u>	<u>66,140</u>
	<u>\$ 206,579</u>	<u>\$ 98,542</u>	<u>\$ 108,037</u>	<u>\$ 94,517</u>

**WHITNEY-BAILEY ASSOCIATES INC.**

**NOTES TO THE FINANCIAL STATEMENTS**  
**(Unaudited - See Notice to Reader)**

**JUNE 30, 2003**

**4. Share capital**

	<b>2003</b>	<b>2002</b>
<b>Authorized:</b>		
An unlimited number of common shares		
An unlimited number of non-cumulative, voting, class A shares, redeemable or retractable at \$10 per share		
<b>Issued:</b>		
100 common shares	\$ 100	\$ 100
5,000 class A shares (total stated capital of \$1)	<u>\$ 50,000</u>	<u>\$ 50,000</u>
	<u><b>\$ 50,100</b></u>	<u><b>\$ 50,100</b></u>



## Income Tax and Benefit Return

**KEEP THIS COPY  
FOR YOUR RECORDS**

**Identification**

First name and Initial, Last Name

NANCY A BAILEY

Mailing address: Apt. No. - Street No. Street name

WM. J. TROTTER & ASSOCIATES  
185 WEST WILMOT STREET

P.O. Box, R.R.

City Prov./Terr. Postal code  
RICHMOND HILL ON L4B 1K7**Information about your residence**Enter your province or territory of  
residence on December 31, 2002: OntarioEnter the province or territory where you currently  
reside if it is not the same as that shown  
above for your mailing address:If you were self-employed in 2002,  
enter the province or territory of  
self-employment: OntarioIf you became or ceased to be a resident of Canada in 2002, give the date of:  
Month Day Month Day

entry or departure

Enter your social insurance number (SIN):

473-427-714

Year Month Day

1967-12-19

Your date of birth:

Your language of correspondence:

Votre langue de correspondance: English  Français Check the box that applies to your marital status on December 31,  
2002: (see the "Marital status" section in the guide for details)1  Married 2  Living common law 3  Widowed4  Divorced 5  Separated 6  Single**Information about your spouse or  
common-law partner (if you checked box 1 or 2 above)**

Enter his or her SIN:

485-451-405

His or her

first name: CHARLES M

His or her net income for 2002 to  
claim certain credits:Check this box if he or she was self-employed in 2002: 109,537 48 If this return is for a deceased  
person, enter the date of death:

Do not use this area

Year Month Day

**Elections Canada (Canadian citizens only)**Do you authorize Canada Customs and Revenue Agency to provide your name, address, and date of birth  
to Elections Canada for the National Register of Electors?Yes  1 No  2

Your authorization is needed each year. This information will be used for electoral purposes only.

**Goods and services tax/Harmonized sales tax (GST/HST) credit application**

Are you applying for the GST/HST credit?

Yes  1 No  2Do not  
use this area

172

171

**Please answer the following question**

Did you own or hold foreign property at any time in 2002 with a total cost of more than CAN\$100,000?  
 (see the "Foreign income" section in the guide for details)

If yes, attach a completed Form T1135.

If you had certain dealings with a non-resident trust or corporation in 2002, see the "Foreign income" section in the guide.

266 Yes  1 No  2

As a Canadian resident, you have to report your income from all sources both inside and outside Canada.

**Total income**

Employment income (box 14 on all T4 slips)

**101**

Commissions included on line 101 (box 42 on all T4 slips)

**102**

Other employment income

**104**

**100,000.00**

Old Age Security pension (box 18 on the T4A(OAS) slip)

**113**

CPP or QPP benefits (box 20 on the T4A(P) slip)

**114**

Disability benefits included on line 114

(box 16 on the T4A(P) slip)

**152**

Other pensions or superannuation

**115**

Employment Insurance and other benefits (box 14 on the T4E slip)

**119**

Taxable amount of dividends from taxable Canadian corporations

**120**

**45.69**

Interest and other investment income (Schedule 4)

**121**

**687.21**

Net partnership income: limited or non-active partners only (Schedule 4)

**122**

Rental income Gross **160**

Net **126**

Taxable capital gains (Schedule 3)

**127**

Sch. payments received

Total **158**

Taxable amount

**128**

RRSP income (from all T4RSP slips)

**129**

Other income Specify:

**130**

Self-employment income

Business income Gross **162**

Net **135**

Professional income Gross **164**

Net **137**

Commission income Gross **166**

Net **139**

Farming income Gross **168**

Net **141**

Fishing income Gross **170**

Net **143**

Workers' compensation benefits (box 10 on the T5007 slip)

**144**

Social assistance payments

**145**

Net federal supplements (box 21 on the T4A(OAS) slip)

**146**

Add lines 144, 145 and 146

►147

Add lines 101, 104 to 143, and 147

Total Income

**150**

**100,732.90**

\*\*\* \* - 0782 - 941 965 \*

- PGNBNSONIC - \*\*\*

- JOHN and BETIE BIDDLE

NO.	NAME	OPENINGTIME	CLOSETIME	TIME	OPEN	CLOSE	PAGES	QUANTITY	OK	OT
	DIGNOSTIC	3100	3180	4711	0727	1127	120421	120421	800440808080	0

\*\*\*\*\* 60421 3111 3180 \*\*\*\* 2003/06/11 06:15:00 - 10000000 - 00000000 001-50 \*\*\*\*\*

Meeting

Bailey

7 Nov 03.

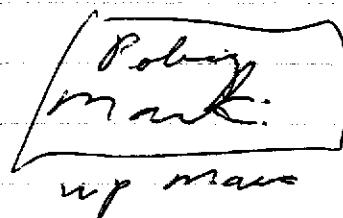
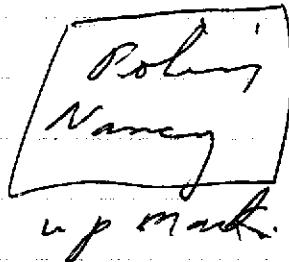
Marc applying 2 units w p. wh  
from paid till 65. ) cod

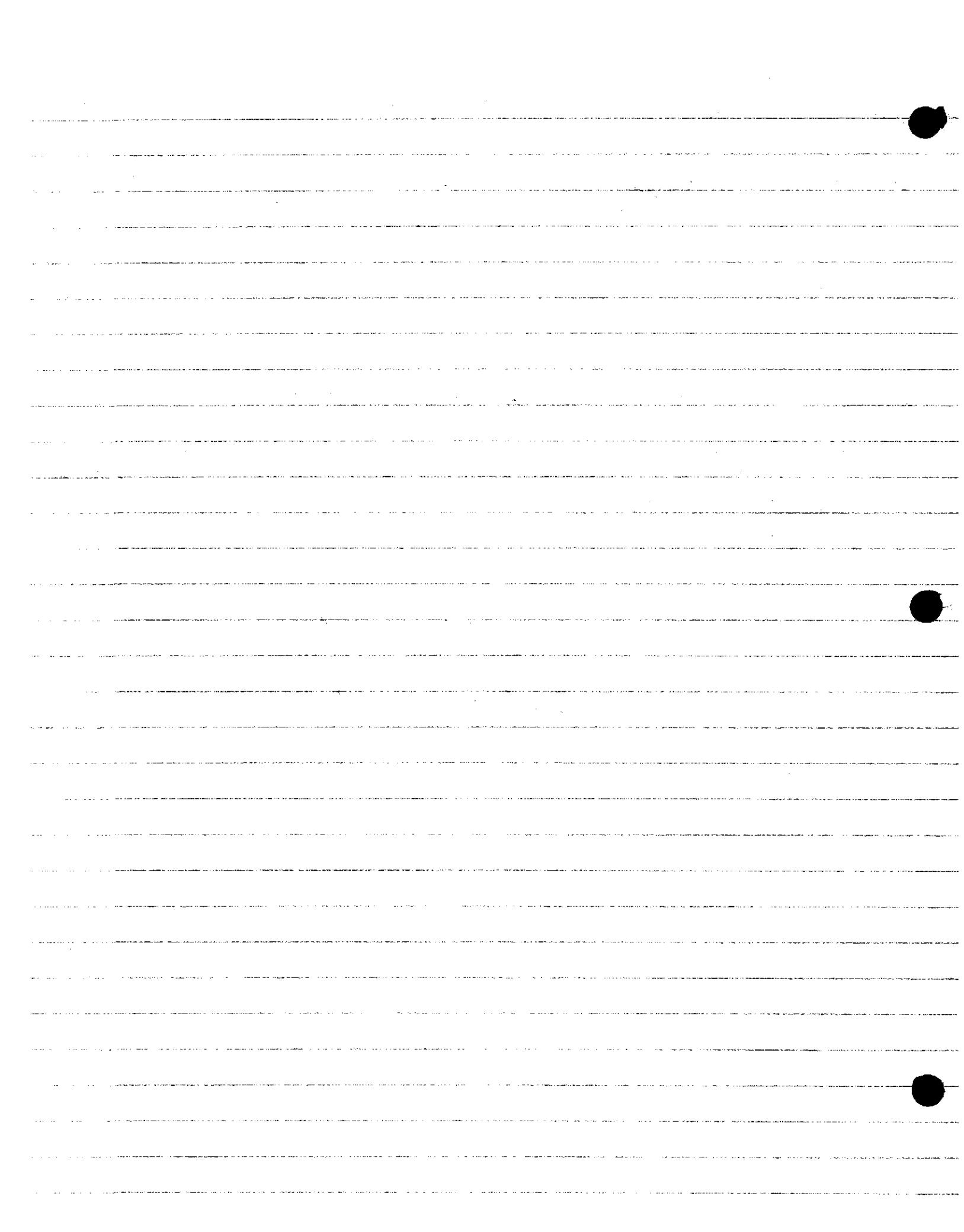
Nancy. " 100 K w.l.

Nancy owner. w p on Marc.

Next meeting 14 NOV 03 830 their home.  
joint w/ Peter

\$10,000





**PRODUCER COMMUNIQUE FOR**

**JOHNR. ARDILL - 95957**

Producer's Fax # (905)841-0782

UW Specialist: Maureen Cassell (Ext 4108)

Report Date: November 17, 2003

**APPLICANT**

App Status

App Type\*

Policy #

DATES

Application

Received

To CHO

Filed

**BAILEY, MARC**  
Underwriting Requirements:  
Satisfied:

Comments:

11/17/2003

Pending

F

10/31/2003

11/12/2003

11/06/2003

01/29/2004

This file will remain opened until 01/24/2003.

Please forward the following to our attention in order to complete the underwriting of the application for Future Income Option.

1. Require final version corporate income and expense statement for fiscal year ended 2002. Please indicate wage paid to insured during this fiscal period.

2. Does insured still have group coverage with Manulife? If so, please provide details: what is the monthly indemnity, ep, bp, taxable or non taxable?

3. To be eligible to income split, the spouse must work LESS THAN 20 hours per week in the business. Please confirm hours worked by the spouse, and supply 2002 T4 for spouse.

→ page 2 of 2002-T4 form?

Regards,  
Maureen

**Please use the space below to provide further details or missing information**

**Producer Reply:**

\* N=New Business, P=Preliminary App, M=Makeover, F=FO/GPI, A=AIB, S=Step Rate, C=Policy Change  
\*\* AGT=Agent Reply, APS=Attending Physician Statement, MVR=Motor Vehicle Report, MVS=Inspection Report, MVRS=Urine/HIV, IR=Dry Blood Spot, HCS=Blood Chemistry Profile, BCP=Blood Chemistry Profile, SHS=Supplemental Health Statement

*Investment Planning Counsel™*

of Canada

FINANCIAL PLANNING PROFESSIONALS

# IPC Mortgage Brokerage Services

***Open your door to savings with the IPC Mortgage Brokerage Service.***

IPC Save Inc., a wholly owned subsidiary of Investment Planning Counsel of Canada, offers a full spectrum of flexible and creative mortgage products to help you become "mortgage-free" faster. (Currently available in Ontario only.)

***We shop the mortgage market to maximize your savings!***

	IPC Mortgage Brokerage Services Rates*	Bank Posted Rates	Savings
Variable Rate	1.74% (3 mo.)	4.25%	N/A
6 Month Convertible	4.75%	5.75%	-1.00%
1 Year Closed	4.55%	5.55%	-1.00%
2 Year Closed	5.30%	6.30%	-1.00%
3 Year Closed	5.60%	6.60%	-1.00%
4 Year Closed	6.05%	7.05%	-1.00%
5 Year Closed	5.90%	7.25%	-1.35%
7 Year Closed	6.30%	7.95%	-1.65%

**Benefits to Investment Planning Counsel of Canada Clients:**

- Access to a wide range of lending institutions
- Special discounted rates and product offers up to your closing date
- Flexible repayment and prepayment options
- Pre-approvals and rate guarantees up to 120 days

For full details, contact:

Your Name Here

At (905) 212-9799

12345 AnyStreet, Suite 100, AnyTown/City, Province, A1B 2C3  
Website: [www.mywebsite.com](http://www.mywebsite.com)

Dealer Name

Call us today for  
the latest rates  
and savings!

\*Rates as of June 28, 2002 on approved credit. Rates are subject to change without notice. Some terms and conditions apply. In consideration for the efforts in making you aware of this credit product and facilitating the successful sale of the product, the dealer identified below may receive a referral fee from IPC SAVE Inc. equal to a maximum of 25% of the value of the finder's fee for providing this product. The financial representative is not a registered mortgage broker or lender and is not licensed to provide advice on any mortgage and lending matters. The representative's role is limited to referring a potential client to one/various credit providers.

HUNTER

MCCRQUODALE INC.

Yonge-Eglinton Centre  
2910 - 2300 Yonge St.  
Toronto, Ontario  
M4P 1E4

Tel: (416) 322-7268  
Fax: (416) 322-6846  
Toll-free: 1-888-995-9199  
Email: info@hunter-mccrquodale.com

**BROKERS REPORT**

***INSUREability™***

**Please submit this report with each INSUREability application, and complete the Application Submission Checklist.**

- Applications must be submitted no later than 20 days after the date the application is signed.
- The Monthly Disability Income Benefit applied for must be in multiples of \$25.
- You need to obtain a cheque for at least one month's premium. We will not proceed to underwrite an application unless a premium cheque is submitted with the application. Please make the cheque payable to "Reliable Life Insurance Company".  
(Please note: No interim or conditional coverage is provided during the underwriting process.)
- Please advise the applicant that the underwriter may conduct a telephone interview.
- Please note that coverage effective dates are always the 1<sup>st</sup> of the month.
- If your client has been declined for disability insurance coverage in the last 6 months, please advise what medical requirements were obtained, and by which insurance carrier.

No

- Please advise under what company or individual name should the Agent Contract be titled?

JOHN R. ARDILL

- Is there any other information that would be helpful in assessing this application?

---

---

**Application Submission Checklist**

Have you included ...

- this brokers report fully completed. (if you are not contracted with us, please send a copy of your license and errors & omissions insurance, we will not begin to underwrite without it)
- a fully completed application including your signature and that of the proposed insured.
- a deposit cheque, for at least one month's premium is mandatory. (No C.O.D. cases allowed)
- if premiums are monthly, the PAP authorization and a void cheque.
- financial evidence and/or signed financial authorization form. (must be submitted within 30 days)
- a copy of the quote specifying benefits and premium applied for.

**SUSAN**

---

**From:** "Vic Arnaud (CP)" <vica@hunter-mccorquodale.com>  
**To:** "John Ardill" <john@ardillfinancial.com>  
**Sent:** Monday, November 24, 2003 12:11 PM  
**Subject:** RE: Charles Bailey - INSUREability Application

John,

An update...

The financial documentation has been received.

We are awaiting the medical report from Dr. Asha Sondhi. The original request was sent on November 7th. A follow up was sent today, November 24th.

Your client may wish to contact the doctor's office to advise them to complete the report as soon as possible in order to expedite the application.

Thanks, Vic

> -----Original Message-----

> From: Vic Arnaud (CP) [mailto:vica@hunter-mccorquodale.com]  
> Sent: Friday, November 07, 2003 10:55 AM  
> To: John Ardill  
> Subject: RE: Charles Bailey - INSUREability Application

>

> John,

>

> The underwriter has reviewed the application. The following are the  
> initial underwriting requirements.

>

>

> Medical Information Required

>

> Hunter-McCorquodale will obtain medical records, office notes and  
> lab results from Dr. Asha Sondhi

>

> Financial Information Required

>

> Copy of the most recent completed financial statements for his  
> corporation and what his % ownership is.

>

> Miscellaneous Information Required

>

> Telephone Interview will be conducted when medical records are  
> received.

>

>

12 Nov 2003  
B2760/A24

MACKENZIE FINANCIAL CORPORATION  
RRIF INCOME SELECTION LETTER REPORT - REP COPY  
SLSREP : 7752-3020 J ARDILL/P ARDILL

PAGE: 799

CLIENT NAME	AGE	BIRTH-DATE	TELEPHONE	ACCT-ND	FND	SP	MKT-VALUE	QL	MIN-WDRAW
ARDILL	076	1927-05-25	416-438-6203	027709971	00611 N		14253.34		
KENNETH R				027709971	00824 N		13372.35		
				027709971	00832 N		31313.84		
** NEXT YR ESTIMATE				027709971	TOT N		58939.53		4709.27
STAFFORD	070	1933-08-28	905-895-9455	070332408	00031 Y		77546.69		
GERALD				070332408	00032 Y		78511.38		
** NEXT YR ESTIMATE				070332408	TOT Y		164747.75		7737.39



**ARDILL**

Creator of 'The Lifecycle Puzzle'™

2 Orchard Heights Blvd, Unit 27,  
Aurora, Ontario L4G 3W3  
Tel: 416-657-2057 or 905-713-3795  
Fax: 905-841-0782  
E-mail: john@ardillfinancial.com

**M E M O**

**Date:** November 4, 2003

**To:** Shawn

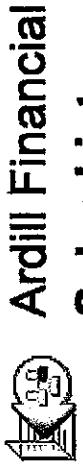
**From:** John

---

**Subject:** Marc Bailey, Whitney-Bailey Associates Inc. Group Booklet

Enclosed is a copy of Marc's group benefit booklet in anticipation of our November 11<sup>th</sup> meeting regarding health flex spending account. We will be meeting with Marc and his 2 partners.

*John*



## Sales List

Date Range: 07/01/2003 - 09/30/2003

Status	Contact	Company	Sales Stage	Reason	Close Date	Product	Price	Amount	Broch.
Sales Opportunity	Mr. Joe Pasquale	Compass Freight Services	Questionnaire Requested		08/25/2003	LEAP		100	
Sales Opportunity	Mr. David Hill	Hill & Gentner Capital Cor...	Questionnaire Requested		07/22/2003	LEAP		100	
Sales Opportunity	Mr. Peter Teache	Capital Canada Limited	Questionnaire Requested		07/28/2003	LEAP		100	
Sales Opportunity	Mr. Terry Bessette	Bessette Design - Build ...	Questionnaire Requested		07/10/2003	LEAP		100	
Sales Opportunity	Mr. D. Neil Pengelly	Brookland Electrical	Questionnaire Requested		07/23/2003	LEAP		100	
Sales Opportunity	Mr. Patrick Borg	Trophy Foods Inc.	Questionnaire Requested		07/03/2003	LEAP		100	
Sales Opportunity	Mr. William Robb	The Henderson Robb Group	Questionnaire Requested		09/16/2003	LEAP		100	
Sales Opportunity	Dr. Scott Windsor	Dixon Medical Centre	Review Present Plan		08/18/2003	LEAP		100	
Sales Opportunity	Mr. Donald Greenham	Lansing Healthcare Mana...	Review Present Plan		09/25/2003	LEAP		100	
Sales Opportunity	Mr. Darryl d'Sa	ATI Technologies Inc.	Case Open		09/05/2003	10 Year Term		100	
Sales Opportunity	Mr. Darryl d'Sa	ATI Technologies Inc.	Case Open		09/05/2003	10 Year Term		100	
Sales Opportunity	Mr. Mark Draper		Commission Outstanding		09/29/2003	Universal Life	\$20,000.00	100	
Closed/Won Sale	Mr. Alan S. Kay	MakMaster, Molmyre & S...	Closed/Won		07/04/2003	Disability Insurance	\$3,026.00	100	
Closed/Won Sale	Mr. R. Ian Gudgeon	The Hillman Group	Closed/Won		07/03/2003	10 Year Term C&R	\$821.70	100	
Closed/Won Sale	Mr. Scott Fingler	Fiber Connections Inc.	Closed/Won		07/04/2003	10 Year Term C&R	\$805.00	100	
Closed/Won Sale	Ms. Deborah Bennett	Minees Worldwide	Closed/Won		07/04/2003	10 Year Term C&R	\$805.72	100	
Closed/Won Sale	Mr. Jack Steckel	Capital Canada Limited	Closed/Won		07/30/2003	10 Year Term C&R	\$4,168.30	100	
Closed/Won Sale	Mr. Bruce McAlary	McAlary's Gifts & Furniture	Closed/Won		07/04/2003	10 Year Term C&R		100	
Closed/Won Sale	Mr. Giovanni Lamerza	Lamerza Investments Co...	Closed/Won		07/04/2003	Tax Shelter	\$4,083.42	100	
Closed/Won Sale	Mr. Steven Wood	Anglo	Closed/Won		07/16/2003	10 Year Term R ...	\$340.20	100	
Closed/Won Sale	Mr. Sanford McFarlane	Davis & Henderson Ltd.	Closed/Won		07/04/2003	Tax Shelter	\$70.46	100	
Closed/Won Sale	Mr. Rocco Pitrone	Authentic Custom Cycle...	Closed/Won		07/04/2003	10 Year Term C&R		100	
Closed/Won Sale	Mr. Rick Hyde	Tictron Technology	Closed/Won		07/04/2003	Group Benefits		100	
Closed/Won Sale	Mr. James Latimer	Lotek Wireless Inc.	Closed/Won		07/04/2003	Tax Shelter	\$3,408.91	100	
Closed/Won Sale	Mr. David McCready	BVA Systems Ltd.	Closed/Won		07/28/2003	10 Year Term R ...	\$863.84	100	
Closed/Won Sale	Mr. David McCready	BVA Systems Ltd.	Closed/Won		09/05/2003	Universal Life	\$1,263.84	100	
Closed/Won Sale	Mr. C. Paul Storace	Ellis Eyewear	Closed/Won		07/04/2003	Employee Benefits		100	
Closed/Won Sale	Mr. Steven Wood	Anglo	Closed/Won		07/16/2003	Universal Life	\$2,138.78	100	
Closed/Won Sale	Mr. Norman R. Seawright	NewCap Financial Inc.	Closed/Won		07/31/2003	10 Year Term C&R	\$1,216.13	100	
Last Sale	Mr. Dave Woodburn	CANAM Software Labs, Inc.	Lost	not interested	08/18/2003	LEAP		100	
Last Sale	Mr. Lawrence B. Smith	Private Capital Markets ...	Lost	In survival mode	08/18/2003	LEAP		100	



**ARDILL**

**Creator of 'The Lifecycle Puzzle'™**

PREVIOUSLY  
**FAXED**  
No 363  
@ 1:20

2 Orchard Heights Blvd, Unit 27,  
Aurora, Ontario L4G 3W3  
Tel: 416-657-2057 or 905-713-3795  
Fax: 905-841-0782  
E-mail: john@ardillfinancial.com

## **F A X**

**Date:** November 3, 2003

**To:** Underwriting Dept.

**Fax:** 888-246-0098

**From:** Mrs. Susan Dicks

**Pages:** 5

---

**Subject:** **Marc Bailey, Policy #048431**

Please accept the enclosed as application to exercise Mr. Bailey's FIO along with income verification. The original documents will be sent to you tomorrow via courier.

If you have any questions, please contact Susan Dicks at 416-657-2057, extension 3.

Sincerely,

John R. Ardill, CFP, CLU, CH.F.C.

**Provident Life and Accident Insurance Company**  
P.O. Box 5044, 1122 International Boulevard, Burlington, ON L7R 4C1

**Application for  
Future Income Option and  
Guaranteed Physical  
Insurability  
(FIO)/(GPI)**

Name **MARC BAILEY**  
Address **215 PARK AVENUE**  
City, Province **HOLLAND LANDING, ONTARIO**  
Postal code **L9N 1J7**

Policy No. **048431**  
Option Date:  
Birthdate: **JAN 23, 1968**

**PLEASE ANSWER ALL QUESTIONS:**

1. What option amount do you wish to apply for? \$ **2,000**
2. Are you currently disabled? Yes  No  If "yes", indicate the nature of your disability and the date of onset:
3. a. Describe all coverage, in force and pending. Include disability coverage under (A) individual, (C) association, (D) group LTD, (E) salary continuation or employer sick pay disability income coverage, (O) accident only, (V) government plans or other (specify) **If none, write 'none'.**

Company	Issue Date	Life	Personal Disability	Type of Coverage A.C. etc. from above	Monthly Indemnity	Taxable Yes No	Elimination Period	Benefit Period	To be cont'd? Yes No	Replacement Date
<b>NONE</b>										

- b. If you have group coverage, would you accept the addition of a group offset amendment, if required, due to your group coverage in force? Yes  No
4. Are you eligible for Employment Insurance benefits (EI)? Yes  No
5. a. What is your current occupation? **STRUCTURAL ENGINEER**  
Complete section b, c, or d, as appropriate.

- b. Are you an employee? Yes  No  If "yes", what is your current annual salary? \$
- c. Are you a commissioned salesperson? Yes  No   
If "yes", what is your net income after business expenses? \$
- d. Are you self-employed? Yes  No  If "yes", what is your percentage of ownership? **33%**  
How is your business organized? Sole owner  Partnership  Corporation   
(Check one)

Do you income split? Yes  No  If "yes", how many hours per week does your spouse/child work in the business? **25 HR.**

What is the amount of the income split to your spouse/child? \$ **100,000**

If your business is incorporated, provide your proportionate share of the corporate profit/loss amount prior to business income tax for the most recent tax year. Profit/Loss (circle) **\$700,000**

- e. Complete In all cases: What was your net annual earned income, as declared on your federal income tax forms, for the most recent tax year? \$ **120,000**

(Note: Net earned income is your net income after all business expenses, but before personal income taxes. Earned income does not include other sources of income such as EI/WCB benefits, RRSP income, family allowance or any income which is not dependant on your ability to work.)

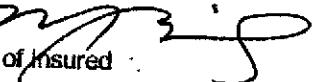
**PLEASE SUBMIT PAGES 1 & 2 OF YOUR MOST RECENT FEDERAL PERSONAL TAX RETURN. THESE ARE REQUIRED TO CONSIDER YOUR APPLICATION.**

It is understood and agreed as follows:

1. I have read the statement and answers made above. They are, to the best of my knowledge and belief, true and complete and correctly recorded. They will become part of the Application and the basis for any increase in insurance issued on it.
2. I will discontinue all policies shown to be discontinued in answer to question 3 on or before the date(s) indicated. The Company will rely on such answers in determining the increase, if any, in insurance it will issue.
3. Your application is subject to approval by the Company at the Canadian Head Office. If approved, coverage will become effective as of the option date shown on the front of this form. Any increase in insurance must be justified according to the Company's issue and participation limits in effect on the date this Application is signed.
4. The Incontestable clause of the Policy will apply to the increase for a period of two years from the date the increase becomes effective, excluding any time you are disabled.
5. The information which you provide to us will be used solely for the purpose of evaluating your insurability.
6. For residents of Quebec only: I understand that the Company will create and maintain at its Head Office a file for the purposes of this application and any subsequent claim. Only the employees, mandatories or agents responsible for such purpose will have access to it. I am entitled to consult the personal information contained in this file and where applicable have it rectified, by formulating a written request to the Company.

The Company is authorized to use any previously collected information in its evaluation of this application.

Signed at AURORA

X   
Signature of Insured

Date ~~NOVEMBER~~ OCTOBER 31, 2003

X  
Signature of Owner (if other than the insured)

REMARKS:

FOR HEAD OFFICE USE ONLY:

Agent Number:

Agent Co. Code:

National Account Code:

Collection Point:

Mode:

Old Premium:

New Total Premium:

Cost per \$100:

Base Unit Offered:

Double Option Offered:

Carryover Offered:

Total Amount Offered:

Date of Notification:

## Income Tax and Benefit Return

## Identification

First name and Initial, Last Name

CHARLES M BAILEY

Mailing address: Apt. No. - Street No. Street name

WM. J. TROTTER & ASSOCIATES  
185 WEST WILMOT STREET

P.O. Box, R.R.

City RICHMOND HILL Prov./Terr. ON Postal code L4B 1K7

## Information about your residence

Enter your province or territory of residence on December 31, 2002: Ontario

Enter the province or territory where you currently reside if it is not the same as that shown above for your mailing address:

If you were self-employed in 2002, enter the province or territory of self-employment: Ontario

If you became or ceased to be a resident of Canada in 2002, give the date of entry

Month Day

or departure

## Information about you

Enter your social insurance number (SIN)

485-451-405

Year Month Day

Your date of birth: 1968-01-23

Your language of correspondence:

Votre langue de correspondance : English  Français 

Check the box that applies to your marital status on December 31, 2002: (see the "Marital status" section in the guide for details)

- |   |  |                                    |
|---|--|------------------------------------|
| 1 <input checked="" type="checkbox"/> Married | 2 <input type="checkbox"/> Living common law | 3 <input type="checkbox"/> Widowed |
| 4 <input type="checkbox"/> Divorced           | 5 <input type="checkbox"/> Separated         | 6 <input type="checkbox"/> Single  |

## Information about your spouse or common-law partner (if you checked box 1 or 2 above)

Enter his or her SIN: 473-427-714His or her first name: NANCY A.

His or her net income for 2002 to claim certain credits:

90,005.35Check this box if he or she was self-employed in 2002: 

1

If this return is for a deceased person, enter the date of death:

Year Month Day

Do not use this area

## Elections Canada (Canadian citizens only)

Do you authorize Canada Customs and Revenue Agency to provide your name, address, and date of birth to Elections Canada for the National Register of Electors?

Yes  1 No  2

Your authorization is needed each year. This information will be used for electoral purposes only.

## Goods and services tax/Harmonized sales tax (GST/HST) credit application

Are you applying for the GST/HST credit?

Yes  1 No  2

Do not use this area	<b>172</b>				<b>171</b>			
----------------------	------------	--	--	--	------------	--	--	--

**Please answer the following question**

Did you own or hold foreign property at any time in 2002 with a total cost of more than CAN\$100,000?  
 (Read the "Foreign income" section in the guide for details)

If yes, attach a completed Form T1135.

If you had certain dealings with a non-resident trust or corporation in 2002, see the "Foreign income" section in the guide.

1 Yes  2 No

As a Canadian resident, you have to report your income from all sources both inside and outside Canada.

**Total income**

Employment income (box 14 on all T4 slips)

101

Commissions included on line 101 (box 42 on all T4 slips)

102

Other employment income

104

Old Age Security pension (box 18 on the T4A(OAS) slip)

113

120,000 00

CPP or QPP benefits (box 20 on the T4A(P) slip)

114

Disability benefits included on line 114  
 (box 16 on the T4A(P) slip)

152

Other pensions or superannuation

115

Employment Insurance and other benefits (box 14 on the T4E slip)

119

Taxable amount of dividends from taxable Canadian corporations

120

45 69

Interest and other investment income (Schedule 4)

121

32 65

Net partnership income: limited or non-active partners only (Schedule 4)

122

Rental income Gross 180

Net 126

Taxable capital gains (Schedule 3)

127

RSP payments received Total 156

Taxable amount 128

RSP income (from all T4RSP slips)

129

Other income Specify:

130

Self-employment income

Business income

Gross 162

Net 135

Professional income

Gross 164

Net 137

Commission income

Gross 166

Net 139

Farming income

Gross 168

Net 141

Fishing income

Gross 170

Net 143

Workers' compensation benefits (box 10 on the T5007 slip)

144

Social assistance payments

145

Net federal supplements (box 21 on the T4A(OAS) slip)

146

Add lines 144, 145 and 146

►147

Add lines 101, 104 to 143, and 147

Total income

150 120,078 34

**Disability Review**  
**Marc Bailey**

Current Monthly Benefit	Current Monthly Cost	Additional Monthly Benefit	Additional Monthly Cost	New Monthly Benefit	New Monthly Cost
\$1,350.00	\$33.88	\$100	\$2.87	\$1,450	\$36.75
		\$200	\$5.74	\$1,550	\$39.62
		\$300	\$8.61	\$1,650	\$42.49
		\$400	\$11.48	\$1,750	\$45.36
		\$500	\$14.35	\$1,850	\$48.23
		\$600	\$17.22	\$1,950	\$51.10
		\$700	\$20.09	\$2,050	\$53.97
		\$800	\$22.96	\$2,150	\$56.84
		\$900	\$25.83	\$2,250	\$59.71
		\$1,000	\$28.70	\$2,350	\$62.58
		\$1,100	\$31.57	\$2,450	\$65.45
		\$1,200	\$34.44	\$2,550	\$68.32
		\$1,300	\$37.31	\$2,650	\$71.19
		\$1,400	\$40.18	\$2,750	\$74.06
		\$1,500	\$43.05	\$2,850	\$76.93
		\$1,600	\$45.92	\$2,950	\$79.80
		\$1,700	\$48.79	\$3,050	\$82.67
		\$1,800	\$51.55	\$3,150	\$85.43
		\$1,900	\$54.33	\$3,250	\$88.41
		\$2,000	\$57.40	\$3,350	91.28

- Prior to the end of the 6th year (this year), additional benefit is exercisable in increments of \$100 to \$2,000 UP TO NOV 1ST, 2003. Effective next year (2004) additional benefit is for a maximum of \$400 only.
- This is a quote only, a system calculation will be based on financial qualification.

for Union 888-246-0090 early Nov. to qualify

**SUSAN**

---

**From:** "Michael Taylor" <miket@hunter-mccorquodale.com>  
**To:** <john@ardillfinancial.com>  
**Sent:** Thursday, October 30, 2003 5:20 PM  
**Attach:** DI for M. Bailey (1000) (INSUREa) (J. Ardill).pdf; DI for M. Bailey (6000) (INSUREa) (J. Ardill).pdf; INSUREability Application.pdf; INSUREability Brokers Report.pdf; INSUREability FAQs Spring 2002.pdf; INSUREability Plan Description.pdf  
**Subject:** INSUREability for M. Bailey

Hi John,

Thank you for your inquiry,

We can consider your client for coverage and have quoted up to a ten year benefit period.

Attached is the quotation for \$6,000 per month (max. tax free amount available based on inc. of 220K and inforce of 1350/mth tax free) , also included is a quote for \$1,000 per month (there is no policy fee in the product - therefore it is quite simple to calculate alternative benefit amounts)

Also attached is an application, a plan description, brokers report and a FAQ page

The commission paid on these plans is 30% FYC and 5% renewals.

Thank you for quoting our special risk products. Let me know if I can be of further assistance.

Michael Taylor  
Brokerage Manager  
Hunter McCorquodale Inc.  
2910 - 2300 Yonge Street  
Toronto, Ontario M4P 1E4

1-888-995-9199  
416-322-7268 ext. 225  
416-322-6846 Fax

email: [miket@hunter-mccorquodale.com](mailto:miket@hunter-mccorquodale.com)

Website [www.hunter-mccorquodale.com](http://www.hunter-mccorquodale.com)

HUNTER

MCCRQUODALE INC

*An Update on*

**Distinctive Risk Products**

*Spring 2002*

**INSUREability**

**Transition L.T.D.**

**EZ Plan 1.2.3/Unique Life**

**LLOYD'S**

## **INSUREability™ - Frequently Asked Questions**

***Is the product guaranteed issue?*** No, it is fully underwritten – an application is required, and an APS is ordered on most cases. This is a high end product that is generally purchased by executives, professionals, business owners and other high income earners. We estimate that we can insure 85% of regular market declines on the product but we can't insure everybody. Preliminary underwriting enables us to give a fairly firm indication of what we might be able to offer. As a result less than 10% of those that apply are declined for medical reasons. In these cases usually the individual was not controlling their condition or the condition has been getting progressively worse. Usually, the broker in these cases was not fully aware of the seriousness of the medical impairment.

***How can you insure those  
that traditional insurers can't?***

The product, underwriting and pricing of Insureability were developed specifically for this market and have been refined over the 17 years that the product has been sold. Our underwriters assess impaired risks for a number of companies and have been doing so for many years. Traditional insurers target healthy or moderately substandard risks. They do not feel they can underwrite highly substandard risks profitably and prefer not to insure these individuals at all.

***Why can't the product be offered on a non-cancellable basis, with a benefit period to age 65, and without graded benefits?*** The product is designed to enable us to offer coverage to many who otherwise would not be able to obtain coverage at all. Although premiums and renewability are not guaranteed, there has never been a rate increase or a termination due to poor claims experience. Although we cannot offer a benefit period to age 65 we can offer a 10 year BP to many applicants, which provides substantial protection. The graded benefit generally applies only to claims due to sickness in the first two policy years and is necessary to reduce antiselection. It also enables us to be flexible in underwriting those who have had recent career changes – often this is the reason they need coverage i.e. They were on a group LTD plan and now require private coverage but have been declined.

***Who is Reliable Life?*** Reliable Life originated in Hamilton, Ontario in 1887 and markets a variety of life, disability, creditor, health, travel and student accident insurance products. Reliable Life is a member of the Old Republic Life Insurance Group, one of the United States' fifty largest publicly held insurance organizations. At December 31, 2000, Reliable Life's capital was 2.5 times greater than the amount required by OSFI.

---

***We can help you help your "hard to insure" clients.***

*For more information or to receive a quote call us*

Toll free at 1-888-995-9199 or in Toronto at (416) 322-7268

Fax (416) 322-6846

Email: [info@hunter-mccorquodale.com](mailto:info@hunter-mccorquodale.com)

Website : [www.hunter-mccorquodale.com](http://www.hunter-mccorquodale.com)

---

## INSUREABILITY PLAN DESCRIPTION

Feature	2 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period
Issue Ages	18 - 64	18 - 59	18 - 54
Elimination periods	30, 60, 90, 120, 180	60, 90, 120, 180	60, 90, 120, 180
Minimum annual income	\$20,000	\$30,000	\$40,000
Minimum monthly benefit	\$500	\$1,000	\$1,500
Maximum monthly benefit	\$10,000	\$10,000	\$10,000

**Total Disability Benefits:** You will receive monthly benefits for total disability after you have been totally and continuously disabled for the number of days in the elimination period. Benefits will continue for as long as you remain totally disabled, but not longer than the maximum benefit period for any one period of disability. Benefits will end at age 65 but if disability occurs at age 63 or later, a minimum of two years payments will be made while total disability continues.

**Graded Sickness Benefits:** If disability due to sickness occurs during the first two policy years, you will receive a reduced benefit (there is no reduction if disability is due to accident):

If disability occurs during:

You will receive:

1st policy year	35% of regular amount
2nd policy year	70% of regular amount
thereafter	100% of regular amount

**Definition of Total Disability:** You will be considered totally disabled if you are unable, due to sickness or injury, to perform the substantial duties of your regular occupation, and you are not engaged in any gainful occupation. You must be receiving appropriate care from a physician.

**Working Disability Benefits:** If you meet the definition of total disability except that you choose to engage in another gainful occupation you will continue to receive benefits for up to an additional year as long as you are earning less than 25% of your pre-disability earnings. Your benefit will be reduced by your earnings from the other occupation.

**Partial Disability Benefits (Optional):** If you are partially disabled after a period for which you received benefits for total disability, for up to six months you will continue to receive 50% of the amount you would have received if you had remained totally disabled.

**Definition of Partial Disability:** You will be considered partially disabled if you are unable, due to sickness or injury, to perform the substantial duties of your regular occupation for at least 50% of the time you normally work, or if you are unable to perform one or more of the substantial duties of your regular occupation. You must be receiving appropriate care from a physician.

1. *Chlorophytum comosum* L. (Liliaceae) -  
This plant is a common species found throughout the world, particularly in tropical and subtropical regions. It has a dense cluster of long, narrow, sword-shaped leaves at the base, and a single, upright flower spike with numerous small, bell-shaped flowers.

2. *Clivia miniata* (A.A. Gray) Baker (Amaryllidaceae) -  
This is a popular houseplant from South Africa. It features large, showy, orange-red flowers arranged in a terminal spike. The leaves are thick, strap-like, and arranged in a fan shape.

3. *Crinum asiaticum* L. (Amaryllidaceae) -  
A large, clump-forming plant with long, pendulous, drooping flowers in shades of white, yellow, or pink. The leaves are long and linear, often with distinct purple markings.

4. *Dieffenbachia seguine* Schott (Araceae) -  
Known as the dumb cane, this plant is native to South America. It has thick, fleshy leaves with prominent veins and can produce clusters of small, star-shaped flowers.

5. *Eucharis grandiflora* (L.) Ker Gawler (Amaryllidaceae) -  
A large, dramatic plant with massive, funnel-shaped flowers in shades of red, orange, or yellow. The leaves are broad and lanceolate.

6. *Gloriosa superba* (L.) Don (Colchicaceae) -  
A climbing plant with bright orange-red flowers and long, slender, tubular bracts. It is known for its ability to climb vertical surfaces.

7. *Hedychium coronarium* L. (Zingiberaceae) -  
The fragrant ginger lily, with its characteristic ginger-like fragrance. It has tall, upright flower spikes with numerous small, bell-shaped flowers.

8. *Haemanthus coccineus* L. (Amaryllidaceae) -  
A striking plant with large, red, bulbous leaves and clusters of bright red flowers with prominent stamens.

9. *Kniphofia uvaria* (L.) Ker Gawler (Xanthorrhoeaceae) -  
The poker plant, featuring long, upright flower spikes with many small, tubular flowers that resemble poker chips.

10. *Lobelia cardinalis* L. (Campanulaceae) -  
A tall, slender plant with long, pendulous flower spikes bearing numerous small, bell-shaped flowers in shades of blue, purple, or white.

11. *Quinchamalium chilense* (L.) Molina (Myrsinaceae) -  
A large evergreen tree from Chile, known for its edible, tart red berries.

## **PLAN DESCRIPTION** (continued)

**Waiver of Premium:** Once you have been totally disabled for 90 consecutive days, you will not be required to pay any further premiums as long as you continue to receive disability benefits.

**Survivor Benefit:** If you should die while collecting benefits for total disability, a death benefit equal to two times the most recent monthly benefit payment will be paid to a beneficiary, provided benefits had been paid for at least six months prior to your death.

**Renewability:** You may renew the plan for as long as you are actively at work on a full-time basis, until age 65. Premiums cannot be increased and coverage cannot be terminated except on a class basis (e.g. all insureds in a province).

**Mental or Nervous Disorders Benefit:** If you are totally disabled due to a mental or nervous disorder you will receive 50% of the monthly benefit you would otherwise receive, for a maximum period of six months.

**Integration:** If you receive disability benefits under a government programme (e.g. CPP/QPP, Workers' Compensation, no-fault automobile insurance) or from any other disability coverage that you purchase or become eligible for after you apply for this coverage, your benefits may be reduced. This will only happen if your benefits from the plan plus your other benefits exceed 85% of your pre-disability earnings.

**Exclusions:**

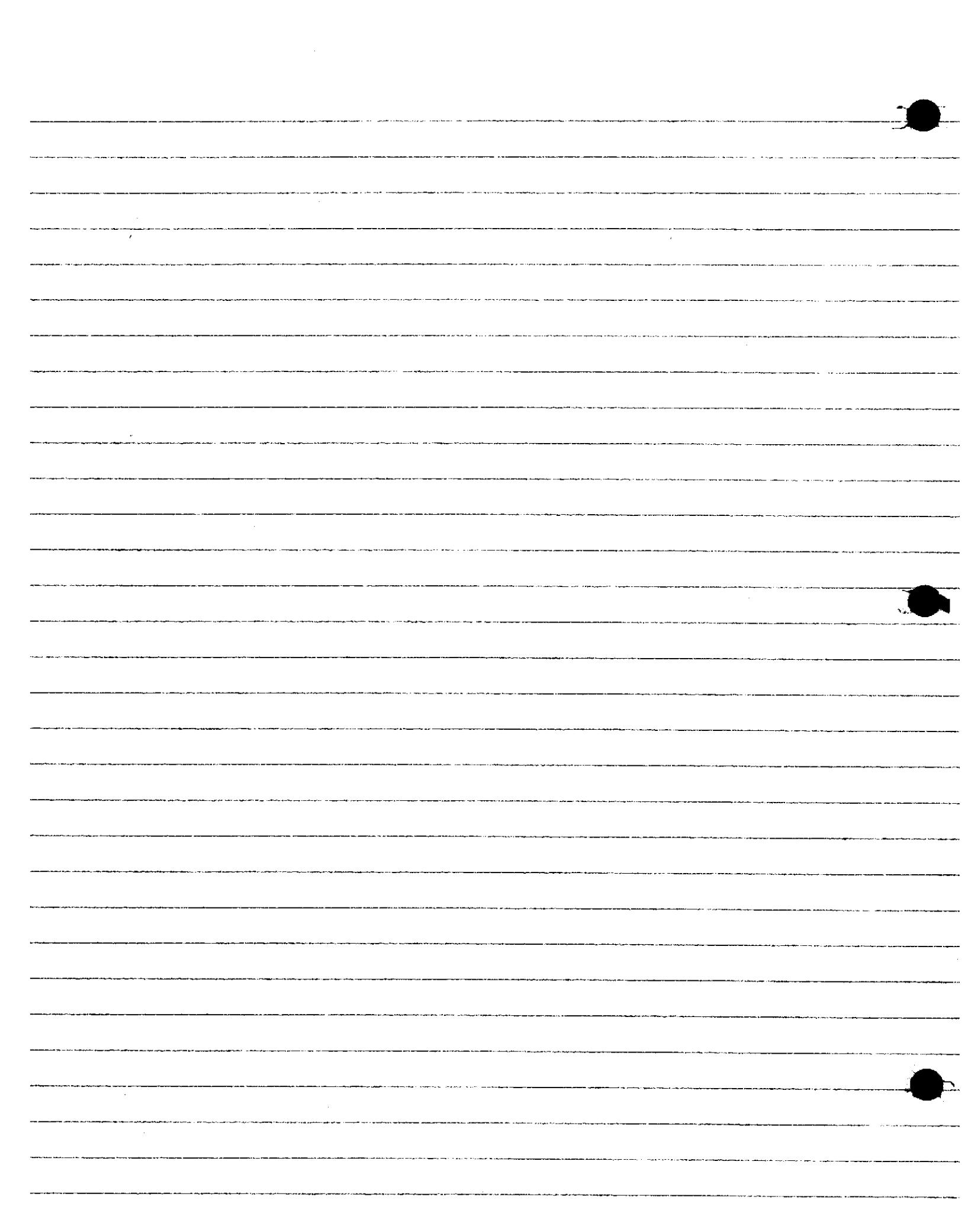
- War; riot; insurrection; military service
- Attempted suicide; intentionally self-inflicted injuries
- Commission or attempted commission of a crime; engaging in an illegal endeavour
- Parachuting, hang-gliding, bungee jumping, rock or ice climbing, or motorized racing or speeding contests
- Flying other than as a commercial passenger
- Driving while intoxicated
- Use of controlled substances other than as prescribed by a physician
- Experimental treatment
- Normal pregnancy, childbirth or elective abortion (complications of pregnancy are covered)
- Disabled more than 120 days while outside Canada or U.S. unless hospitalized
- Incarceration
- Undisclosed pre-existing conditions (exclusion applies only in the first two policy years)

**Please note:** This is intended as a summary of the important features of the plan. The actual policy provisions will govern the payment of claims. Please review your policy with your broker thoroughly when you receive it to be sure you understand its terms.

- Moms on Meeting 29 Bailey
- adjust for max disability  
Bathwell have problems
- 8. get copy of To do notes from Nancy.
- 8. Review problems health & moving forward with  
Kevin

### Next meeting

- Human life value. (Family Security Calculator)
- Living value worksheet
- update on disability underwriting
- \* - recommend Critical illness \$300,000  
This is present value of 4.6 M. dis over 30y @ 6%
- Referral to Rob Campbell or Shawn
- application on whole life



Oct 15 / 63

Interview

Nancy & Marc.

- ① Review P 5 & 6 Model
- ② Walk through present plan
  - Whitney Bailey contractually what would you get if you died?
  - Present value
  - Value of real estate corp?
  - Corp life Ins
  - And what is we on key sell
- ③ P.I.D.
- ④ May look at future calculator project cost of term
- ⑤ 2nd interview living value presentation  
review interview with Dr. presentation
- ⑥ Let them know about Thursday meeting

Note for Oct 29th meeting

more coal of ins 14 86<sup>v</sup>  
Nancy " " " 160<sup>v</sup>

more proposed without w.p. 51<sup>v</sup>  
Nancy " " " 70<sup>v</sup>

Telphon Ball

Barley Oct 14/03

further future calculator

1-770-541-0830

Built value & stay on books

Keep next meeting  
for  
+ and  
meeting afford same value  
never  
approved  
confirm on action plan  
Loring  
Lifing value presentation  
clear understanding of half ton  
does not mean through the  
years  
Go through tool LVP  
draw line around 6'1" - 6'  
front on Bus. 3-3 mall  
No lift  
bt death benefit integrated

**FOR INTERNAL USE ONLY**



**ARDILL**

Creator of 'The Lifecycle Puzzle'™

2 Orchard Heights Blvd, Unit 27,  
Aurora, Ontario L4G 3W3  
Tel: 416-657-2057 or 905-713-3795  
Fax: 905-841-0782  
E-mail: john@ardillfinancial.com

## M E M O

**Date:** October 1, 2003

**To:** File

**From:** John

---

**Subject:** Meeting Notes

1. Marc's son, Charlie, has a skin disorder whereas he is constantly breaking out in hives. A condition that he would potentially outgrow.
2. Corporately – Gino who is the architect of the 3 partners is a 'workaholic', 55 it would be an issue if he died. There is a partner who has left and a 4<sup>th</sup> partner who has left on bad terms and is suing the corporation.
3. Marc seems to have a good relationship and has a lot of respect for his accountant.
4. Over the next 3 years Marc sees potential tax problems as he could be making significant dollars.
5. Over the next 3 years he would like to invest wisely and receive a reasonable rate of return which would be somewhere in today's market between 4% and 8%.
6. Marc is not very happy with the rep from Investors Group.
7. Peter to do a diagnostic test on their funds as he will see how they are spread over everywhere.
8. Marc's dad does not have a lot of money, but retired. Nancy's dad is the 'Whitney' in the company name and is a very well known architect. However, he made a lot of money, he was extremely frugal with his dollars therefore Nancy is not looking for a high lifestyle.
9. There is a life insurance agent who is lurking around doing the corporate insurance and right now there is a 10-year term corporate insurance he could not find the policy and is outstanding. The wills are outstanding too – to get from Nancy.
10. The accountant was recommending an RCA.
11. The life agent was recommending an RCA through insurance.
12. I am suggesting neither one.
13. Nancy looks after the personal financial side of things. Nancy co-ordinates the life insurance, RSP's, investments.

**Disability Review**  
**Marc Bailey**

Current Monthly Benefit	Current Monthly Cost	Additional Monthly Benefit	Additional Monthly Cost	New Monthly Benefit	New Monthly Cost
\$1,350.00	\$33.88	\$100	\$2.87	\$1,450	\$36.75
		\$200	\$5.74	\$1,550	\$39.62
		\$300	\$8.61	\$1,650	\$42.49
		\$400	\$11.48	\$1,750	\$45.36
		\$500	\$14.35	\$1,850	\$48.23
		\$600	\$17.22	\$1,950	\$51.10
		\$700	\$20.09	\$2,050	\$53.97
		\$800	\$22.96	\$2,150	\$56.84
		\$900	\$25.83	\$2,250	\$59.71
		\$1,000	\$28.70	\$2,350	\$62.58
		\$1,100	\$31.57	\$2,450	\$65.45
		\$1,200	\$34.44	\$2,550	\$68.32
		\$1,300	\$37.31	\$2,650	\$71.19
		\$1,400	\$40.18	\$2,750	\$74.06
		\$1,500	\$43.05	\$2,850	\$76.93
		\$1,600	\$45.92	\$2,950	\$79.80
		\$1,700	\$48.79	\$3,050	\$82.67
		\$1,800	\$51.55	\$3,150	\$85.43
		\$1,900	\$54.33	\$3,250	\$88.41
		\$2,000	\$57.40	\$3,350	91.28

- Prior to the end of the 6th year (this year), additional benefit is exercisable in increments of \$100 to \$2,000. Effective next year (2004) additional benefit is for a maximum of \$400 only.
- This is a quote only, a system calculation will be based on financial qualification.



LM@ 836-4247  
Sept 903

SEP 08 2003

02 September 2003

cell # 416-984-  
7251

Mr. Marc Bailey  
A.D. Structural  
Engineering Ltd.  
130 David Drive, # 202  
Newmarket, Ontario  
L3Y 2N1

#### Future Insurance Option

Policy 048431

When you originally purchased your disability income coverage with us, you made the decision to ensure that as your earnings grow, you would be able to increase your protection -- regardless of changes to your health or occupation. The Future Insurance Option you included in your Unum policy guarantees this.

We are pleased to advise that your option is now available, and that you are guaranteed an opportunity to increase your benefit at this time, subject only to income and financial qualification.

If you are currently receiving benefits under your policy, you may still be eligible to increase your benefit for any future claim. Please refer to your contract for specific details.

This offer is valid until 31 October 2003. Please contact your representative for details on how to apply for this valuable benefit.

John Ardill  
27-2 Orchard Hts Blvd  
St. Andrew's Village  
C/O John Ardill Financial  
Aurora, Ontario  
L4G 3W3

Unumprovident \*  
Toronto Sales Office  
30 Adelaide St E  
Suite 600  
Toronto, Ontario  
M5C 3H3  
416-594-3700

Tues 23rd

10:00

Whitney-Bailey  
Associates  
Inc.

530 Roundtree Drif.  
Unit #3  
Wichita.

Office 905-851-  
0616

ext. 223



Toronto, November 5, 1997

*Laura Butler*  
Mr. Marc Bailey  
c/o A.D. Structural Engineering Ltd.  
130 Davis Dr., #202  
Newmarket, ON  
L3Y 2N1

Dear Mr. Bailey:

**Re: Your Policy No. 048431**

Please be advised that we have written today to Dr. Schatzker as per your request.

Sincerely,

Laura Butler  
Risk Management Technician  
Individual Disability Underwriting

c.c.: Betty-Jo McMillan, Toronto Sales Office  
John Ardill, John Ardill Financial Planning

I54

CANADIAN OPERATIONS / DIVISION CANADIENNE  
18 King Street East, Suite 1000  
Toronto, Ontario M5C 2V5  
Tel / Tél: (416) 594-3700  
Fax / Télécopieur: (416) 594-3698

*UNUM Life Insurance Company of America  
L'UNUM d'Amérique, compagnie d'assurance-vie*

November 4, 1997

Unum Canada  
18 King Street East  
Suite #1100  
Toronto, Ontario  
M5C 2Z5

Attention: Betty-Jo McMillan

**Re: Policy #048431**

Please use this letter as your authorization to release any and all medical findings and the reasoning in your decision on the skiing exclusion to Dr. Hirtenfeld.

Thank you for your prompt attention to this matter.

Sincerely,

Marc Bailey

**John R. Ardill, CFP, CLU, CH.F.C.**  
Financial Planning

14845-6 Yonge Street, Suite 170  
Aurora, Ontario L4G 6H8

Tel: 416-201-1966  
Fax: 905-841-0782  
Internet: ardill@interhop.net

Thursday, 23 October, 1997

Mr. Bill Wilson  
Unum Canada  
18 King Street East  
Suite #1100  
Toronto, Ontario  
M5C 2Z5

Dear Bill:

Marc Bailey in good faith has paid for the Unum disability contract. However, Mr. Bailey has asked if you would reconsider the skiing exclusion. It seems unusual that you would exclude skiing as a blanket. I could understand if you want to exclude ski injuries to his hip; however in the event he has a ski injury to another part of his body for which he has never had problems, that seems unreasonable. Although he does teach skiing on an amateur basis, he is far from that of a professional instructor.

I look forward to your earliest response.

Sincerely,



**John R. Ardill, CFP, CLU, CH.F.C.**

JA:sd

cc: Marc Bailey



**UNUM CANADA.**

**STATEMENT OF INSURABILITY**

---

Policy Number: **048431**

Insured: **Marc Bailey**

Since the dates of Application for Individual Disability Insurance E 033185 have you:

- (1) Changed Occupation? Yes    No ✓
- (2) Consulted a physician, hospital or clinic? Yes    No ✓
- (3) Suffered any injury, illness or disease or symptoms thereof? Yes    No ✓

(If the answer to any of the above is "Yes", give full details below and return this statement and the policy immediately to UNUM Canada for further approval.)

The Insured declares that the above answers are true and complete and agree that together with the answers recorded in this application, will form the basis of the policy and that if any answer to the above questions is "Yes", the above-mentioned policy number will be void until further approval by the Company.

Dated at Newmarket, this 22 day of October 1997

WITNESS

Marc Bailey



## UNUM CANADA. AMENDMENT TO APPLICATION

I, Marc Bailey, hereby amend application E 033185 to UNUM Life Insurance Company of America under date of June 2, 1997 as follows:

Policy Number: 048431

The answer to the following question is:

Section 6) Q #2: \$1500.00 Group coverage with Manulife. No Change.

### Policy Exclusions

These exclusions provide that no benefit of any kind or amount shall be payable under this policy for disabilities wholly or partially caused by:

1. Participation in skiing activities.
2. Injury, disease or disorder of the right hip, except for fractures, burns or lacerations.
3. Injury, disease or disorder of the left hip, except for fractures, burns or lacerations.

The undersigned hereby agree(s) that the above change (s) shall be an amendment to, and form part of the original application, and of the Policy issued thereunder, if any, and that the change(s) shall be binding on any person who shall have or claim any interest such policy.

If, by the above amendment, the undersigned has (have) agreed to any special restriction in the Policy applied for in the original application, the consideration for such agreement shall be deemed to be the issuance of such Policy containing such restriction.

A duplicate copy of this Amendment To Application has been executed by the undersigned and has been attached to the Policy to which it relates.

Dated at: NEW MARKET this 22 day of OCTOBER 19 97.

WITNESS

Marc Bailey

OWNER (If different from insured)

WITNESS

2ND SIGNING OFFICER OR COMPANY SEAL

(If Owner is a company)



UNUM CANADA.

**PREAUTHORIZED CHEQUE PLAN REQUEST**

UNUM Life Insurance Company of America is requested and authorized to make withdrawals from any account that may be designated from time to time for the purpose of paying premiums. The financial institution is authorized to deal with such cheques as though they were signed by the depositor(s). This agreement may be terminated upon 10 days written notice by the depositor(s) or UNUM Life Insurance Company of America.

22 Oct 97.

DATE

  
Signature of Depositor

Additional Signature if more  
than one signature is required  
for withdrawals

**Details of Account**

Policy Number: 048431

Name of Financial Institution: CANADA TRUST

Address: 130 DAVIS DRIVE, UNIT B008

NEWMARKET, ONT. L3Y 2N1

Name(s) of Depositor(s) as shown on bank records: MARC BAILEY /

NANCY BAILEY

Account Number: -----  
(as printed on your cheque)

Type of Account:  Savings  Personal Chequing  Current

**PLEASE ATTACH A SAMPLE, VOID CHEQUE**

188

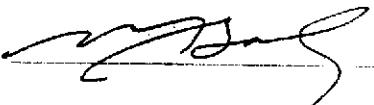
MARC BAILEY  
NANCY BAILEY  
742 ELGIN ST. TEL 905-853-7251  
NEWMARKET, ON L3Y 3B8

*12 Oct 1997*

PAY TO THE ORDER OF UNUM \$ 33.88

- THIRTY THREE - 88/100 DOLLARS

**Canada Trust**  
Canada Trustco Mortgage Company  
130 Davis Drive Unit B008  
Newmarket, Ontario L3Y 2N1

MEMO 

188 130725090 51668111200

SAFETY PAPER

189

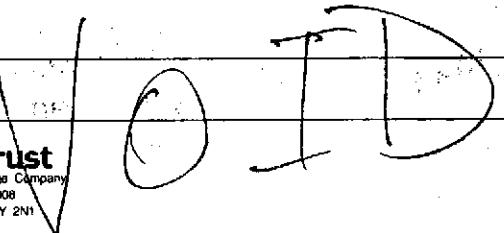
MARC BAILEY  
NANCY BAILEY  
742 ELGIN ST. TEL 905-853-7251  
NEWMARKET, ON L3Y 3B8

*12 Oct 1997*

PAY TO THE ORDER OF V.F.D. \$

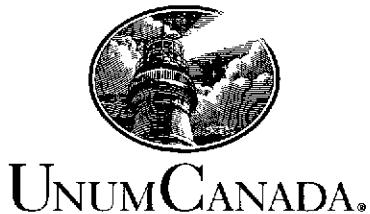
V.F.D. 100 DOLLARS

**Canada Trust**  
Canada Trustco Mortgage Company  
130 Davis Drive Unit B008  
Newmarket, Ontario L3Y 2N1

MEMO 

189 130725090 51668111200

SAFETY PAPER



AGENT: John Ardill . FROM: Laura Butler  
Underwriting Department

SALES OFFICE: Toronto - Betty-Jo POLICY NUMBER: 048431

INSURED: Marc Bailey DATE: October 1, 1997

**FINAL DELIVERY DATE: December 1, 1997**

If the policy is not delivered by this date, it must be returned to UNUM CANADA immediately, unless an extension is granted. Commissions are not payable until all requirements are received at UNUM CANADA Head Office.

- (X) Please advise your client that \$33.88 is due in order to put this policy in force.
- (X) This policy includes an amendment which must be signed by the insured. If the owner of the policy is different from the insured, the owner must also sign the amendment. If the owner is a company, one officer's signature with the company seal affixed or two officers' signatures is/are required.  
**NO RECONSIDERATION OF EXCLUSIONS.**
- (X) This policy includes a STATEMENT OF INSURABILITY which must be completed and signed by the insured. If any of the answers on this statement are "Yes", the policy cannot be delivered and must be returned to UNUM CANADA promptly with full explanation.
- (X) Please have the payor of the policy complete, sign and date the enclosed Preauthorized Cheque Plan form.
- (X) A sample, void cheque for the account from which monthly premium payments will be withdrawn is required.

**IMPORTANT NOTE**

It is the agent's obligation to ensure there has been no change in insurability (i.e. occupational, financial or medical), whether or not there are requirements still outstanding. If there has been a change, the policy CANNOT be delivered and MUST be returned to UNUM CANADA.

THIS CONTRACT HAS BEEN COMPLETED BY THE ABOVE-MENTIONED, PLEASE CONTACT YOUR LOCAL UNUM SALES OFFICE SHOULD YOU HAVE ANY QUESTIONS.

FAX

**FAXED**  
2:10 pm  
vp.

Date: Tuesday July 8 1997.

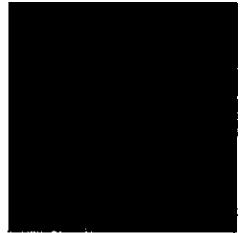
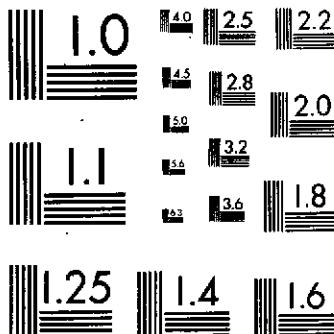
To: UNUM Canada  
Ms. Betty-Jo McMillan  
Fax: 416-777 5295

FROM: Ardill Financial  
John R. Ardill  
Phone: (416) -201- 1966

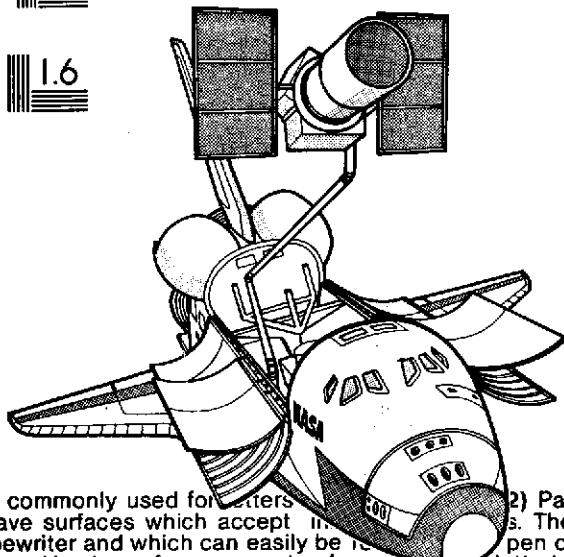
PAGES TO FOLLOW: 1

SEL-DRUM CORP.  
**TEST SHEET**

TO RE-ORDER CALL 1-800-263-9356  
IN CANADA 1-800-263-6394  
FAX NO. (905) 335-5986



1  
2  
3  
4



**Bond (17 X 22)** Papers commonly used for letters and business forms. They have surfaces which accept ink readily from a pen or typewriter and which can easily be erased. Most letterheads and business forms are a standard 8-1/2 x 11 size. Four pieces this size can be cut out of a 17 x 22 sheet without waste.

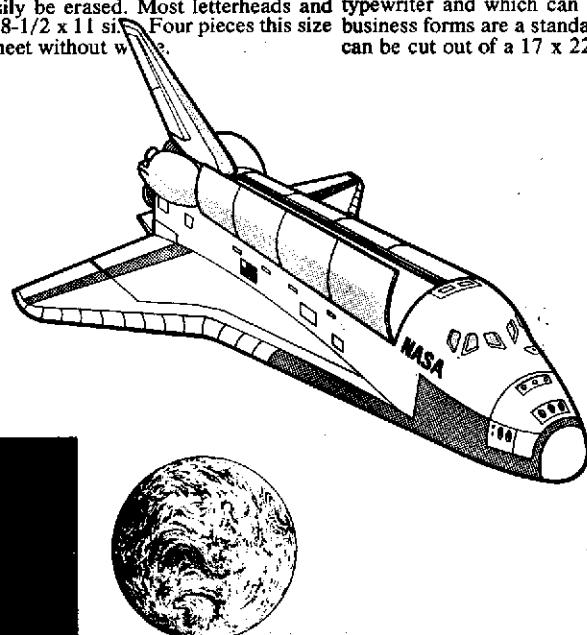
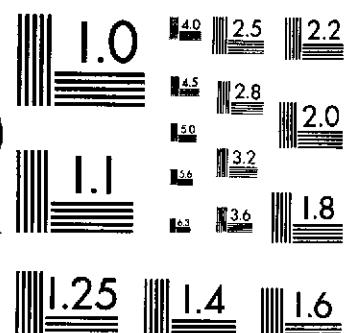
**Bond (17 X 22)** Papers commonly used for letters and business forms. They have surfaces which accept ink readily from a pen or typewriter and which can easily be erased. Most letterheads and business forms are a standard 8-1/2 x 11 size. Four pieces this size can be cut out of a 17 x 22 sheet without waste.

**Bond (17 X 22)** Papers commonly used for letters and business forms. They have surfaces which accept ink readily from a pen or typewriter and which can easily be erased. Most letterheads and business forms are a standard 8-1/2 x 11 size. Four pieces this size can be cut out of a 17 x 22 sheet without waste.

**Bond (17 X 22)** Papers commonly used for letters and business forms. They have surfaces which accept ink readily from a pen or typewriter and which can easily be erased. Most letterheads and business forms are a standard 8-1/2 x 11 size. Four pieces this size can be cut out of a 17 x 22 sheet without waste.

**Bond (17 X 22)** Papers commonly used for letters and business forms. They have surfaces which accept ink readily from a pen or typewriter and which can easily be erased. Most letterheads and business forms are a standard 8-1/2 x 11 size. Four pieces this size can be cut out of a 17 x 22 sheet without waste.

1  
2  
3  
4



**Statement of Professional Activities****Identification**

Your name	Charles Bailey			SIN 485 451 405
Period from	01/09/1995	to:	31/08/1996	Final year of business?
Name of business				Main prod/service
Business address	215 Park Avenue			Industry code
City, town, etc.	Holland Landing	Postal code	L9N 1J7	Partnership ID #
Preparer's name	Charles Bailey			Tax shelter ID #
Address				Your percentage of the partnership
Business number				100

Were you required to adjust your income to December 31 and claim a reserve in 1995? **Income**

## Professional fees

Minus	- GST and/or PST (if included in sales)	381 00	(a)
	- Work-in-progress, end of the year		

Total of above two lines

Subtotal (line a minus line b)

Add	- Work-in-progress, beginning of year	381 00	
-----	---------------------------------------	--------	--

Reserves deducted last year	Adjusted professional fees	8123	381 00	
-----------------------------	----------------------------	------	--------	--

Other income				
--------------	--	--	--	--

<b>Expenses (enter business portion only)</b>	Gross income (to line 164 of your return)	8124	381 00	(c)
---	---	------	--------	-----

Advertising	8204			
Bad debts	8205			
Business tax, fees, licences, dues, memberships		181 69		
Delivery, freight, and express	8211			
Fuel costs (except for motor vehicles)	8212			
Insurance (fire, theft, liability)	8213			
Interest	8214			
Maintenance and repairs	8215			
Management and administration	8216			
Meals & entertainment	X 50.00 %			
Motor vehicle expenses (not including CCA)	8217			
Office expenses	8218	251 97		
Supplies	8219			
Legal, accounting, and other professional fees	8220			
Property taxes	8221			
Rent	8222			
Salaries, wages, and benefits	8223			
Travel	8224	804 00		
Telephone and utilities	8225			
Other expenses	courses	210 00		
	lift tickets	112 00		
	ski suit and skis	1,000 00		
	Subtotal	2,559 66		

Capital cost allowance (from Area A on page 3)	8207			
--	------	--	--	--

Allowance on eligible capital property	8246			
--	------	--	--	--

<b>Total expenses (total of above three lines)</b>	2,559 66		2,559 66	(d)
--	----------	--	----------	-----

Net income (loss) before adjustments (line c minus line d)	8237		(2,178 66)	
--	------	--	------------	--

Your share of line 8237 above			(2,178 66)	(e)
-------------------------------	--	--	------------	-----

Minus - Other deductions from your share of partnership income (loss)			(2,178 66)	(f)
---	--	--	------------	-----

Net income (loss) after adjustments (line e minus line f)			(2,178 66)	(g)
---	--	--	------------	-----

Minus - Business-use-of-home expenses (from page 2)	8235		(2,178 66)	(h)
---	------	--	------------	-----

	Subtotal		(2,178 66)	(i)
--	----------	--	------------	-----

Plus - Net amount for reserves for 1971 accounts receivable (page 2)	8243		(2,178 66)	
--	------	--	------------	--

Your net income (loss) line h plus line i (to line 137 of your return)	8243		(2,178 66)	
--	------	--	------------	--

JUL-18-97 TUE 08125

A-D STRUCTURAL ENG.

FAX NO. 905 896 1986

P.01/02

# A-D Structural Engineering Ltd. - CONSULTING ENGINEERS

Head Office 130 Davis Dr., Suite 202, Newmarket, Ontario L3Y 1C4  
(905) 898-3514 TORONTO area (905) 773-2088 FAX 898-1996

P.O. #3 Linden, Ontario K0M 2K0 PHONE/FAX (705) 266-3043

FAX LEAD SHEET

DATE: 08 July 97

TO:

Stewart

ATTENTION:

RE: Marc Bailey - Long term Disability JOB #:

Comments:

copy of T 2032 (E)

Number of pages 2 including Cover Page

James Bailey S.N. 485 461 406 Printed 01/05/1997

T2032(E)

3

**Statement of Professional Activities****Identification**

Full name	James Bailey	SIN	485 461 406
Period from	01/05/1995	to	01/05/1996
Name of business		Final year of business?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Business address	215 Park Avenue	Main product or service	
City, town, etc.	Holland Landing	Industry code	9990
Preparer's name	Charles Bailey	Partnership ID #	
Address		Tax shelter ID #	
Business telephone		Your percentage of the partnership	100%
Were you entitled to adjust your income to December 31 and claim a reserve? <input type="checkbox"/>			

**Income**

Professional fees		Subtotal	381.00	(a)
Minus - GST factor P37% if included in fees				
Work in progress end of the year		Total of above two lines		(b)

Add  10% of gross fees at beginning of year

Subtotal (line 3 minus line 2)

381.00

Received payment last year

Adjusted professional fees

381.00

Other income

Gross income (if line 104 of your return)

381.00

**Expenses (Enter business portion only)**

Auto(s) & gas	1821.00	Subtotal	1821.00	(c)
Bus. depts				
Business car fees, services, dues, memberships	181.00			
Travel, meals and expenses	1821.00			
Use of car, except for motor vehicles	97.00			
Insurance for fleet liability	1821.00			
Maintenance	82.00			
Repairs and rentals	1821.00			
Management and administration	821.00			
Meals & entertainment	52.00			
Wholly bus. expenses (not including CCA)	1821.00			
Office expenses	1821.00			
Postage	1821.00			
Legal & accounting & other professional fees	1821.00			
Property taxes	1821.00			
Rent	1821.00			
Salaries, wages and benefits	1821.00			
Tel. & office	1821.00			
Telephone and utilities	1821.00			
Other expenses	1821.00			
Dues	1821.00			
Fees	1821.00			
Gasoline	1821.00			
Gas sum and issue	1821.00			
	Subtotal		1821.00	

Capital cost allowance (from Area A on page 1)

Subtotal

1821.00

Allowance on eligible capital property

Subtotal

1821.00

Total expenses (total of above three lines)

Subtotal

2,559.88

Net income (loss) before adjustments (line 1 minus line 2)

Subtotal

(2,178.88)

Your share of line 3237 above

Subtotal

(2,178.88)

Minus - Other deductions from your share of page 1

Subtotal

(2,178.88)

Net income (loss) after adjustments (line 4 minus line 5)

Subtotal

(2,178.88)

Minus - Business-use-of-home expenses (from page 1)

Subtotal

(2,178.88)

Plus - Set aside for reserves for 1991 accounts receivable (page 2)

Subtotal

(2,178.88)

Your net income (loss) line 6 plus line 7 to line 13 of your return

Subtotal

(2,178.88)

Revenue  
CanadaRevenue  
Canada

## Individual Income Tax Return

7

Step 1 - Identification

First Name: Charles M.  
 Last Name: Bailey  
 Address: 215 Park Avenue

Apartment or Unit No:  
 City: Holland Landing  
 Province: Ontario  
 Post Office: Guelph  
 Province of residence on Dec 31, 1995:

Ontario  
 Province of residence 12 months prior to the end of the tax year:

Ontario  
 Canadian resident status in 1995:

Date of Birth: or Death: or Deceased

Your social insurance number: 485 451 405

Your date of birth: 23/01/1968

Your language of communication:

Are you liable for corroboration:

English  French

Is this return for a deceased person:

Enter the date of death:

Mating status on December 31, 1995:

Married

Deceased's social insurance number: 473 427 714

First name of your spouse: Nancy

Check the box if your spouse

was deceased in 1995

Do not use this area

## Step 2 - Goods and Services tax (GST) credit

(You have to apply each year. See help to determine if you should apply this year)

Are you applying for the GST credit?

If yes, number of children under age 18 on December 31, 1995:

\* yes, spouse's name from line 208 of your spouse's return.

## Step 3 - Total income

Business income (see box 101 on line 174 above)	101	55,254.20
Employment insurance premiums (see box 102 on line 174 above)	102	
Employment insurance cash out (see box 103 on line 174 above)	103	
Age Security benefits (see box 104 on line 174 above)	104	
Canada or Quebec Pension Plan benefits (see box 105 on line 174 above)	105	
Government benefits (box 106 on line 174 above)	106	
Other pensions or superannuation (see box 107 on line 174 above)	107	
Employment insurance benefits (see box 108 on line 174 above)	108	
Exempt amounts of diversity from our pension savings program	109	
Interest and other investment income (see box 110 on line 174 above)	110	
Rental income (see box 111 on line 174 above)	111	
Rentals (see box 112 on line 174 above)	112	
Taxed capital gains (see box 113 on line 174 above)	113	
Amount of maintenance income	114	
Registered retirement savings plan income (see box 115 on line 174 above)	115	
Other income (see box 116 on line 174 above)	116	
Business income (see box 117 on line 174 above)	117	
Professional income (see box 118 on line 174 above)	118	
Commission income (see box 119 on line 174 above)	119	
Renting income (see box 120 on line 174 above)	120	
Fishing income (see box 121 on line 174 above)	121	
Workers' Compensation (see box 122 on line 174 above)	122	
Social assistance (see box 123 on line 174 above)	123	
Net federal supplement (box 124 on line 174 above)	124	
Add lines 101 to 124	125	
Add lines 101 to 124 and lines 109, 110 and 111	126	
Subtract 126 from 125	127	
Subtract 127 from 125	128	
Subtract 128 from 125	129	
Subtract 129 from 125	130	
Subtract 130 from 125	131	
Subtract 131 from 125	132	
Subtract 132 from 125	133	
Subtract 133 from 125	134	
Subtract 134 from 125	135	
Subtract 135 from 125	136	
Subtract 136 from 125	137	12,776.65
Subtract 137 from 125	138	
Subtract 138 from 125	139	
Subtract 139 from 125	140	
Subtract 140 from 125	141	
Subtract 141 from 125	142	
Subtract 142 from 125	143	
Subtract 143 from 125	144	
Subtract 144 from 125	145	
Subtract 145 from 125	146	
Subtract 146 from 125	147	
Subtract 147 from 125	148	
Subtract 148 from 125	149	
Subtract 149 from 125	150	43,364.84

Do not use  
this area

605

600

Date Name  
Sept 10, 1996 MARC BAILEY

Social Insurance no. / Taxation year / Tax Centre

485 451 405 1995 Ottawa K1A 1A2

## Summary

Amounts

Description	Amount of tax deducted over assessment period	Amount of tax
150 Total Income . . . . .	46,535.	46,535.
Deductions from Total Income . . . . .	13,845.	13,845.
230 Net Income . . . . .	34,690.	34,690.
260 Taxable Income . . . . .	34,690.	34,690.
350 Total Non-Refundable Tax Credits . . . . .	1,691.	1,747.
420 Net Federal Tax . . . . .	4,803.50	4,746.30
426 Net Ontario Tax . . . . .	2,704.84	2,672.30
435 Total Payable . . . . .	11,308.46	11,427.70
437 Total Income Tax Deducted . . . . .	11,922.60	11,922.60
Sub Total Credits . . . . .	11,922.60	11,922.60
Total Credits . . . . .	11,922.60	11,922.60
Total Payable minus Total Credits . . . . .	(1,614.14)	(6,504.90)
Adjustments to Federal Interest . . . . .	0.00	0.00
Balance from Prior Period(s) . . . . .	0.00	92.34
Direct Deposit . . . . .	0.00	92.34

Line numbers enclosed in a box (XXXX) identify amounts due or credit entries.

Peter Sheldene  
Office of Financial ServicesDate Name  
Sept 10, 1996 MARC BAILEY

## 1996 Registered Retirement Savings Plan (RRSP) Deduction Limit Statement

The back of this notice explains special savings rule law. Amounts marked with an asterisk (*) cannot be used to claim an RRSP deduction limit for 1996.	\$10,961
RRSP deduction limit for 1995 . . . . .	\$10,961
Minus: Allowable RRSP contribution decreases in 1995 . . . . .	\$2,502
United RRSP deduction room at the end of 1995 . . . . .	\$10,459
Plus: 15% of 1995 earned income of \$38,297 = more \$5,740 . . . . .	\$5,740
Minus: 1995 pension adjustment . . . . .	\$0
Minus: 1996 net pension adjustment . . . . .	\$26,318
RRSP deduction limit for 1996 . . . . .	\$0

This form is valid until the date shown or until we advise you otherwise. Your liability for any taxes charged, your limit may still change.



UNUM CANADA.

TO: John Ardill

DATE: July 3, 1997

FROM: Betty-Jo McMillan  
Sales Support Representative

RE: Marc Bailey

We wish to thank you for the opportunity of considering your client's application. The application dated 1997/06/02 has been forwarded to our Underwriting Department for further consideration.

In the meantime, we request that the following outstanding requirements be completed:

- ( ) If not already done so, please arrange:
  - ( ) Paramedical Exam
  - ( ) Medical Exam
  - ( ) Blood Chemistry Profile (including urine)
- ( ) Unanswered questions:
- ( ) Other:
- (x) No requirements until further notice from our Underwriting Department.

We have enclosed a copy of the proposal used for sale of the contract ... PLEASE CONTACT OUR OFFICE IMMEDIATELY IF THIS IS INCORRECT.

Regards,

Betty-Jo McMillan  
Encl.

SALES OFFICE  
18 King Street East, Suite 1000  
Toronto, Ontario M5C 2Z5  
Tel: (416) 594-3700  
Fax: (416) 777-5295  
Toll Free: 1-800-387-1555

## UNUM CANADA - Income Protection

Date: 07-02-1997

Prepared By: John Ardill

Cost Summary: Marc Bailey

MALE, Age 29, NONSMOKER

Occ Class: 5A

Premium Structure: LEVEL

Discount: PREFERRED

OWN OCCUPATION PLUS	BENEFIT	ANNUAL	MONTHLY
	AMOUNT	PREMIUM	PREMIUM
BASIC BENEFIT AMOUNT	\$ 200	\$ 45.00	\$ 3.83
Benefits begin after: 90 DAYS			
Benefit period: TO AGE 65			
ADDITIONAL MONTHLY BENEFIT	\$ 1,150	\$ 252.20	\$ 21.44
Benefits begin after: 120 DAYS			
Benefit period: TO AGE 65			
OPTIONAL BENEFITS			
EsCOLAtor Plus - 4% SIMPLE		\$ 49.14	\$ 4.18
FIO - LTD	\$ 2,000	\$ 52.40	\$ 4.45
(5 options at \$400 each)			
TOTAL		\$ 398.73	\$ 33.89
Before Discount:		\$ 442.99	\$ 37.65

NOTE: For policies of this type, the insurer anticipates that 50% of the premiums will be required for claims. This is an illustration only, not a contractual obligation. This illustration is valid for 30 days.

E&amp;OE

UNUM CANADA QUANTUM, Ver: 3.0x

Copyright 1996 UNUM Life Insurance Company of America

For all Proposed Insureds:  
detach and read.

### **NOTICE OF MEDICAL INFORMATION BUREAU**

Information regarding your insurability will be treated as confidential. UNUM Life Insurance Company of America or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such company, the Bureau, upon request, will supply such company with the information it may have in its files.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction. The address of the Bureau's Information Office is:

*Medical Information Bureau,  
330 University Avenue, Suite 102, Toronto, Ontario M5G 1R7  
Telephone No. (416) 597-0590*

UNUM Life Insurance Company of America or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom you may submit a claim for benefits, providing that the company has your written authorization to request it.

### **NOTICE OF CONSUMER REPORT/CUSTOMER INTERVIEW**

In connection with your application and as part of our procedure for processing your application, a consumer report containing personal or credit information, or both, may be requested by The Company. You have the right, upon written request, to receive information about the nature and scope of the investigation.

As an alternative, you may receive a telephone call from an authorized person to obtain some personal and financial information on our behalf. Such information is considered as confidential and may only be used to assess your eligibility for insurance. The interview will usually take four to six minutes and will be conducted at a time convenient to you. If you are not in when the interviewer calls, the interviewer will probably leave a telephone number so that you can return the call at no charge to you. Any enquiries on the above notice should be addressed to:

*UNUM Life Insurance Company of America  
Canadian Operations  
18 King Street East, Suite 1000, Toronto, Ontario M5C 2Z5*

### **NOTICE OF DISCLOSURE OF PERSONAL INFORMATION**

Personal information about you which is obtained by UNUM Life Insurance Company of America will not be disclosed to any other party without your consent, except to public health authorities or where otherwise required by law.



UNUMCANADA.

UNUM CANADA - Income Protection  
Date: 06-08-1997

Cost Summary: Bailey Marc  
Occ Class: 4A

MALE, Age 29, NONSMOKER  
Premium Structure: LEVEL

OWN OCCUPATION PLUS	BENEFIT AMOUNT	ANNUAL PREMIUM	MONTHLY PREMIUM
BASIC BENEFIT AMOUNT	\$ 200	\$ 50.00	\$ 4.25
Benefits begin after: 90 DAYS			
Benefit period: TO AGE 65			
ADDITIONAL MONTHLY BENEFIT	\$ 1,150	\$ 280.26	\$ 23.82
Benefits begin after: 120 DAYS			
Benefit period: TO AGE 65			
OPTIONAL BENEFITS			
EsCOLAter Plus - 4% SIMPLE		\$ 54.54	\$ 4.64
FIO - LTD	\$ 2,000	\$ 58.20	\$ 4.95
(5 options at \$400 each)			
TOTAL		\$ 442.99	\$ 37.65

NOTE: For policies of this type, the insurer anticipates that 50% of the premiums will be required for claims. This is an illustration only, not a contractual obligation. This illustration is valid for 30 days.

E&OE

UNUM CANADA QUANTUM, Ver: 3.0

Copyright 1996 UNUM Life Insurance Company of America

UNUM CANADA - Income Protection  
Date: 06-08-1997

Cost Comparison: Lehman David  
Occ Class: 4A

MALE, Age 53, NONSMOKER  
Premium Structure: LEVEL

OWN OCCUPATION PLUS  
Benefit Period: TO AGE 65

Basic Benefit Amount: 1,800

BASE EP	ANNUAL PREMIUM	SEMI-ANNUAL PREMIUM	MONTHLY/PAC PREMIUM
30 DAY	2,380.50	1,214.05	202.34
60 DAY	1,745.28	890.09	148.35
90 DAY	1,350.18	688.59	114.77
120 DAY	1,312.20	669.22	111.54
180 DAY	1,254.21	639.66	106.61
360 DAY	1,125.54	574.03	95.67
720 DAY	877.68	447.62	74.60

E&OE

UNUM CANADA QUANTUM, Ver: 3.0

Copyright 1996 UNUM Life Insurance Company of America

*Marc.*

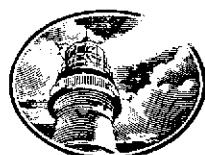
A P P L I C A T I O N  
— for —  
Individual Disability  
Insurance

MARC. BAILEY  
Proposed Insured

E-038185

Application Number

SCOTT R. ARDILL  
Broker or Agent



UNUM CANADA.

**SECTION 1****PROPOSED  
INSURED**

Please print all information.

"You" and "Your" within this application refer to the Proposed Insured.

"The Company" refers to UNUM Life Insurance Company of America.

Dr.  Mr.  Mrs.  Ms.  Miss

Male  Female  Smoker  Nonsmoker\*

\*A nonsmoker has not smoked or used any tobacco products in the past 12 months; a nonsmoker by this definition qualifies for nonsmoker rates.

Name: First

Middle

Name: Last

BAILEY

Last

485 451 405

Former Name (if applicable)

Name: Birthdate (D/M/Y)

Age

Social Insurance Number (S.I.N.)

ONTARIO

Birthplace (Prov./Country)

**RESIDENCE ADDRESS**

Address: 215 PARK AVENUE

Street

Apt.

HOLLAND LANDING ONT.

City

Province

Postal Code

905-853-7251

Residence Telephone No.

Number of years at this address: 8 MONTHS

**PREVIOUS ADDRESS Complete if Proposed Insured has been a current address for less than 2 years.**

Address: 742 ELGIN STREET

Street

Apt.

NEW MARKET

City

ONT

Province

L3Y 3B5

Postal Code

**GENERAL INFORMATION**

Yes / No

1. Are you a Canadian Citizen?

4. I would prefer my policy in:  English  French

5. How long have you worked in Canada?

If "No", do you have landed immigrant status? 6. Customer Interview:  Day  Evening2. Can you understand, read and speak English fluently?  Specific Time:3. Can you understand, read and speak French fluently?   Business  Residence

7. Mailing address:

**SECTION 2****OWNERSHIP &  
BENEFICIARY ELECTION****GROUPED ACCIDENT & SICKNESS PROGRAM Minimum of 2 Proposed Insureds is required.**

Is this application part of a Grouped Accident and Sickness Program?

Yes / No

If "Yes", premium payor must be the Owner and benefits under this policy will be payable and taxable to the Insured.

If a change of ownership or assignment of policy is made, The Company may reduce the amount of the monthly benefit, however, The Company will not adjust the monthly benefit to an amount less than what would have been available at the policy date on a non-taxable basis.

**OWNER**

To be completed if the Owner is not the Proposed Insured. If the Owner's address is different from the Employer, include the address in Agent/Broker Remarks.

Name: First

Middle

Last

Business Name (if applicable)

Proposed Insured Own

Relationship to Proposed Insured

Benefits payable to:  Premium will be paid by:  Send premium notice to:  **BENEFICIARY**

If the Beneficiary is other than the Estate, complete the following for any amount payable due to Insured's death. If under age 18, a Trustee should be elected.

Name: First

Middle

Last

BAILEY

Name: First

Middle

Last

Last

Relationship to Proposed Insured

In Quebec, if primary beneficiary is owner's spouse, is this designation:

 Revocable?  
 Irrevocable?

**SECTION 3****OCCUPATION  
INFORMATION****EMPLOYER/BUSINESS ADDRESS**

A-D STRUCTURAL ENGINEERING LTD.

Employer/Business Name

130 DAVIS DRIVE

Street

202

Suite

NEWMARKET ONT

City

L3Y 2N1

Province

Postal Code

905.898.3514

Business Telephone No.

How long have you been with this employer/business? 7 years 0 months

**GENERAL**

1. Number of hours currently worked:

37.5 weekly 7.5 daily

Yes  No 

6. Do you intend to travel, work, or reside outside of Canada within the next 12 months, other than for vacation?

Yes  No 

2. Do you work from home?

If "Yes", give details:

5 HOURS PER WEEK

3. Is employment year round?

7. Have you been unemployed in the past 3 years?

If "No", state months worked:

If "Yes", give details:

4. Any part-time or seasonal employment?

If "Yes", describe exact duties and number of hours worked:

 **SELF-EMPLOYED**Yes  No 

Are you self-employed?

If "Yes", answer the following.

1. Organization of business:

 Sole Proprietorship  Partnership  Corporation

2. Percentage ownership:

3. Number of partners/principals:

4. Number of full-time employees (excluding owners):

5. Number of part-time employees:

6. Date self-employed on a full-time basis (M/Y):

ANNUALLY  
DEC -  
MARCH  
6+HRS/WEEKSKI INSTRUCTOR - LEVEL II  
ALLIANCE (CSIA)

5. Do you anticipate changing job duties, occupation or employer within the next 12 months?

If "Yes", give details:

**DESCRIPTION OF OCCUPATION**

ASSOCIATE ENGINEER

Job Title

CONSULTING ENGINEER

Nature of Business

Job Duties

% of Time

Description of Duties

1. Administrative/Office.

50

2. Manual/Physical

0

3. Sales

10

4. Travel

30

5. Other:

10

Complete the chart below.

Supervision/Management by Location:

% of Time

No. of Employees

Job Duties of Employees Supervised/Managed

Office

100

2

• JUNIOR ENGINEER AND  
• DRAFTSPERSON

Shop/Plant/Field Office

Project/Job Site

**SECTION 4****FINANCIAL  
INFORMATION**

Earned Income is the income generated by the Proposed Insured for personal services performed working full-time in his/her own occupation and is income that would cease in the event of a disability.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have you ever filed for personal bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have you ever filed for business bankruptcy?	If "Yes", give date of discharge (D/M/Y): / / If "Yes", give date of discharge (D/M/Y): / /
--	--

*Full financial documentation is required for the most recent 2 years for all coverage amounts. The TOTAL EARNED and TOTAL UNEARNED amounts must be completed and the Net Worth question must be answered on this application.*

*Completing the remaining information on this page will assist you in determining insurable earnings; however, these details are optional.*

<b>EARNED INCOME</b>	Current Year To Date	Prior Year	2 Years Prior
	No. of Months	1996	1995

**1. EMPLOYED**  
 EMPLOYEE     COMMISSION EMPLOYEE

Annual Earned Income (Salary, fees, bonuses, commissions): \$ 22,000    \$ 50,000    \$ 49,000  
*Lines 101 and 104 of T1 General Income Tax Return less Line 229 for Commission Employee*

**2. SELF-EMPLOYED**  
 SOLE PROPRIETOR     PARTNER     SHAREHOLDER

For the business:

Fiscal year end of business (D/M): \_\_\_\_\_

Gross Annual Earned Income: a) \$ \_\_\_\_\_ | \$ \_\_\_\_\_

Business Expenses: b) \$ \_\_\_\_\_ | \$ \_\_\_\_\_

Net Annual Profit (or Loss) before taxes: c) \$ \_\_\_\_\_ | \$ \_\_\_\_\_

*Subtract b) Business Expenses from a) Gross Annual Earned Income*

To determine Proposed Insured's Annual Earned Income:

Annual Earned Income (Salary, fees, bonuses, commissions): d) \$ \_\_\_\_\_ | \$ \_\_\_\_\_  
*Lines 101, 104, 135, 137, 139, 141 and 143 of T1 General Income Tax Return*

Percentage of Net Annual Profit (or Loss) of Business: % → e) \$ \_\_\_\_\_ | \$ \_\_\_\_\_  
*Cannot exceed % of ownership; submit Financial Statements*

Total Self-Employed Earned Income: f) \$ \_\_\_\_\_ | \$ \_\_\_\_\_  
*Add d) Annual Earned Income to e) Net Annual Profit (based on percentage) or subtract this amount if business is operating at a loss*

**3. OTHER SOURCES OF EARNED INCOME**

Contributions to pension or profit sharing by employer: a) \$ 0 | \$ 0

Other: b) \$ 0 | \$ 0  
*For "Other", explain and submit appropriate income tax documentation*

**4. TOTAL EARNED INCOME (Must be completed on all applications.)**

\$ 0 | \$ 0

**UNEARNED INCOME**

	Prior Year	2 Years Prior		Prior Year	2 Years Prior
Dividends:	\$ 100	\$ 100	Net Rental Income:	\$ 100	\$ 100
Interest:	\$ 100	\$ 100	WCB/UIC Received:	\$ 100	\$ 100
Pension:	\$ 100	\$ 100	Other:	\$ 100	\$ 100
Capital Gains:	\$ 100	\$ 100	<i>For "Other", explain and submit appropriate income tax documentation</i>		

**TOTAL UNEARNED INCOME (Must be completed on all applications.)**

\$ 200 | \$ 200

**NET WORTH**

*All applicants:* Does your net worth exceed \$4,000,000?

Yes     No

*If "Yes", complete below and attach a completed Financial Underwriting Questionnaire.*

Assets: \$ \_\_\_\_\_ Liabilities: \$ \_\_\_\_\_

**TOTAL NET WORTH Assets minus Liabilities:** \$ \_\_\_\_\_ | \$ \_\_\_\_\_

## SECTION 5

### THE DISABILITY INSURANCE SOLUTION

Supplemental applications required for this Proposed Insured:

- Education Rider Supplement
- Business Loan Supplement
- Buy Sell Supplement
- Key Person Supplement
- Other: \_\_\_\_\_

#### BASIC COVERAGE

1. Plan(s) applied for:

Income Protection (Specify name of plan)

*Own Occ Plus*

Overhead Expense (Complete section below)

Buy Sell (Complete Buy Sell Supplement)

Key Person (Complete Key Person Supplement)

Deferred Tax

2. Premium structure:

Level Rates

Step Rates (*Own Occ/Own Occ Plus ages 21 to 35 only*)

5-Year Banded Rates (*Business Builder only*)

#### OPTIONAL BENEFITS

IP OE IP = Income Protection OE = Overhead Expense

Accidental Death & Loss of Use \$

Business Loan (\$ Complete Bus. Loan Supplement)

Deferred Tax \$

Education Rider (\$ Complete Ed. Rider Supplement)

EsCOLATOR \$

Compound  
 4% Simple

Future Insurance Option (FIO) \$ 2,000

Standard  
 Gold Package  
 FIO/LTD

Lifetime Extension \$

Injury Only  
 Injury/Sickness

Occupation Provision Option (OCCPRO)

Partial Disability 6 Mo.  12 Mo.

Patient Protector (Not available with OCCPRO)

\_\_\_\_\_ \$

#### REQUESTED BENEFITS

##### INCOME PROTECTION PLAN

Basic Mthly Benefit Add'l Mthly Benefit

Benefit Amount:	\$ 200 / \$ 150	\$ 115.00
Elimination Period:	90	120
Benefit Period:	65	65
Taxable (Yes/No):	No	No

##### BUSINESS PLANS

Overhead Expense Other \_\_\_\_\_ Other \_\_\_\_\_

\$	\$	\$

Complete the Overhead Expense Plan section if Overhead Expense coverage is applied for.

#### OVERHEAD EXPENSE PLAN

1. Number of persons sharing expenses: \_\_\_\_\_

How expenses are shared and by whom:

Position	Share of Expenses
_____	%
_____	%
_____	%
_____	%
_____	%

If more than 5 people, include copy of expense sharing agreement

2. If you share expenses, are those person(s) in the same profession as you? Yes  No

3. Number of employees: \_\_\_\_\_

4. If commercial business, why would the business not continue to operate, or generate less revenue, if you were disabled? \_\_\_\_\_

5. Expense particulars (Please provide your share of MONTHLY expenses that are actual, normal and customary business expenses.)

Rent, mortgage or lease	\$	Interest & principal
Loan	\$	Interest & principal
Furniture and equipment leasing	\$	
Employee salaries or wages	\$	Exclude yourself, family members, any partner or anyone in your profession
Family salaries or wages	\$	If full-time, state relationship: _____
Office maintenance	\$	
Laundry	\$	
Bus. & property taxes	\$	
Membership fees/dues	\$	
Utilities	\$	Heat, light, telephone, water
Business insurance premiums	\$	
Depreciation	\$	
Legal & accounting fees	\$	
Other: _____	\$	

**TOTAL EXPENSES**

\$ \_\_\_\_\_

## SECTION 6

### CURRENT COVERAGE INFORMATION

1. Are you covered by:  
 Unemployment insurance?  
 Workers' Compensation?
2. Are you currently covered by Group LTD STD or any other type of disability coverage?  
 If "Yes", complete chart below.
3. If there is no Group LTD or STD in force at present, will you be eligible for Group disability insurance within the next 12 months?  
 Yes  No
4. Except as noted above, do you plan to apply for any type of disability insurance within the next 12 months?  
 Yes  No  
 If "Yes", complete chart below.

Describe in the chart below all inforce and pending insurance, including salary continuation, which would be payable if you become disabled; if Group LTD or STD, also show % of salary covered.

Codes for: "Type": IP = Income Protection, A = Association, G = Group, OE = Overhead Expense, KP = Key Person, BS = Buy Sell  
 "Status": C = Changing, R = Replacing, N = No Change in Coverage - date not required.

Company Name	Issue Date (M/Y)	Type (Code)	Monthly Benefit Amount	% Salary Covered	Elim. Period (Days)	Benefit Period	Benefits Taxable? (Yes/No)	Coverage Status (Code)	Coverage Status (M/Y)
Manulife									
Group Ins.			18 \$1500		120	65	NO	N	

It is understood that if this application is accepted and a policy is issued and put into effect, and the above change or replacement is not proceeded with, benefits will not be paid under this policy.

## SECTION 7

### PERSONAL INFORMATION

If the Proposed Insured has previously been declined, or it is likely that coverage may not be issued, submit this application as a "Trial".

Do not collect any money and do not order requirements.

\* \* \*  
**LEVEL II**  
**SKI INSTRUCTOR**  
**TEACHES DEC.**  
**THRU MARCH IN**  
**VARIOUS RESORTS**  
**IN ONTARIO.**

1. Have you ever had any life or disability insurance declined, postponed, rated, cancelled, rescinded, or modified in any way?  
 Yes  No

If "Yes", give details:

a) MUTUAL LIFE NOT GAVE FULL LTD  
 b) EWL CAN FULL LTD - EXCLUSIN  
ON RIGHITRIP

2. As a result of a disability, have you ever applied for, received or been refused benefits, settlements, or pension (including Workers' Compensation or government benefits)?  
 Yes  No

If "Yes", give details:

3. Have you, within the past 2 years, engaged in motorcycle riding, ATV use, scuba diving deeper than 50 ft., bungee jumping, parachuting, karate, judo, hang-gliding, motor vehicle or motorboat racing, rodeo activities, skiing, mountain climbing, or any other sport or avocation?  
 Yes  No

If "Yes", specify which sports or avocations:

\* RODE MOTORCYCLE FOR  
APPROX. 5 MONTHS - DOES  
NOT HAVE ONE NOW.

4. Have you ever piloted an airplane, jet, ultralight or glider, or served as a crew member, or have any intention of doing so within the next 6 months?  
 Yes  No

If "Yes", complete Aviation Questionnaire.

5. Have you ever had your driver's license suspended, been convicted of, or have charges pending for any moving traffic violation?  
 Yes  No

If "Yes", License no.: B-131206680123

Province:

ONTARIO

6. Have you ever suffered an injury as a result of an automobile accident?  
 Yes  No

If "Yes", give details:

7. Have you ever been convicted of, or have charges pending for any criminal offense including drinking/driving offenses?  
 Yes  No

If "Yes", give details:

8. Have you ever faced disciplinary action from your professional licensing body, or had your professional license suspended or restricted?  
 Yes  No

If "Yes", give details:

9. Have you ever used any of the following:

	Yes	No
Cigarettes	<input type="checkbox"/>	<input checked="" type="checkbox"/> Cigars
Cigarillos	<input type="checkbox"/>	<input checked="" type="checkbox"/> Pipe
Chewing Tobacco	<input type="checkbox"/>	<input checked="" type="checkbox"/> Nicotine Gum
Marijuana	<input type="checkbox"/>	<input checked="" type="checkbox"/> Transdermal
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/> Nicotine Patch

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes", how often and how long have you used each of the above (i.e. no. of packages per day for specified no. of yrs.)?

10. If you no longer use any of the above products, please indicate the date (M/Y) and the reason stopped:

**SECTION 8****STATEMENT OF  
HEALTH**

Complete Statement of Health even if a paramedical or medical examination has been arranged; this will allow underwriting to commence and arrange for any Attending Physicians Reports (APR).

**PERSONAL PHYSICIAN**

Do you have a personal physician?

 Yes  No

If "Yes", complete information below:

Name: First

DR. ADI

Middle

Last

Street

City

YONGEST.

RICHMOND HILL

Province

Suite

Postal Code

Telephone No.

Would the personal physician (named above) be the most likely practitioner to have your complete medical history?

 Yes  No

If "No", provide name and address of physician holding these records:

**OTHER PHYSICIAN**

Name: First

Middle

Last

Street

City

Province

Suite

Postal Code

Telephone No.

Date of last medical consultation (D/M/Y): 03/17 Please provide the reason for this medical consultation and the outcome:

CHIROPRACTOR DR MARK SIEBOTT

**FAMILY HISTORY**

	Age if Living	Age at Death	Cause of Death
Father	55		GOOD
Mother	55		
Brother(s)	38		HEALTH
Sister(s)	25		

Have your biological parents, or siblings ever had diabetes, high blood pressure, stroke, genetic or hereditary disorders, heart disease, neurological or psychiatric illness, alcohol or substance abuse?

If "Yes", please explain:

\_\_\_\_\_

**HEIGHT AND WEIGHT**Height: 5' ft. 10" in. or \_\_\_\_\_ cm.Weight: 200 lb. or \_\_\_\_\_ kgs.
 Yes  No

Any weight gain or loss within the past year?

If "Yes", provide amount and reason for change:

**FEMALES ONLY**

- Are you pregnant or suspect you might be?  Yes  No
- If "Yes", give due date (D/M/Y): \_\_\_\_\_
- Have you ever had any complications of pregnancy or childbirth?  Yes  No
- Have you ever had a caesarean section?  Yes  No
- Have you ever had endometriosis or any disorder of reproductive organs including breasts?  Yes  No

 Yes  No
**MEDICAL HISTORY & GENERAL INFORMATION**

Within the past 5 years, have you:

 Yes  No

- Consulted any doctor or medical practitioner?  Yes  No
- Had a: ANNUAL checkup  Yes  No consultation  Yes  No illness  Yes  No injury  Yes  No surgery  Yes  No

 Yes  No

- Been a patient in a hospital, clinic, or other health facility?  Yes  No

 Yes  No

- Been advised to have any diagnostic test, procedure, hospitalization or surgery not yet completed?  Yes  No

 Yes  No

- Had:  electrocardiogram (EKG or ECG)  X-ray  blood tests  other diagnostic tests:

 Yes  No

 Yes  No

 Yes  No

CATSCAN RE: RIGHT HIP

\* NON-SPECIFIC STT CHANGES

## SECTION 8

### STATEMENT OF HEALTH

#### ADDITIONAL INFORMATION / CLARIFICATION

Please indicate the question number when providing this information.

If there is insufficient space, include details in a separate memo, which must be signed and dated by the Proposed Insured and witnessed by the Agent or Broker.

Question # Please provide details of any "Yes" answers from the Statement of Health section. Give dates, treatment, duration and outcome. State names and addresses of all attending physicians, hospitals, clinics and medical facilities.

9. ELEVATED CHOLESTEROL IN 1995 - LIFESTYLE CHANGE EVERYTHING DR. HIRT.
12. ALLERGIES - HAZES + PENICILLIN - NO MEDICATION.
20. CHIROPRACTOR - EVERY 2 MONTHS - DR MARK SCHUTT, RICHMOND HILL FOR AN ADJUSTMENT DUE TO RIGHT HIP.  
HAS TRIED MANUAL MANIPULATION FOR HIP RELIEF.
21. IDIOPATHIC ARTHRITIC CONDITION JOE SHATZKER - DIAGNOSED FEB. 97.
32. ANTICIPATING 20-30 yrs, MAY REQUIRE HIP REPLACEMENT SURGERY.
33. NATUROPATH PRESCRIBED SULPHUR, RUSTOY, HEEL + TRANQUEEL + COLLAGEN (ALL ORAL)
34. HAVE CONSULTED DR. KEIRAN MACCUN TWICE IN 1996, DR. SELIGMAN - NORTH WESTERN HOSPITAL 4 TIMES 1994 + REFERRED TO ANOTHER SURGEON BY DR. SELIGMAN (CAN'T REMEMBER NAME)

## SECTION 8

### STATEMENT OF HEALTH

If you checked "Yes" to Question 20 on page 7, you must complete Back/Neck Pain Questionnaire.

#### BACK/NECK PAIN QUESTIONNAIRE

Area Involved	No. of Occurrences	Date of First Occurrence	Date of Last Occurrence	Longest Duration
<input type="checkbox"/> Neck (cervical)				
<input type="checkbox"/> Middle Back (dorsal or thoracic)				
<input type="checkbox"/> Lower Back (lumbar or lumbosacral)				
<input checked="" type="checkbox"/> Other <b>HIP</b>	<b>MANY</b>	<b>1993</b>	<b>MARCH 1997 ON</b>	<b>EDW</b>

Yes / No

1. Did or does the pain extend to other parts of your body?

If "Yes", please describe:

2. In regards to the above noted problems or conditions, have you ever:
- Undergone any X-rays or other investigations?
  - Had or been advised to have treatment or surgery? **NOTHING FOR NOW**
  - Been hospitalized?
  - Been unable to work because of this discomfort, or been unable to perform any duties of your occupation?
  - Had any restriction of movement?
  - Had to take any medication?

If "Yes" to any of the above questions, please provide details, including duration of time off work.

A) FOR ANNUAL CHECK-UP

EANGE OF MOTION DISCLOSED

ANTI-INFLAMMATORY FOR 6 MONTHS IN 1996-97 ONLY.

3. Are you currently taking any medication? If "Yes", name medications:

**YES NATUROPATHIC MEDICINE**

4. How long have you been free of symptoms? **ONLY WHEN SEDATE (NOT MOVING)**

5. Did you ever or do you currently receive regular chiropractic, massage or other therapy or maintenance?

If "Yes", provide details:

**SEE QUESTION #20,  
SECTION 3**

6. State names and addresses of all health practitioners consulted for back/neck pain, including dates consulted:

**NONE FOR BACK  
NECK PAIN.**

If you checked "Yes" to Question 29 on page 7, you must complete Alcohol Use Questionnaire.

#### ALCOHOL USE QUESTIONNAIRE

Type of Alcohol	No. Daily	No. Weekly	No. Monthly
<input type="checkbox"/> Beer (12 oz.)			
<input type="checkbox"/> Wine (6 oz.)			
<input type="checkbox"/> Spirits* (1.5 oz.)			

\*Includes cocktails and mixed drinks.

- Have you ever been advised to reduce or eliminate your alcohol use?
- Have you ever voluntarily decided to reduce or eliminate your alcohol use?
- Has any member of your immediate family been treated for or died due to alcohol use?
- Have you ever lost your job, received or were threatened with disciplinary action from your employer or licensing body, related to your alcohol use?

If "Yes" to any of the above questions, provide details:

5. Have you ever been required to take a "breathalyser" test? If "Yes", give date and state results of test below.
6. Have you ever been charged or convicted of a drinking related offense, or have charges pending?
7. Have you ever received or been advised to receive treatment for alcoholism or a drinking problem?
8. Do you now use, or have you ever used Antabuse or other similar medication?
9. Are you now, or have you ever participated in/attended Alcoholics Anonymous, or any other organization for the control of alcohol use?
- If "Yes", state date since you've last stopped drinking (D/M/Y): / /
- Have you remained abstinent since that date?
10. Do you now use or have you ever used sedatives or tranquilizers?
- If "Yes", state which and usage below.

## SECTION 9

### DECLARATION, AUTHORIZATION & CONDITIONAL INSURANCE

#### DECLARATION BY PROPOSED INSURED

I have read the statements and answers recorded in this application and declare that they are complete and true and the application together with any supplement will be the basis upon which this policy is issued and that no statements, unless in writing, are binding upon The Company. It is agreed that:

1. No agent or broker has the authority to waive the answer to any question, to determine insurability, to waive any of The Company's rights or requirements or to make or alter any contract or policy;
2. Except as provided in the Conditional Insurance Agreement, any policy issued on this application will only become effective when the first full premium has been paid and the policy delivered, providing that at the time of delivery there has been no change in the insurability of the Proposed Insured since the date of the application;
3. The acceptance of any insurance policy issued on this application will be a ratification of any corrections, additions, or changes made by The Company in the form of an "Endorsement Provision" except that any modification of the policy by Amendment to Application will not be effective unless agreed to in writing;
4. I understand and agree that Unum Life Insurance Company of America will rely on my declaration in determining whether to issue the policy of insurance at Nonsmoker Rates and that any misstatement will be grounds for voiding the policy; and
5. Unum Life Insurance Company of America is the only insurer under any liability in respect to this application or any policy issued pursuant to it.

*I acknowledge that this application will form part of any insurance contract issued. The contract will be of utmost good faith, based upon the statements contained in this application. I am responsible for the accuracy of the statements and before signing, I have verified that all answers are correct and complete. I have initialled any changes to those answers. I understand that fraudulent or inaccurate answers to any questions will affect my eligibility for coverage and/or benefits and may result in litigation.*

2-JUNE-97

Date (D/M/Y)

MARC BAILEY

Name of Proposed Insured

The undersigned acknowledges receipt of the Notice of Medical Information Bureau and of Disclosure of Personal Information and agrees with its contents and consents to The Company procuring, or having prepared a consumer report containing personal or credit information, or both, in connection with the application.

If any significant abnormalities are found on any examination or laboratory procedure done in conjunction with this application, authorization is given to release information to the attending physician whose name is provided in this application under Statement of Health section as "Personal Physician" or "Other Physician".

I hereby authorize any licensed physician, health practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me, my health, or other personal information, to give Unum Life Insurance Company of America or its reinsurers, any such information. A photocopy of this authorization shall be as valid as the original.

#### FOR QUEBEC RESIDENTS ONLY

I understand that Unum Life Insurance Company of America will create and maintain a file in my name at its offices for the purpose of this application and any subsequent claim. Only the employees, mandatories or agents responsible for such purposes will have access to it. I am entitled to consult the personal information contained within this file and where applicable, have it rectified, by formulating a written request to Unum Life Insurance Company of America. I have read this notice and authorize Unum Life Insurance Company of America to conduct an investigation to determine my insurability and my eligibility for benefits in any subsequent claim, including obtaining information from third parties.

If the policy is corporate owned, this application must be signed by an officer of the company and imprinted with the company's seal, or be signed by 2 officers of the company.

Name of Officer of Company

Name of 2nd Signing Officer of Company

#### AGENT/BROKER STATEMENT

*I certify that I have asked all questions and have accurately recorded on this Application Information supplied by the Proposed Insured and I have no knowledge or information which is not fully disclosed. I also certify that the Proposed Insured reads and understands English or French.*

JOTHN R. ARDILL

Name of Agent or Broker

Name of Witness (If Agent/Broker is related to Proposed Insured)

X

Signature of Officer of Company

X

Signature of 2nd Signing Officer of Company

X

Signature of Agent or Broker

X

Signature of Witness

If the Agent or Broker is related to the Proposed Insured, the application must be witnessed by a disinterested 3rd party.

**SECTION 9****CONDITIONAL INSURANCE AGREEMENT REQUEST**

Application Number:

**E-033185****DECLARATION,  
AUTHORIZATION &  
CONDITIONAL INSURANCE**

No person is authorized to accept money or issue the Conditional Insurance Agreement if any of the following questions are answered "Yes" or left blank.

1. Have you ever been treated for or had any indication of heart disease, stroke, or cancer?  Yes  No
2. Within the past 2 years, have you ever been treated for, or had any indication of any back pain, neck pain, stress, anxiety, depression or any other mental disorder?
3. Are you presently under treatment, taking medication, or been recommended to have any treatment, investigation, or receive medication?
4. Have you ever had any application for life or disability insurance declined or postponed?
5. Within the past 2 years, have you ever been away from work for more than 15 days at any one time as a result of sickness or injury, or at present, are unable to perform any of the normal duties of your occupation?

*I declare that these questions have been truthfully answered "No" and acknowledge receipt of the Conditional Insurance Agreement. I have read it, understand it and agree to all its terms and conditions.*

Date (D/M/Y)

**X**

Signature of Proposed Insured

**SECTION 10****AGENT OR BROKER'S  
REPORT**

Provide additional information or comments to clarify any answers on the application, in Agent/Broker Remarks on page 14.

1. Application obtained by:  Referral  
 Personal Solicitation  
 Request by Proposed Insured
2. How long have you known the Proposed Insured?  
\_\_\_\_ years *1 year* months
3. Are you related?  Yes  No  
*If "Yes", state relationship:*
4. Number of years selling: Disability Insurance *18* years  
Life Insurance *18* years
5. Premium Payment:  Annual  
 Semi-Annual  
 Monthly  
*If Monthly premium payment is requested, complete Pre-authorized Cheque (PAC) information on page 14.*
6. Occupation Class: \_\_\_\_\_  
Is this an upgrade?  Yes  No
7. Discount: \_\_\_\_\_
8. Amount received with application: \$ *C 0 P*
9. If Group LTD is in force, plan requested is:  
 Second Payer Plan  
 Supplement Plan
10. List other applicants applying for coverage.
11. Dating: Save age\*  
Special Policy Date\*  
Other\*  
*\*Policy can be dated between 1st and 28th of the month.*
12. Add coverage to existing policy number:  
*105831, 00*

To ensure prompt credit and compensation, please complete the following details:

Name of Agent/Broker

*John Ardill*

Company Affiliation

Branch Code

Agent Code

Shared Comm. %

Name of Agent/Broker

Company Affiliation

Branch Code

Agent Code

Shared Comm. %

**AUTHORIZATION**

I hereby authorize any licensed physician, health practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me, my health, or other personal information, to give UNUM Life Insurance Company of America or its reinsurers, any such information. A photocopy of this authorization shall be as valid as the original.

Date (D/M/Y)

MARC BAILEY

Name of Proposed Insured

X

Signature of Proposed Insured

JOHN R. ARDILL

Name of Agent or Broker

X

Signature of Agent or Broker

**AUTHORIZATION**

I hereby authorize any licensed physician, health practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me, my health, or other personal information, to give UNUM Life Insurance Company of America or its reinsurers, any such information. A photocopy of this authorization shall be as valid as the original.

Date (D/M/Y)

MARC BAILEY

Name of Proposed Insured

X

Signature of Proposed Insured

JOHN R. ARDILL

Name of Agent or Broker

X

Signature of Agent or Broker

**PRE-AUTHORIZED CHEQUE PLAN**

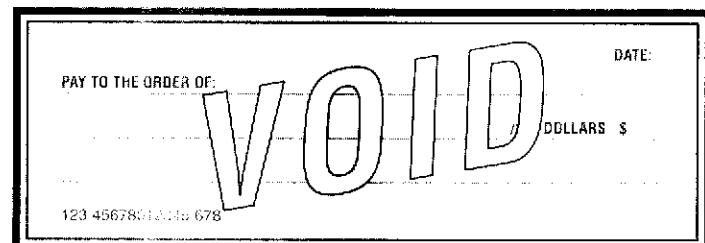
UNUM Life Insurance Company of America is requested and authorized to make withdrawals from time to time for the purpose of paying premiums from any account that may be designated. The financial institution is authorized to deal with such cheques as though they were signed by the depositor(s). This agreement may be terminated upon 10 days written notice by the depositor(s) or UNUM Life Insurance Company of America.

Date (D/M/Y)

X

Signature of Depositor(s)

Please attach a sample cheque marked  
"Void" and complete information on the back  
of this page.

**SECTION 10****AGENT/ BROKER REMARKS** Additional information or comments to clarify answers on the application.**AGENT OR BROKER'S  
REPORT**

**John R. Ardill, CFP, CLU, CH.F.C.**  
Financial Planning

14845-6 Yonge Street, Suite 170  
Aurora, Ontario L4G 6H8

Tel: 416-201-1966  
Fax: 905-841-0782  
Internet: ardill@interhop.net

Friday, 30 May, 1997

Jean Lehman  
A-D Structural Engineering Ltd.  
130 Davis Drive  
Suite 202  
Newmarket, Ontario  
L3Y 2N1

Dear Jean,

Thank you for meeting with me on Tuesday, May 27, 1997. The purpose of this letter is to confirm our action plan from that meeting.

You are going to have David and Marc sign the disability applications as indicated. My assistant, Susan will be picking them up on Friday morning.

As part of the underwriting process, you should get together the following information and fax to my office as soon as possible.

- (a) 1996 T4's for David, Marc and yourself,
- (b) copies of the first page of David and Marc's 1994 and 1995 T1 General.

The underwriting process generally takes four to six weeks. Susan will keep you updated as to the status.

Enclosed is a list of creditor proofing ideas along with a brochure on trusts for children.

I welcome any questions you may have and I appreciate your business.

Sincerely,

John R. Ardill, CFP, CLU, CH.F.C

JA:sd  
Enc.

**BAILEY ENGINEERING INC.**

215 Park Avenue, Holland Landing, Ontario L9N 1J7

P: (416) 984-7251 ~ F(416) 984-7259

Manulife Financial

*IS Marc*

Policy Services

To Whom It May Concern:

Please use this letter as your authorization to make the following changes.

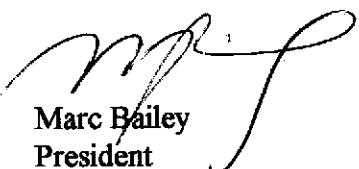
Please make the following changes to this policy.

Marc Bailey policy number 5499981

Change his monthly deposit to annual.

Make the deposits for \$17,500

Regards,

  
Marc Bailey  
President

CC: John Ardill



## Insurance Coverages

Life Insurance		Family Member Insured	Annual Premium	Annual Dividend	Policy Loan	Amount of Coverage	Date Purchased
London Life	Marc	\$ 466.56	\$	\$	\$	\$ 400,000	Apr 1 1988
London Life	Nancy	\$ 160.08	\$	\$	\$	\$ 100,000	Nov 4 1988
<i>Please do not write in this space.</i>							
<p><b>Smoker:</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p><b>Med. His.</b></p> <p><b>Coverage:</b> <input type="checkbox"/> C.I. <input type="checkbox"/> H.O. <input type="checkbox"/> P.A. <input type="checkbox"/> P.U. <input type="checkbox"/> O.</p> <p><b>Premium:</b> <input type="checkbox"/> M.M.A. <input type="checkbox"/> O. <input type="checkbox"/> O.</p> <p><b>DIS:</b> <input type="checkbox"/> <b>New \$:</b> <input type="checkbox"/></p> <p><b>ROR:</b> <input type="checkbox"/></p> <p><b>Please do not write in this space.</b></p>							
Disability Insurance (personally owned policies only)		Family Member Insured	Annual Premium	Amount of Coverage	Date Purchased		
Union	90 Day. ?	Marc	\$	\$	\$		
<i>Please do not write in this space.</i>							

\* NO203

## Investment Type Assets Stocks, Bonds, Mutual Funds, etc.

Item	Name	# of Shares	Jointly Held	Current Market Value Yourself	Spouse	Children
	Government Securities					
T. Bills, Notes, Bonds		\$	\$	\$	\$	\$
Other		\$	\$	\$	\$	\$
Corporate Bonds		\$	\$	\$	\$	\$
Municipal Bonds		\$	\$	\$	\$	\$
Stocks		\$	\$	\$	\$	\$
Mutual Funds		\$	\$	\$	\$	\$
Income Plus		\$ 17,800	\$	\$	\$	\$
Income Plus - No load		\$ 3,720	\$	\$	\$	\$
Partnerships		\$	\$	\$	\$	\$
Other		\$	\$	\$	\$	\$
New \$:		\$	\$	\$	\$	\$
Please do not write in this space.						

\* NO203



## Reserved for Your Advisor's Use:

Please do not write in this space.

CH	RES	EST
OCC	R&T	
58	58	
M	58	
S	34	11
30	6%	5%
S	78	Ref
FIL		
MIL	78	
BIL	25-42	6 and 45
SIL	LOC	LOC
one sec no away	3%	2%
Marginal income tax bracket	47%	3%
Inflation	3%	6%
LOC		

*Self-employed has A103*

<input type="checkbox"/> Net Investment	<input type="checkbox"/> Net Savings
<input type="checkbox"/> Gross Savings (net investment)	<input type="checkbox"/> Net Savings
<input type="checkbox"/> Retirement	<input type="checkbox"/> University/College education
<input type="checkbox"/> Trust Income	<input type="checkbox"/> Wealth building
<input type="checkbox"/> Estate planning	<input type="checkbox"/> Short term: (explain)
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/> Long term: (explain)

## Background Information

### Family Data:

	Date of Birth	Birth Place	Social Insurance Number
Your Full Name	Jan 23/68	Scarria	485 451 405
Spouse's Full Name	Dec 19/67	Toronto	473 437 714
Child	Aug 11/88	Newmarket	528 965 734
Child	Oct 21/00	Newmarket	334 746 912
Child			
Child			
Child			

### Residence:

Street Address	Province	Postal Code
215 Park Ave	Holland Landing	ON L9N 1J7
Telephone	Fax	E-Mail Address
905-853-7251	905-853-5802	FourLocalitys@rogers.com

### Employment Data:

Occupation	Employer	How Long
Structural Engineer	Whitney-Bailey Assoc.	5 yrs
Housewife		6 yrs

Your Employer's Address 330 Runtree Drivg  
Lot 12, Unit 3, Mississauga, ON L4L 3K2

Spouse's Employer's Address

### Your Work E-Mail Address:

### Spouse's Work E-Mail Address:

Base Salary	Estimated Bonus	Estimated Commissions	Estimated Stock Options
Your Primary Income	8,000 - 15,000		
Spouse's Primary Income			

**Other Income:**

Source 1 Amount	Source 2 Amount	Source 3 Amount	Source 4 Amount
Rentals			
Royalties			
Fees or Commissions			
Trust Income			

**Secondary Business Income:** \$

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
--	--------------------------------------	--------------------------------------

Please do not write in this space.

# The Questionnaire

Please read before you begin...

This Questionnaire is the first step in the Personal Financial Engineering™ process. This Questionnaire is designed to be easy to complete. The confidentiality of your information will be respected and your cooperation is appreciated.

## Instructions for this Questionnaire:

Please fill in the information requested, being as complete and accurate in your answers as possible. Throughout the Questionnaire certain spaces have been set aside for use by your advisor. Please do not write in these areas. If you need additional space for your responses, please use the blank pages at the end of the Questionnaire. Please call if any item needs clarification or if you have any questions.

## Documents to bring to the next Interview:

Your advisor will be able to work more effectively when you provide documents along with this completed Questionnaire. You can be assured that your documents will be professionally safeguarded under strict, confidential control during the analysis period. If you prefer, copies of your financial papers are acceptable. Your documents will be returned to you in the same condition as when provided.

Please check off each box as you gather each document:

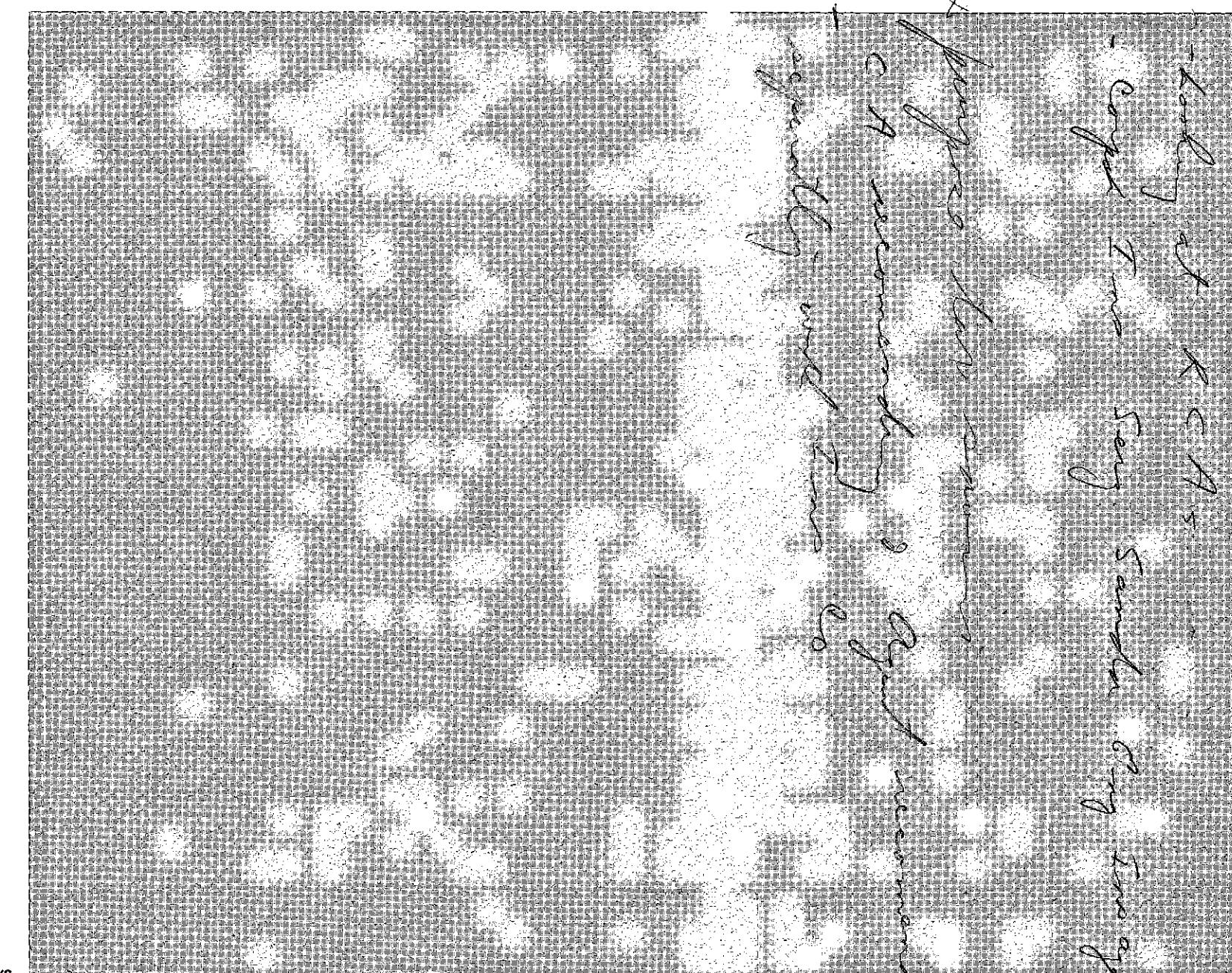
- Personal income tax returns - 2 years - *leg*  Company-provided group benefits for you and your spouse *leg*  
(if a print-out of specific coverages is available, please include)
- Paycheck stub(s) for you and your spouse *leg*  Current evaluation statements for each investment, and prospectus where applicable
- Wills and Trust documents - *leg*  Canada Pension Plan Statement *leg*
- All Personal Insurance Policies
- Automobile Policies *leg* (include declarations of coverage)
- Homeowner's or Renter's Policy *leg* (include declarations of coverage)
- For business owners only:**
- Life Insurance Policies *leg* (for all members of your family)
- Dividend Statements *leg*
- Disability Policies *leg*
- Hospitalization and Major Medical Policies *leg*
- Any other types of insurance policies *leg*

## Reserved for Your Advisor's Use:

Please do not write in this space.

*John Doe  
Financial Analyst  
LEAP SYSTEMS, Inc.  
123 Main Street  
Anytown, USA  
555-1234*

No part of this document or visual may be reproduced, abstracted, excerpted or transmitted in any form by any means, electronic, mechanical, photographic, or stored in information systems, except as set forth in writing under a license from LEAP SYSTEMS, Inc. Any other use is prohibited.



- Plan for your financial future  
- Ensure you have enough  
- Don't leave it to chance

The confidential...

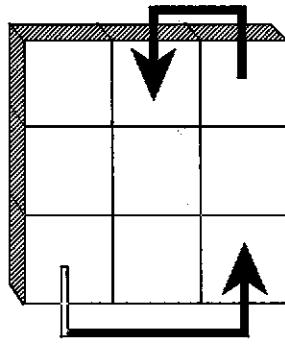


... for Personal Financial Engineering™

CLIENT

Patricia Brinkley

ARDILL FINANCIAL  
2 ORCHARD HEIGHTS BLVD, UNIT #27  
AURORA, ONTARIO  
L4G 3W3



LEAP SYSTEMS, Inc. assumes no liability for the use or misuse of its materials by independent users. LEAP SYSTEMS, Inc. is not party to any agreement made between a client and a user of the LEAP SYSTEM, unless such agreement be executed in writing between the client and LEAP SYSTEMS, Inc. No warranty or assurance of success is made by LEAP SYSTEMS, Inc. to any person and no one is authorized to make such representations on behalf of LEAP SYSTEMS, Inc. The client accepts full responsibility for his or her own financial decisions and the consequences thereof. All persons are cautioned to seek necessary legal, accounting, insurance and financial services only from firms who are duly licensed and certified under applicable provincial and federal laws and regulations. Users of the LEAP SYSTEM are independent practitioners and are not acting as agents, employees or representatives of LEAP SYSTEMS, Inc.

#N0203

Wednesday Oct 1 / 4pm.

X.3 3 15 2017 (2) mark software