

Correspondence

CANAM

Woodburn Policy Information

Woodburn Policy Statements

Puhl Policy Information

Puhl Policy Statements

Prager Policy Information

Prager Policy Statements

Contact : **Mr. Dave Woodburn**

Policy Delivery, their offices

Woodburn : 2:00pm
Puhl : 2:45pm
Prager : 3:30pm (or just pick up signed receipt)

Directions: Hurontario/Hwy10 & Matheson, w
on Mathe

Home Address: 199 Glenway Circle
Newmarket, Ontario
L3Y 7S6

Title: Self Employed

Home Directions:

Company: CANAM Software Labs, Inc.

90 Matheson Blvd., West
Suite 101
Mississauga, Ontario
L5R 3R3

Home Phone: 905-898-3869

Phone: 905-712-3840 x: 124

Home Fax:

Alt Phone:

Cottage Phone:

Fax: 905-712-0043

Chalet Phone:

Cell Phone: 905-830-8091

Birthday: 25/Sep/1954

E-mail: woodburn@canamsoftware.com

SIN: 446 829 392

Style:

Smoker: No

Assistant:

Spouse: Barbara Woodburn

Assistant Phone:

Spouse Birthday: 11/Aug/1953

Asst. E-mail:

Spouse SIN: 449 830 132

ID>Status: Active Client

Spouse Style:

Service Level: Platinum

Spouse Smoker:

Anniversary: 11/Dec/1976

Income:

Children:

Spouses Inc:

Shanna 21/Jun/1981
Tracy 12/Jul/1985

Lawyer: Valentine Russel Lovekin

Sold to Date:

Accountant: Neil Judelman

Insurance: Yes

Mortgage:

Investments: Yes

Mortgage Date:

CI: No

DI: Yes

Wills: Yes

Notes:

add info to office
re Legion

Eryn Beintema

From: "John Ardill" <john@ardillfinancial.com>
To: "Dave Woodburn" <woodburn@canamsoftware.com>; "Peter Puhl" <puhl@canamsoftware.com>; "Peter Prager" <prager@canamsoftware.com>
Sent: Wednesday, September 21, 2005 11:42 AM
Attach: Canam psg.pdf
Subject: Meeting follow up

Gentlemen,

As per your request, I have attached the 6 scenarios we talked about in our meeting. In order to clarify these scenarios, I would like to just walk through them. The titles on them are slightly different than what is indicated on the PDF's.

#1 Scenario is a projection for a total of 14 years, assuming that you don't make any changes to what you are presently doing. You'll notice the effectiveness, which is really measuring the efficiency of the model based on the two financial drawers we're working with, Life Insurance and Term Deposit, is -3.0%.

#2 is based on just having the term insurance for 20 years instead of 15. You'll notice that the effectiveness only gets worse to -16.0%.

#3 is assuming that we decide to have Permanent Life Insurance for the 3 shareholders. The efficiency would go to 2.43%.

Pete is right in the fact that we would be leaving an additional \$101,000 in the company, however I'm quite happy to measure the \$101K if in fact you decided to take it out of the company and show what it would do personally. #1, you would have some tax on that money and in your personal model there is an efficiency issue there as well. I think you would find that when we compare apples with apples this scenario would still make a lot of sense. Especially in retirement when we're able to utilize this life insurance to be able to spend other assets that you may not normally consider.

#4 is the projection for 14 years, however it shows where the death benefit comes into play. Instead of just comparing the cash we're comparing with the death benefit, and of course it moves the effectiveness way up the scale to 16.5%.

#5 is a projection for 20 years, just comparing the cash. Again it shows a positive effectiveness.

#6 is showing that if the death benefit kicks in, again the effectiveness is significantly higher than any other scenario.

When it comes to the actual solution of Life Insurance, there were some comments made that you

April 30, 2005

Peter Ardill
Investment Planning Counsel

Mackenzie Financial Corporation
150 Bloor Street West, Suite M111,
Toronto, ON Canada, M5S 3B5
Tel: 416 922 5322
Toll Free: 800 387 0614
Fax: 416 922 5660

Portfolio Managers
-Jerry Javasky
Since: Oct 1992
Mackenzie Financial Corporation

Fund Sponsor
Mackenzie Financial Corporation
150 Bloor Street West, Suite M111,
Toronto, ON Canada, M5S 3B5
Tel: 416 922 5322
Toll Free: 800 387 0614
Fax: 416 922 5660

General Information

| | |
|------------------------|---------------|
| Fund Type | Equity |
| Established | Oct 1992 |
| RRSP Eligible | Yes |
| Fees | Front or Back |
| Min Initial Investment | \$500.00 |
| Asset Value (\$M) | 5,281.9 |
| 12 Mth Chg in Assets | -0.59% |
| Volatility (3 Year) | Low |
| Valuation Frequency | Daily |
| Fund MER | 2.46% |
| Median Fund MER | 2.64% |

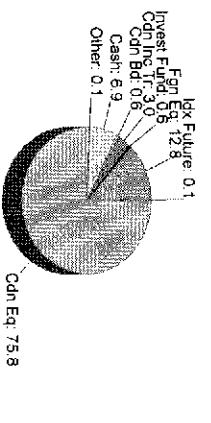
Top 15 Holdings As Of Mar 2005

| | |
|-----------------------------|-------|
| Canada Treasury Bills | 12.9% |
| Shoppers Drug Mart Common | 8.9% |
| Weston George Ltd Common | 6.9% |
| Bank of Nova Scotia Common | 6.8% |
| Cdn Natl Railway Common | 5.7% |
| Omnicon Group Inc Common | 5.5% |
| Manulife Financial C Common | 5.4% |
| Loblaw Cos Ltd Common | 5.2% |
| Imperial Oil Ltd Common | 4.9% |
| Yellow Pages Income Unit | 4.8% |
| Total | 66.9% |
| | -10 |
| | -20 |

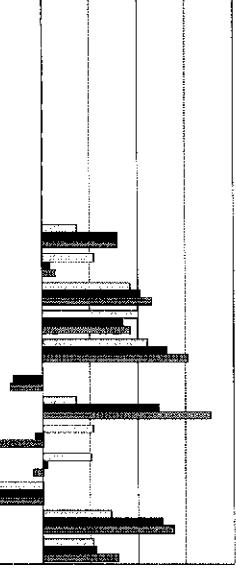
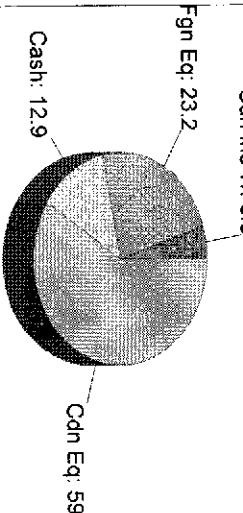
8182838485868788899091929394959697989900102030405

Mac Ivy ■ Median Canadian Equity - MF Composite Index

Average Canadian Equity - MF



Current Asset Weights



Fundamentals

| Median | Fund |
|-----------------|----------|
| Foreign Content | 10.67% |
| Avg P/E Ratio | 23.22% |
| Avg Cap | Med High |
| Avg Div | High |
| Avg P/B Ratio | High |

The investment objective of the fund is long-term capital appreciation consistent with protection of the fund's capital.

MORNİNGSTAR

Prepared By : Peter Ardill

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Commissions, trailing commissions, management fees and expenses may be associated with mutual fund investments. Please read the prospectus before investing. The indicated rate(s) of return is (are) the historical annual compounded total return(s) including changes in share or unit value and reinvestment of all dividends and distributions and does not take into account sales redemption, distribution or optional charges or income taxes payable by any security holder that would have reduced returns. Mutual funds are not guaranteed, their values change frequently and past performance may not be repeated.

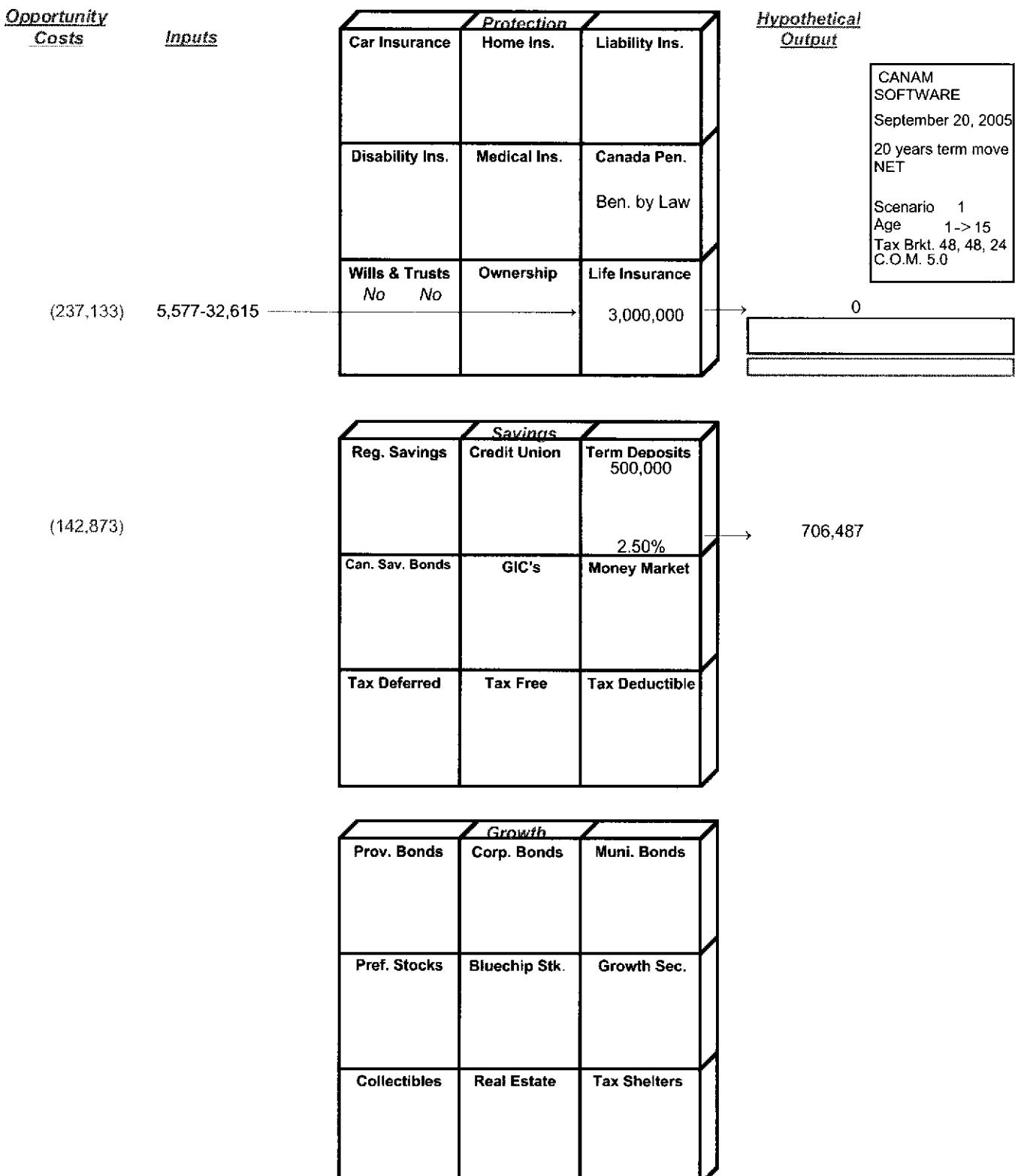
can buy insurance less expensively. I'd just like to say that there are a number of options that could be played out in the marketplace. I believe that the one i've shown you, and the way we're funding it, is the one I would most favour. Both from an efficiency and a guarantee standpoint. However, if you would like to see other scenarios and options, I can certainly run the gamut from T-100 to using Cash Value Life Insurance, borrowing the money out of the cash value, and then passing it back into the corporation. There's a number of sexy structures that can be used, however the one that I'm suggesting has the least amount of assumptions that have to be depended on in order for it to be successful in the future.

As part of the emails I received back, you were asking about the commission. There really isn't any direct commission. The Insurance company requests a deposit in order to have future benefits, and it pays me a fee as part of a marketing cost they have. As far as administration fees and what have you, the type of insurance I have used here is a Whole Life type policy, and you can't 'unbundle' the structure the way you can with Universal Life. Again, if in fact you want to see a structure using Universal Life, I can do that but it means that we will be dependent on greater assumptions with greater risk moving forward.

I look forward to any questions you may have.

Regards,
John

~Helping clients discover the true worth of their assets~



| | | | | | |
|-----------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|------------------------------|---------------------------------------------------------------------|----------------|
| <i>Annual Input Growing to Old Money Tax & L.O.C.</i> | <i>5,577 32,615 500,000 (380,006)</i> | <i>Net Hyp. Output Recovered Tax & L.O.C.</i> | <i>706,487 (380,006)</i> | <i>Hypothetical Output Debt & Taxes Net Hyp. Output</i> | <i>706,487</i> |
| | | <i>Effectiveness</i> | <i>(3.00%)</i> | | |



A Member of American International Group, Inc.

Daily Interest Account

100 (1.70) Daily Interest Account

Guaranteed Interest Accounts

105 (1.70) Five Year

110 (1.70) Ten Year

Market Indexed Accounts

120 (3.25) American Equity (S&P500)

121 (3.25) American Small Cap Equity (Russell 2000)

122 (3.25) Asia Equity (MSCI Hong Kong/MSCI Japan)

123 (3.00) Bond (Scotiabank Capital Markets Universe)

124 (3.25) Canadian Equity (S&P/TSE60)

125 (3.25) European Equity (Dow Jones EuroStoxx 50)

126 (3.25) U.S. Technology (Nasdaq 100)

127 (3.25) Canadian REIT Index (S&P/TSX Canadian REIT)

128 (3.25) Canadian Financial Services Index (S&P/TSX Cdn Fin Servs)

Managed Portfolio Indexed Accounts

130 (2.50) AIG Global Balanced Growth

131 (2.50) AIG Global Science & Technology

132 (2.50) AIG Global U.S. Blue Chip Equity

133 (2.50) AIG Global World Equity

165 (2.50) AIM Core Canadian Balanced Class

166 (2.50) AIM Core Canadian Equity Class

167 (2.50) AIM Core American Equity Class

168 (2.50) AIM Core Global Equity Class

590 (2.50) Cartier MultiPartners Balanced Growth Portfolio

591 (2.50) Cartier MultiPartners Global Balanced Portfolio

592 (2.50) Cartier MultiPartners High Growth Portfolio

593 (2.50) Cartier MultiPartners Balanced RSP Portfolio

594 (2.50) Cartier MultiPartners Balanced Growth RSP Port

595 (2.50) Cartier MultiPartners High Growth RSP Portfolio

500 (2.25) CI Global Balanced Portfolio

501 (2.25) CI Global Conservative Portfolio

502 (2.25) CI Global Growth Portfolio

503 (2.25) CI Maximum GlobalGrowth Portfolio

194 (2.00) Counsel All Equity Portfolio

195 (2.00) Counsel Balanced Portfolio

196 (2.00) Counsel Conservative Portfolio

197 (2.00) Counsel Growth Portfolio

520 (2.50) SEI Balanced Income Fund Portfolio

521 (2.50) SEI Core Balanced Fund Portfolio

522 (2.50) SEI Balanced Growth Fund Portfolio

523 (2.50) SEI Balanced Growth Plus Fund Portfolio

524 (2.50) SEI Diversified Equity Fund Portfolio

525 (2.50) SEI Global Equity Funds Portfolio

Managed Indexed Accounts

Acuity Funds Ltd.

www.acuityfunds.com

600 (2.50) Acuity All Cap 30 Canadian Equity

601 (2.50) Acuity Canadian Balanced Fund

602 (2.50) Acuity Growth and Income Fund

603 (2.50) Acuity High Income Fund

604 (2.50) Acuity Income Trust Fund

605 (2.50) Acuity Fixed Income Fund

606 (2.50) Acuity Canadian Equity Fund

AGF Management Ltd.

www.agf.com

400 (2.50) AGF Aggressive Growth Fund

401 (2.25) AGF American Growth

402 (2.25) AGF World Balanced Fund

403 (2.50) AGF Asian Growth

404 (2.25) AGF Canadian Balanced

405 (2.50) AGF Canadian Bond

406 (2.25) AGF Canadian Growth Equity Fund

407 (2.50) AGF Canadian Stock Fund

408 (2.50) AGF Canadian Real Value Balanced

410 (2.25) AGF Global Financial Services

411 (2.00) AGF Global Health Sciences

412 (2.00) AGF Global Technology

413 (2.50) AGF International Stock

414 (2.50) AGF International Value

415 (2.00) AGF MultiManager

416 (2.25) AGF Special U.S.

418 (2.50) AGF World Companies Fund

AIC Group of Funds

www.aic.com

450 (2.00) AIC Advantage Fund II

451 (2.00) AIC American Advantage Fund

452 (2.25) AIC American Balanced Fund

453 (2.25) AIC American Focused Fund

454 (2.50) AIC Bond Fund

455 (2.25) AIC Canadian Balanced Fund

456 (2.00) AIC Canadian Focused Fund

457 (2.25) AIC Diversified Canada Fund

459 (2.25) AIC Global Balanced Fund

460 (2.50) AIC Global Bond Fund

462 (2.25) AIC Global Diversified Fund

465 (2.00) AIC Diversified Science & Technology Fund

467 (2.25) AIC Value Fund

468 (2.00) AIC Global Advantage

469 (2.25) AIC World Equity Fund

10-8 Universal Life Plan & Fund Accelerator Investment Options

AIM Funds Management Inc.

www.alimtracemark.com

150 (2.00) Trimark U.S. Small Companies

151 (2.00) AIM American Growth Fund

152 (2.50) AIM American Mid Cap Growth Class

153 (2.00) AIM Canadian First Class

154 (2.50) AIM Canadian Premier Class

155 (2.50) AIM Canadian Balanced Fund

156 (2.00) AIM European Growth Fund

157 (2.00) AIM Global Technology Fund

158 (2.00) AIM Global Telecommunications Class

159 (2.25) Trimark Canadian Fund

160 (2.50) Trimark Discovery Fund

162 (2.25) Trimark Fund

163 (2.50) Trimark Select Balanced Fund

164 (2.25) Trimark U.S. Companies Fund

169 (2.50) Trimark Global High Yield

Cartier Mutual Funds

www.cartier-funds.ca

580 (2.50) Cartier Canadian Equity Fund

581 (2.50) Cartier Global Equity Fund

582 (2.50) Cartier Global Leaders RSP Fund

584 (2.50) Cartier Small Cap Canadian Equity Fund

585 (2.50) Cartier U.S. Equity Fund

CI Mutual Funds Inc.

www.cifunds.ca

180 (2.50) BPI American Equity

181 (2.25) CI Global Fund

182 (2.25) CI Global Biotechnology

183 (2.25) CI Global Boomernomics

184 (2.50) Harbour Fund

185 (2.50) Harbour Growth & Income

186 (2.25) CI International Balanced

187 (2.25) Harbour Foreign Equity Sector

ClaringtonFunds

www.claringtonfunds.com

550 (2.25) Clarington Canadian Balanced

551 (2.25) Clarington Canadian Equity

553 (2.25) Clarington Canadian Growth

554 (2.50) Clarington Canadian Income II - A

555 (2.50) Clarington Canadian Income II - B

556 (2.50) Clarington Canadian Dividend

557 (2.25) Clarington Global Equity

559 (2.25) Clarington Global Health Sciences Class

560 (2.25) Clarington Global Income

561 (2.25) Clarington Global Value Class

562 (2.25) Clarington International Equity (ex. US)

563 (2.25) Clarington Navellier US All Cap

565 (2.25) Clarington US Large Cap Value Class

Counsel Wealth Management

www.counselwealth.com

190 (2.00) Counsel Focus Fund

191 (2.00) Counsel Managed Fund

192 (2.00) Counsel World Equity Fund

193 (2.00) Counsel Focus Value Fund

198 (2.00) Counsel Select Canada Fund

235 (2.00) Counsel Select Value Fund

Croft Capital Management

www.croftgroup.com

199 (2.50) Croft Enhanced Income Fund

Dynamic Mutual Funds

www.dynamic.ca

200 (2.50) Dynamic American Value

201 (2.50) Dynamic Focus + Real Estate

202 (2.50) Dynamic European Value

203 (2.50) Dynamic Far East Value

204 (2.50) Dynamic Value Fund of Canada

205 (2.50) Dynamic Strategic Growth Portfolio

206 (2.50) Dynamic Focus + Global Fund

207 (2.50) Dynamic International Value

208 (2.50) Commonwealth Canadian Balanced

209 (2.50) Dynamic Power American Growth

210 (2.50) Dynamic Power Balanced

212 (2.50) Dynamic Power Canadian Growth

214 (2.50) Dynamic Real Estate Equity

215 (2.50) Dynamic Focus + Small Business Fund

Fidelity Investments

www.fidelity.ca

240 (2.50) Fidelity Canadian Asset Allocation

241 (2.50) Fidelity Canadian Growth

242 (2.50) Fidelity Canadian Disciplined Equity

243 (2.50) Fidelity Europe Fund

244 (2.25) Fidelity Far East

245 (2.00) Fidelity Focus Health Care

246 (2.00) Fidelity Focus Technology

247 (2.50) Fidelity Global Asset Allocation

248 (2.50) Fidelity International Portfolio

249 (2.50) Fidelity Overseas

250 (2.25) Fidelity Focus Telecommunications

251 (2.50) Fidelity True North

252 (2.50) Fidelity American Opportunities

253 (2.50) Fidelity Canadian Balanced

254 (2.50) Fidelity Canadian Large Cap

255 (2.25) Fidelity Focus Consumer Industries

256 (2.00) Fidelity Focus Financial Services

257 (2.25) Fidelity Focus Natural Resources

Fidelity Global Opportunities

259 (2.50) Fidelity Growth America

260 (2.00) Fidelity Japanese Growth

261 (2.50) Fidelity Small Cap America

Franklin Templeton Investments

www.franklintempleton.ca

270 (2.50) Templeton Growth

271 (2.25) Templeton International Stock

272 (2.25) Templeton Global Smaller Companies

273 (2.25) Templeton Global Bond

274 (2.25) Franklin Flex Cap Growth

275 (2.25) Franklin U.S. Small Cap Growth

276 (2.50) Franklin World Health Sciences & Biotech

277 (2.00) Franklin World Telecom

278 (2.25) Bissett Canadian Equity

279 (2.50) Bissett Multinational Growth

280 (2.50) Bissett Canadian Balanced Fund

Guardian Group of Funds

www.ggof.com

620 (2.50) GGOF American Growth

621 (2.25) GGOF American Value Fund

622 (2.50) GGOF Canadian Growth Fund

623 (2.50) GGOF Canadian High Yield Bond

624 (2.50) GGOF Canadian Large Cap

625 (2.50) GGOF Diversified Monthly Income Fund

626 (2.50) GGOF Dividend Growth Fund

627 (2.25) GGOF Enterprise Fund

628 (2.25) GGOF Global Growth

629 (2.50) GGOF Global Technology Fund

630 (2.50) GGOF Monthly High Income II

Mackenzie Financial

www.mackenziefinancial.com

300 (2.50) Mac Balanced Fund

301 (2.50) Mackenzie Sentinel Bond

302 (2.25) Mackenzie Maxxum Dividend Growth

304 (2.50) Mackenzie Growth Fund

305 (2.50) Mackenzie Maxxum Canadian Value Fund

306 (2.50) Mackenzie Maxxum Mortgage Fund

307 (2.25) Mackenzie Maxxum Pension Fund

308 (2.50) Mac Sentinel Corporate Bond

309 (2.25) Mac Univ Canadian Balanced

310 (2.25) Mac Univ Canadian Growth

311 (2.25) Mac Univ Canadian Resource

313 (2.25) Mac Univ European Opportunities

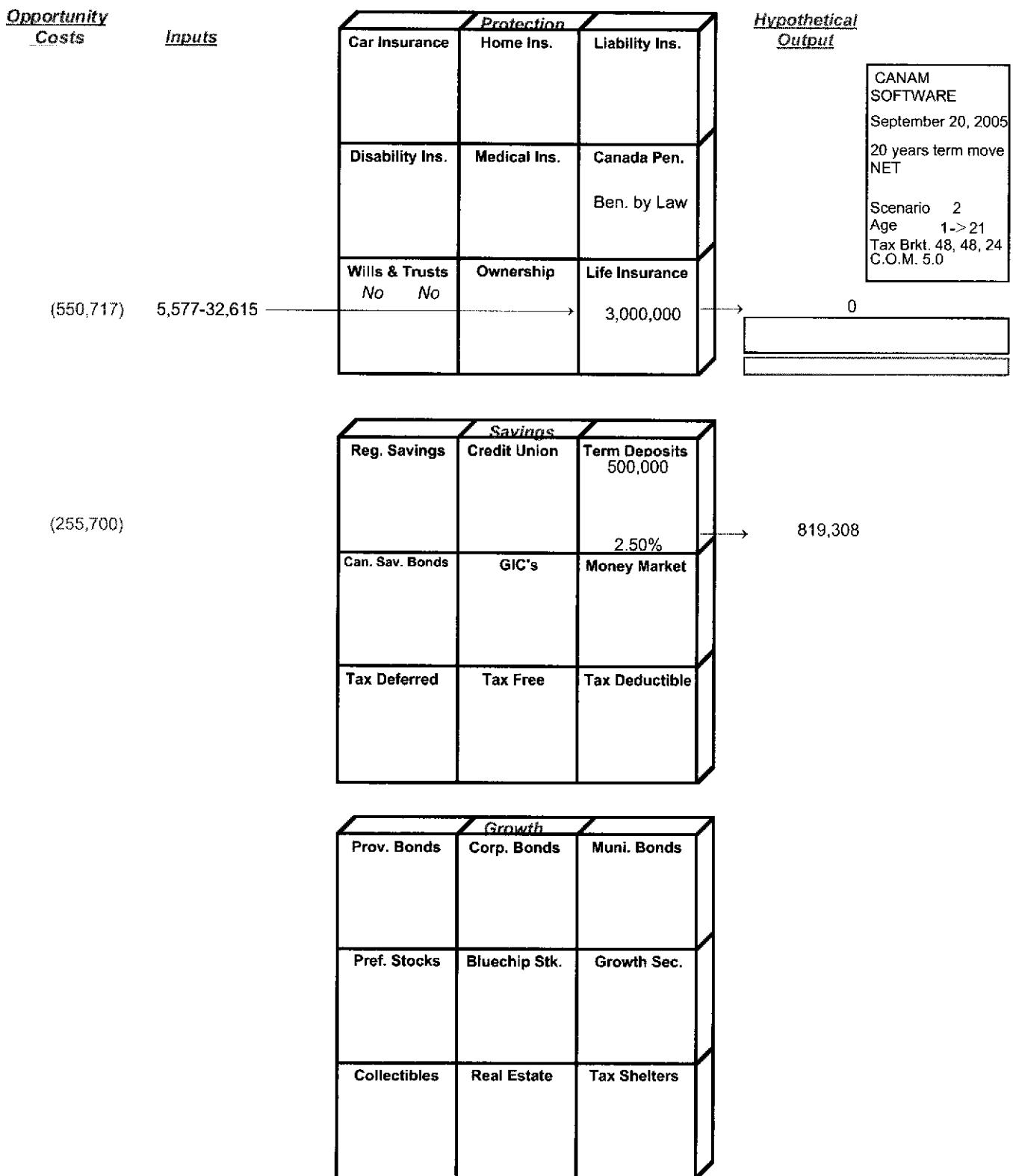
314 (2.50) Mac Select Managers Far East Cap Class

315 (2.50) Mac Univ Financial Services Cap Class

316 (2.25) Mac Univ Future

317 (2.50) Mac Univ Sustainable Opportunity Cap

318 (2.00) Mac Univ Health Sciences



| <i>Annual Input</i> | <i>5,577</i> | <i>Net Hyp. Output Recovered</i> | <i>819,308</i> | <i>Hypothetical Output Debt & Taxes</i> | <i>819,308</i> |
|-----------------------------|----------------|----------------------------------|------------------|---------------------------------------------|----------------|
| <i>Growing to Old Money</i> | <i>32,615</i> | <i>Tax & L.O.C.</i> | <i>(806,417)</i> | <i>Net Hyp. Output</i> | <i>819,308</i> |
| <i>Tax & L.O.C.</i> | <i>500,000</i> | | | | |



A Member of American International Group, Inc.
Daily Interest Account
 100 (1.70) Daily Interest Account

Guaranteed Interest Accounts

105 (1.70) Five Year
 110 (1.70) Ten Year

Market Indexed Accounts

120 (3.25) American Equity (S&P500)
 121 (3.25) American Small Cap Equity (Russell 2000)
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 126 (3.25) U.S. Technology (Nasdaq 100)
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 167 (2.50) AIM Core American Equity Class
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 501 (2.25) CI Global Conservative Portfolio
 502 (2.25) CI Global Growth Portfolio
 503 (2.25) CI Maximum GlobalGrowth Portfolio
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 195 (2.00) Counsel Balanced Portfolio
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 522 (2.50) SEI Balanced Growth Fund Portfolio
 523 (2.50) SEI Balanced Growth Plus Fund Portfolio
 524 (2.50) SEI Diversified Equity Fund Portfolio
 525 (2.50) SEI Global Equity Funds Portfolio

Managed Indexed Accounts

Acuity Funds Ltd.
www.acuityfunds.com
 600 (2.50) Acuity All Cap 30 Canadian Equity
 601 (2.50) Acuity Canadian Balanced Fund
 602 (2.50) Acuity Growth and Income Fund
 603 (2.50) Acuity High Income Fund
 604 (2.50) Acuity Income Trust Fund
 605 (2.50) Acuity Fixed Income Fund
 606 (2.50) Acuity Canadian Equity Fund

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www.agf.com

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 403 (2.50) AGF Asian Growth
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 405 (2.50) AGF Canadian Bond
 406 (2.25) AGF Canadian Growth Equity Fund
 407 (2.50) AGF Canadian Stock Fund
 408 (2.50) AGF Canadian Real Value Balanced
 410 (2.25) AGF Global Financial Services
 411 (2.00) AGF Global Health Sciences
 412 (2.00) AGF Global Technology
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 414 (2.50) AGF International Value
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 418 (2.50) AGF World Companies Fund

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 453 (2.25) AIC American Focused Fund
 454 (2.50) AIC Bond Fund
 455 (2.25) AIC Canadian Balanced Fund
 456 (2.00) AIC Canadian Focused Fund
 457 (2.25) AIC Diversified Canada Fund
 459 (2.25) AIC Global Balanced Fund
 460 (2.50) AIC Global Bond Fund
 462 (2.25) AIC Global Diversified Fund
 465 (2.00) AIC Diversified Science & Technology Fund
 467 (2.25) AIC Value Fund
 468 (2.00) AIC Global Advantage
 469 (2.25) AIC World Equity Fund

AIM Funds Management Inc.

www.aimtrimark.com
 150 (2.00) Trimark U.S. Small Companies
 151 (2.00) AIM American Growth Fund
 152 (2.50) AIM American Mid Cap Growth Class
 153 (2.00) AIM Canadian First Class
 154 (2.50) AIM Canadian Premier Class
 155 (2.50) AIM Canadian Balanced Fund
 156 (2.00) AIM European Growth Fund
 157 (2.00) AIM Global Technology Fund
 158 (2.00) AIM Global Telecommunications Class
 159 (2.25) Trimark Canadian Fund
 160 (2.50) Trimark Discovery Fund
 162 (2.25) Trimark Fund
 163 (2.50) Trimark Select Balanced Fund
 164 (2.25) Trimark U.S. Companies Fund
 169 (2.50) Trimark Global High Yield

Cartier Mutual Funds

www.cartier-funds.ca
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 581 (2.50) Cartier Global Equity Fund
 582 (2.50) Cartier Global Leaders RSP Fund
 584 (2.50) Cartier Small Cap Canadian Equity Fund
 585 (2.50) Cartier U.S. Equity Fund

CI Mutual Funds Inc.

www.cifunds.ca
 180 (2.50) BPI American Equity
 181 (2.25) CI Global Fund
 182 (2.25) CI Global Biotechnology
 183 (2.25) CI Global Boomernomics
 184 (2.50) Harbour Fund
 185 (2.50) Harbour Growth & Income
 186 (2.25) CI International Balanced
 187 (2.25) Harbour Foreign Equity Sector

ClaringtonFunds

www.claringtonfunds.com
 550 (2.25) Clarington Canadian Balanced
 551 (2.25) Clarington Canadian Equity
 553 (2.25) Clarington Canadian Growth
 554 (2.50) Clarington Canadian Income II – A
 555 (2.50) Clarington Canadian Income II – B
 556 (2.50) Clarington Canadian Dividend
 557 (2.25) Clarington Global Equity
 559 (2.25) Clarington Global Health Sciences Class
 560 (2.25) Clarington Global Income
 561 (2.25) Clarington Global Value Class
 562 (2.25) Clarington International Equity (ex. US)
 563 (2.25) Clarington Navellier US All Cap
 565 (2.25) Clarington US Large Cap Value Class

Counsel Wealth Management

www.counselwealth.com

190 (2.00) Counsel Focus Fund
 191 (2.00) Counsel Managed Fund
 192 (2.00) Counsel World Equity Fund
 193 (2.00) Counsel Focus Value Fund
 198 (2.00) Counsel Select Canada Fund

235 (2.00) Counsel Select Value Fund

Croft Capital Management

www.croftgroup.com

199 (2.50) Croft Enhanced Income Fund

Dynamic Mutual Funds

www.dynamic.ca

200 (2.50) Dynamic American Value
 201 (2.50) Dynamic Focus + Real Estate
 202 (2.50) Dynamic European Value
 203 (2.50) Dynamic Far East Value
 204 (2.50) Dynamic Value Fund of Canada
 205 (2.50) Dynamic Strategic Growth Portfolio
 206 (2.50) Dynamic Focus + Global Fund
 207 (2.50) Dynamic International Value
 208 (2.50) Commonwealth Canadian Balanced
 209 (2.50) Dynamic Power American Growth
 210 (2.50) Dynamic Power Balanced
 212 (2.50) Dynamic Power Canadian Growth
 214 (2.50) Dynamic Real Estate Equity
 215 (2.50) Dynamic Focus + Small Business Fund

Fidelity Investments

www.fidelity.ca

240 (2.50) Fidelity Canadian Asset Allocation
 241 (2.50) Fidelity Canadian Growth
 242 (2.50) Fidelity Canadian Disciplined Equity
 243 (2.50) Fidelity Europe Fund
 244 (2.25) Fidelity Far East
 245 (2.00) Fidelity Focus Health Care
 246 (2.00) Fidelity Focus Technology
 247 (2.50) Fidelity Global Asset Allocation
 248 (2.50) Fidelity International Portfolio
 249 (2.50) Fidelity Overseas
 250 (2.25) Fidelity Focus Telecommunications
 251 (2.50) Fidelity True North
 252 (2.50) Fidelity American Opportunities
 253 (2.50) Fidelity Canadian Balanced
 254 (2.50) Fidelity Canadian Large Cap
 255 (2.25) Fidelity Focus Consumer Industries
 256 (2.00) Fidelity Focus Financial Services
 257 (2.25) Fidelity Focus Natural Resources

Fidelity Global Opportunities

259 (2.50) Fidelity Growth America
 260 (2.00) Fidelity Japanese Growth
 261 (2.50) Fidelity Small Cap America
Franklin Templeton Investments
www.franklintempleton.ca
 270 (2.50) Templeton Growth
 271 (2.25) Templeton International Stock
 272 (2.25) Templeton Global Smaller Companies
 273 (2.25) Templeton Global Bond
 274 (2.25) Franklin Flex Cap Growth
 275 (2.25) Franklin U.S. Small Cap Growth
 276 (2.50) Franklin World Health Sciences & Biotech
 277 (2.00) Franklin World Telecom
 278 (2.25) Bissett Canadian Equity
 279 (2.50) Bissett Multinational Growth
 280 (2.50) Bissett Canadian Balanced Fund

Guardian Group of Funds

www.ggof.com
 620 (2.50) GGOF American Growth
 621 (2.25) GGOF American Value Fund
 622 (2.50) GGOF Canadian Growth Fund
 623 (2.50) GGOF Canadian High Yield Bond
 624 (2.50) GGOF Canadian Large Cap
 625 (2.50) GGOF Diversified Monthly Income Fund
 626 (2.50) GGOF Dividend Growth Fund
 627 (2.25) GGOF Enterprise Fund
 628 (2.25) GGOF Global Growth
 629 (2.50) GGOF Global Technology Fund
 630 (2.50) GGOF Monthly High Income II

Mackenzie Financial

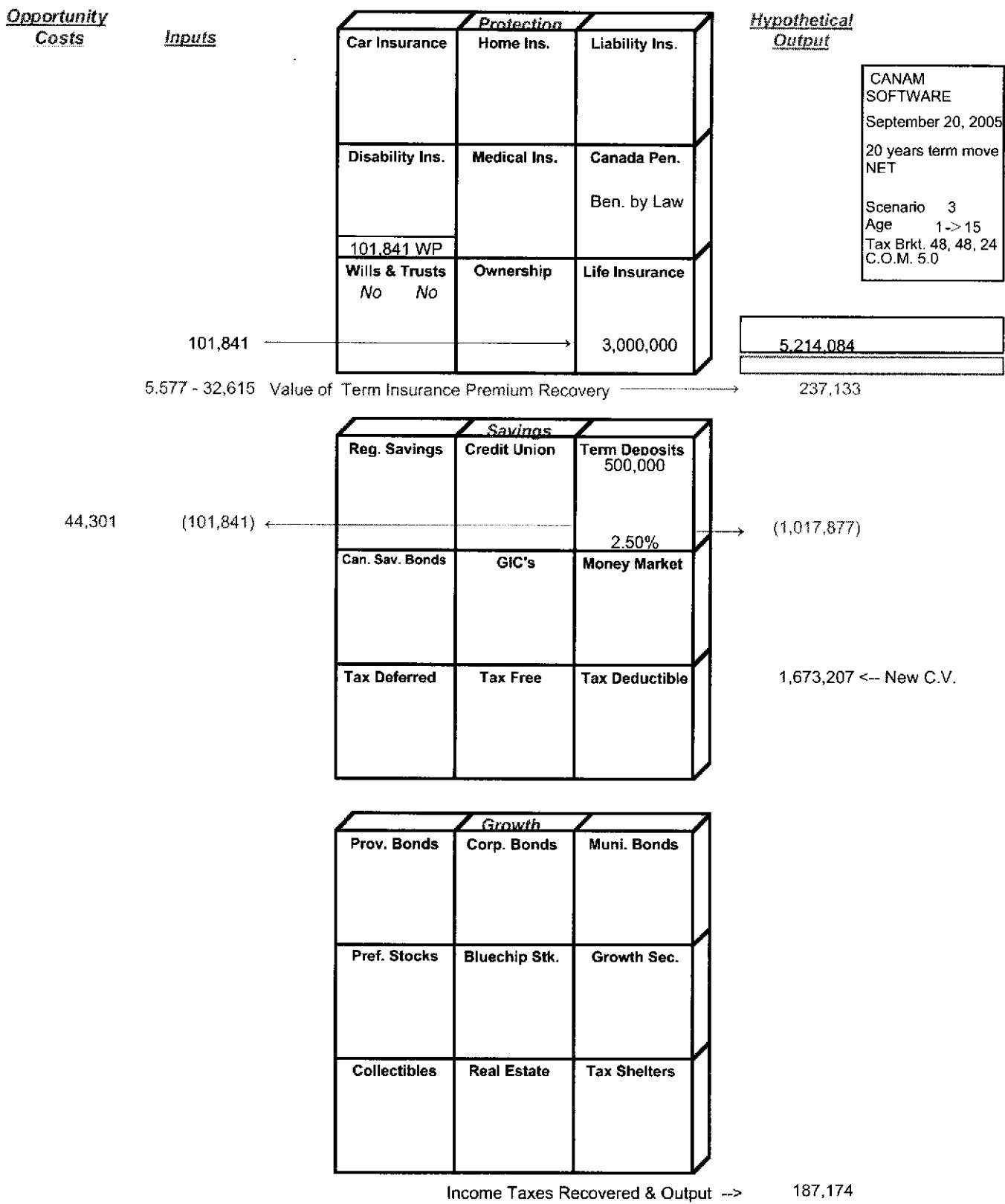
www.mackenziefinancial.com
 300 (2.50) Mac Balanced Fund
 301 (2.50) Mackenzie Sentinel Bond
 302 (2.25) Mackenzie Maxxum Dividend Growth
 304 (2.50) Mackenzie Growth Fund
 305 (2.50) Mackenzie Maxxum Canadian Value Fund
 306 (2.50) Mackenzie Sentinel Mortgage Fund
 307 (2.25) Mackenzie Maxxum Pension Fund
 308 (2.50) Mac Sentinel Corporate Bond
 309 (2.25) Mac Univ Canadian Balanced
 310 (2.25) Mac Univ Canadian Growth
 311 (2.25) Mac Univ Canadian Resource
 313 (2.25) Mac Univ European Opportunities
 314 (2.50) Mac Select Managers Far East Cap Class
 315 (2.50) Mac Univ Financial Services Cap Class
 316 (2.25) Mac Univ Future
 317 (2.50) Mac Univ Sustainable Opportunity Cap
 318 (2.00) Mac Univ Health Sciences
 319 (2.50) Mac Univ International Stock
 320 (2.50) Mac Univ Emerging Tech Cap Class
 321 (2.00) Mackenzie Select Mgrs Japan Cap Class
 322 (2.25) Mac Univ Precious Metals
 323 (2.25) Mackenzie Select Managers
 324 (2.50) Mackenzie Select Managers Canada
 325 (2.25) Mac Univ US Blue Chip
 326 (2.50) Mac Univ US Emerging Growth Cap Class
 327 (2.50) Mac Ivy Global Balanced
 328 (2.50) Mac Ivy RSP Global Balanced
 329 (2.50) Mac Univ Emerging Markets Cap CI
 330 (2.50) Mac Univ World Growth RRSP
 331 (2.50) Mac Univ World Real Estate Capital Class
 332 (2.50) Mac Univ World Resources
 333 (2.00) Mac Univ World Science & Tech Cap Class
 334 (2.50) Mackenzie Sentinel Tactical Global Bond
 335 (2.50) Mac Ivy Foreign Equity Capital Class
 336 (2.50) Mac Ivy Canadian
 338 (2.25) Mac Ivy Foreign Equity
 339 (2.25) Mac Cundill Canadian Balanced
 340 (2.25) Mac Cundill Canadian Security
 341 (2.00) Mac Cundill Global Balanced
 342 (2.00) Mac Cundill Recovery
 343 (2.25) Mac Cundill Value Fund
 344 (2.00) Mackenzie Universal US Growth Leaders

SEI Funds

www.seic.com
 530 (2.00) SEI Canadian Equity Fund
 531 (2.00) SEI Canadian Small Company
 532 (2.00) SEI US Large Company Equity Fund
 533 (2.00) SEI US Small Company Equity Fund
 534 (2.00) SEI EAFE Equity Fund
 535 (2.00) SEI Emerging Markets Equity Fund
 536 (2.25) SEI Canadian Fixed Income Fund
 537 (2.25) SEI Enhanced Global Bond Fund

Talvest Fund Management Inc.

www.talvest.com
 480 (2.25) Talvest Canadian Asset Allocation
 481 (2.00) Talvest Canadian Equity Growth
 482 (2.50) Talvest China Plus
 483 (2.00) Talvest Global Equity
 484 (2.00) Talvest Global Health Care
 485 (2.50) Talvest Global Multi Management
 486 (2.25) Talvest Global Science & Technology
 487 (2.50) Talvest Global Small Cap
 488 (2.50) Talvest Millennium High Income Fund



| Annual Input Growing to Old Money Tax & L.O.C. | 5,577 32,615 500,000 44,301 | Net Hyp. Output Recovered Tax & L.O.C. | 1,079,636 (424,307) 44,301 | Hypothetical Output Debt & Taxes Net Hyp. Output | 1,079,636 1,079,636 |
|---------------------------------------------------------|--------------------------------------|----------------------------------------------|----------------------------------|--------------------------------------------------------|------------------------|
| | | Effectiveness | 2.43% | | |



A Member of American International Group, Inc.

Daily Interest Account

100 (1.70) Daily Interest Account

Guaranteed Interest Accounts

105 (1.70) Five Year

110 (1.70) Ten Year

Market Indexed Accounts

120 (3.25) American Equity (S&P500)

121 (3.25) American Small Cap Equity (Russell 2000)

122 (3.25) Asia Equity (MSCI Hong Kong/MSCI Japan)

123 (3.00) Bond (Scotia Capital Markets Universe)

124 (3.25) Canadian Equity (S&P/TSE60)

125 (3.25) European Equity (Dow Jones EuroStoxx 50)

126 (3.25) U.S. Technology (Nasdaq 100)

127 (3.25) Canadian REIT Index (S&P/TSX Canadian REIT)

128 (3.25) Canadian Financial Services Index (S&P/TSX Cdn Fin Servs)

Managed Portfolio Indexed Accounts

130 (2.50) AIG Global Balanced Growth

131 (2.50) AIG Global Science & Technology

132 (2.50) AIG Global U.S. Blue Chip Equity

133 (2.50) AIG Global World Equity

165 (2.50) AIM Core Canadian Balanced Class

166 (2.50) AIM Core Canadian Equity Class

167 (2.50) AIM Core American Equity Class

168 (2.50) AIM Core Global Equity Class

590 (2.50) Cartier MultiPartners Balanced Growth Portfolio

591 (2.50) Cartier MultiPartners Global Balanced Portfolio

592 (2.50) Cartier MultiPartners High Growth Portfolio

593 (2.50) Cartier MultiPartners Balanced RSP Portfolio

594 (2.50) Cartier MultiPartners Balanced Growth RSP Port

595 (2.50) Cartier MultiPartners High Growth RSP Portfolio

500 (2.25) CI Global Balanced Portfolio

501 (2.25) CI Global Conservative Portfolio

502 (2.25) CI Global Growth Portfolio

503 (2.25) CI Maximum GlobalGrowth Portfolio

194 (2.00) Counsel All Equity Portfolio

195 (2.00) Counsel Balanced Portfolio

196 (2.00) Counsel Conservative Portfolio

197 (2.00) Counsel Growth Portfolio

520 (2.50) SEI Balanced Income Fund Portfolio

521 (2.50) SEI Core Balanced Fund Portfolio

522 (2.50) SEI Balanced Growth Fund Portfolio

523 (2.50) SEI Balanced Growth Plus Fund Portfolio

524 (2.50) SEI Diversified Equity Fund Portfolio

525 (2.50) SEI Global Equity Funds Portfolio

Managed Indexed Accounts

Acuity Funds Ltd.

www.acuityfunds.com

600 (2.50) Acuity All Cap 30 Canadian Equity

601 (2.50) Acuity Canadian Balanced Fund

602 (2.50) Acuity Growth and Income Fund

603 (2.50) Acuity High Income Fund

604 (2.50) Acuity Income Trust Fund

605 (2.50) Acuity Fixed Income Fund

606 (2.50) Acuity Canadian Equity Fund

AGF Management Ltd.

www.agf.com

400 (2.50) AGF Aggressive Growth Fund

401 (2.25) AGF American Growth

402 (2.25) AGF World Balanced Fund

403 (2.50) AGF Asian Growth

404 (2.25) AGF Canadian Balanced

405 (2.50) AGF Canadian Bond

406 (2.25) AGF Canadian Growth Equity Fund

407 (2.50) AGF Canadian Stock Fund

408 (2.50) AGF Canadian Real Value Balanced

410 (2.25) AGF Global Financial Services

411 (2.00) AGF Global Health Sciences

412 (2.00) AGF Global Technology

413 (2.50) AGF International Stock

414 (2.50) AGF International Value

415 (2.00) AGF MultiManager

416 (2.25) AGF Special U.S.

418 (2.50) AGF World Companies Fund

AIC Group of Funds

www.aic.com

450 (2.00) AIC Advantage Fund II

451 (2.00) AIC American Advantage Fund

452 (2.25) AIC American Balanced Fund

453 (2.25) AIC American Focused Fund

454 (2.50) AIC Bond Fund

455 (2.25) AIC Canadian Balanced Fund

456 (2.00) AIC Canadian Focused Fund

457 (2.25) AIC Diversified Canada Fund

458 (2.25) AIC Global Balanced Fund

460 (2.50) AIC Global Bond Fund

462 (2.25) AIC Global Diversified Fund

465 (2.00) AIC Diversified Science & Technology Fund

467 (2.25) AIC Value Fund

468 (2.00) AIC Global Advantage

469 (2.25) AIC World Equity Fund

10-8 Universal Life Plan & Fund Accelerator Investment Options

AIM Funds Management Inc.

www.aimtrimark.com

150 (2.00) Trimark U.S. Small Companies

151 (2.00) AIM American Growth Fund

152 (2.50) AIM American Mid Cap Growth Class

153 (2.00) AIM Canadian First Class

154 (2.50) AIM Canadian Premier Class

155 (2.50) AIM Canadian Balanced Fund

156 (2.00) AIM European Growth Fund

157 (2.00) AIM Global Technology Fund

158 (2.00) AIM Global Telecommunications Class

159 (2.25) Trimark Canadian Fund

160 (2.50) Trimark Discovery Fund

162 (2.25) Trimark Fund

163 (2.50) Trimark Select Balanced Fund

164 (2.25) Trimark U.S. Companies Fund

169 (2.50) Trimark Global High Yield

Cartier Mutual Funds

www.cartier-funds.ca

580 (2.50) Cartier Canadian Equity Fund

581 (2.50) Cartier Global Equity Fund

582 (2.50) Cartier Global Leaders RSP Fund

584 (2.50) Cartier Small Cap Canadian Equity Fund

585 (2.50) Cartier U.S. Equity Fund

CI Mutual Funds Inc.

www.cifunds.ca

180 (2.50) BPI American Equity

181 (2.25) CI Global Fund

182 (2.25) CI Global Biotechnology

183 (2.25) CI Global Boomernomics

184 (2.50) Harbour Fund

185 (2.50) Harbour Growth & Income

186 (2.25) CI International Balanced

187 (2.25) Harbour Foreign Equity Sector

ClaringtonFunds

www.claringtonfunds.com

550 (2.25) Clarington Canadian Balanced

551 (2.25) Clarington Canadian Equity

553 (2.25) Clarington Canadian Growth

554 (2.50) Clarington Canadian Income II - A

555 (2.50) Clarington Canadian Income II - B

556 (2.50) Clarington Canadian Dividend

557 (2.25) Clarington Global Equity

559 (2.25) Clarington Global Health Sciences Class

560 (2.25) Clarington Global Income

561 (2.25) Clarington Global Value Class

562 (2.25) Clarington International Equity (ex. US)

563 (2.25) Clarington Navellier US All Cap

565 (2.25) Clarington US Large Cap Value Class

Counsel Wealth Management

www.counselwealth.com

190 (2.00) Counsel Focus Fund

191 (2.00) Counsel Managed Fund

192 (2.00) Counsel World Equity Fund

193 (2.00) Counsel Focus Value Fund

198 (2.00) Counsel Select Canada Fund

235 (2.00) Counsel Select Value Fund

Croft Capital Management

www.croftgroup.com

199 (2.50) Croft Enhanced Income Fund

Dynamic Mutual Funds

www.dynamic.ca

200 (2.50) Dynamic American Value

201 (2.50) Dynamic Focus + Real Estate

202 (2.50) Dynamic European Value

203 (2.50) Dynamic Far East Value

204 (2.50) Dynamic Value Fund of Canada

205 (2.50) Dynamic Strategic Growth Portfolio

206 (2.50) Dynamic Focus + Global Fund

207 (2.50) Dynamic International Value

208 (2.50) Commonwealth Canadian Balanced

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244 (2.25) Fidelity Far East

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249 (2.50) Fidelity Overseas

250 (2.25) Fidelity Focus Telecommunications

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253 (2.50) Fidelity Canadian Balanced

254 (2.50) Fidelity Canadian Large Cap

255 (2.25) Fidelity Focus Consumer Industries

256 (2.00) Fidelity Focus Financial Services

257 (2.25) Fidelity Focus Natural Resources

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www.franklintonlepton.ca

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273 (2.25) Templeton Global Bond

274 (2.25) Franklin Flex Cap Growth

275 (2.25) Franklin U.S. Small Cap Growth

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278 (2.25) Bissett Canadian Equity

279 (2.50) Bissett Multinational Growth

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627 (2.25) GGOF Enterprise Fund

628 (2.25) GGOF Global Growth

629 (2.50) GGOF Global Technology Fund

630 (2.50) GGOF Monthly High Income II

Mackenzie Financial

www.mackenziefinancial.com

300 (2.50) Mac Balanced Fund

301 (2.50) Mackenzie Sentinel Bond

302 (2.25) Mackenzie Maxxum Dividend Growth

304 (2.50) Mackenzie Maxxum Canadian Value Fund

306 (2.50) Mackenzie Sentinel Mortgage Fund

307 (2.25) Mackenzie Maxxum Pension Fund

308 (2.50) Mac Sentinel Corporate Bond

309 (2.25) Mac Univ Canadian Balanced

310 (2.25) Mac Univ Canadian Growth

311 (2.25) Mac Univ Canadian Resource

313 (2.25) Mac Univ European Opportunities

314 (2.50) Mac Select Managers Far East Cap Class

315 (2.50) Mac Univ Financial Services Cap Class

316 (2.25) Mac Univ Future

317 (2.50) Mac Univ Sustainable Opportunity Cap

318 (2.00) Mac Univ Health Sciences

319 (2.50) Mac Univ International Stock

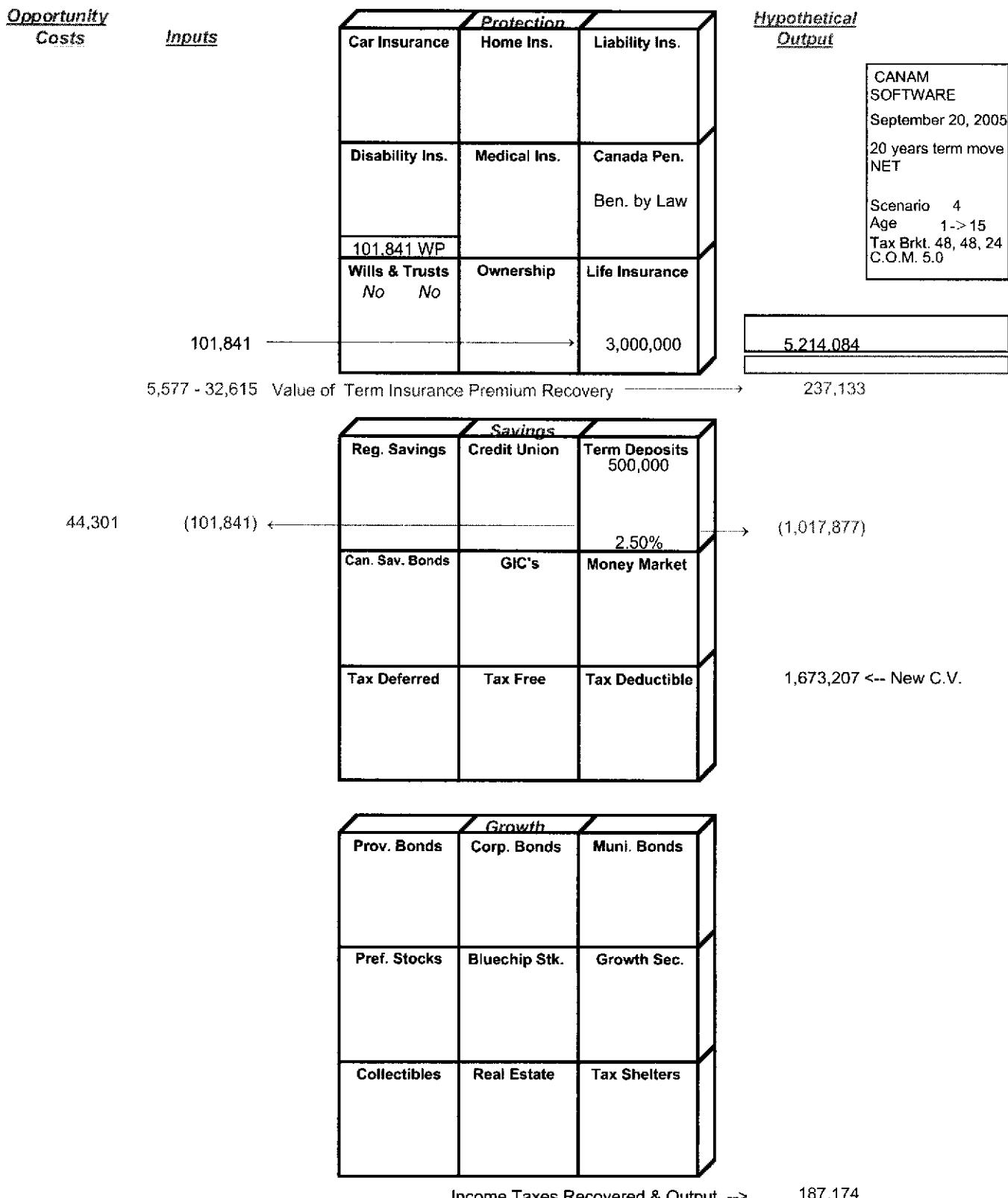
320 (2.50) Mac Univ Emerging Tech Cap Class

321 (2.00) Mackenzie Select Mgrs Japan Cap Class

322 (2.25) Mac Univ Precious Metals

323 (2.25) Mackenzie Select Managers

324 (2.50) Mackenzie Select Managers Canada</p



| <i>Annual Input</i> | <i>5,577</i> | <i>Net Hyp. Output Recovered</i> | <i>4,620,513</i> | <i>Hypothetical Output Debt & Taxes</i> | <i>4,620,513</i> |
|-------------------------|----------------|----------------------------------|------------------|---------------------------------------------|------------------|
| <i>Growing to</i> | <i>32,615</i> | <i>Tax & L.O.C.</i> | <i>(424,307)</i> | <i>Net Hyp. Output</i> | <i>4,620,513</i> |
| <i>Old Money</i> | <i>500,000</i> | | <i>44,301</i> | | |
| <i>Tax & L.O.C.</i> | <i>44,301</i> | <i>Effectiveness</i> | <i>16.50%</i> | | |

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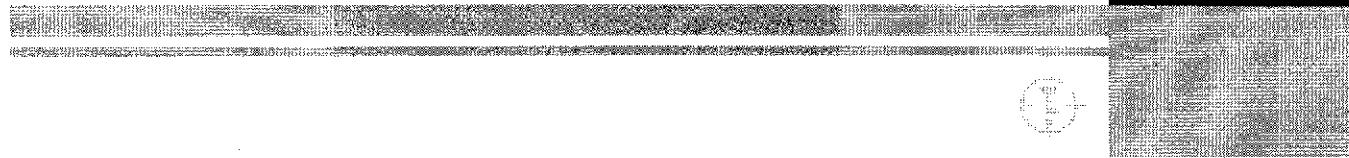
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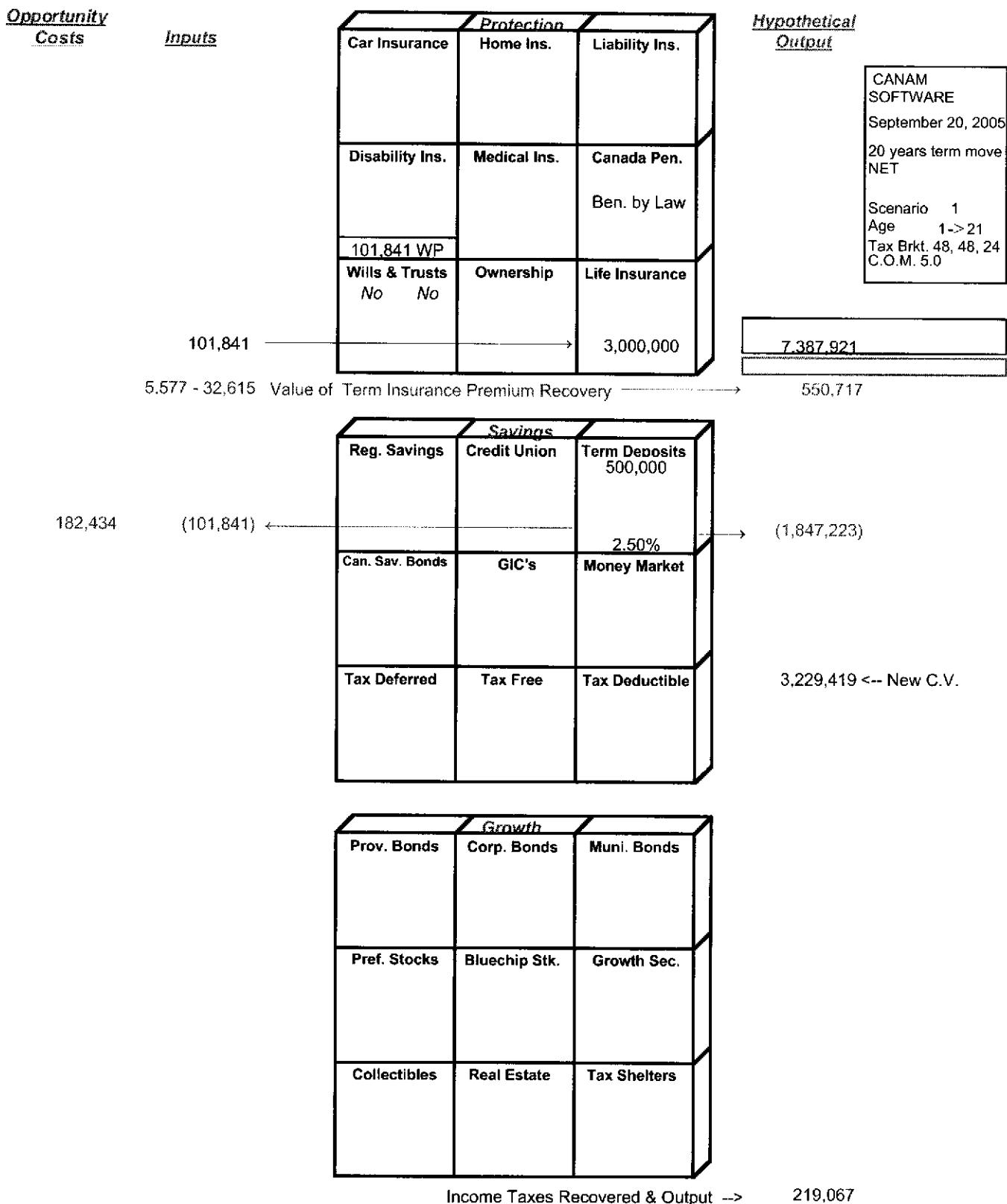


| | | | | | |
|---------------------|----------------|------------------------|------------------|----------------------------|------------------|
| Annual Input | 5,577 | Net Hyp. Output | 2,151,980 | Hypothetical Output | 2,151,980 |
| Growing to | 32,615 | Recovered | (769,784) | Debt & Taxes | |
| Old Money | 500,000 | Tax & L.O.C. | 182,434 | Net Hyp. Output | 2,151,980 |
| Tax & L.O.C. | 182,434 | | | | |
| | | Effectiveness | 5.87% | | |

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| | | | | | |
|-----------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|--------------------------------------|
| Annual Input Growing to Old Money Tax & L.O.C. | 5,577 32,615 500,000 182,434 | Net Hyp. Output Recovered Tax & L.O.C. | 6,310,482 (769,784) 182,434 | Hypothetical Output Debt & Taxes Net Hyp. Output | 6,310,482 6,310,482 |
| | | Effectiveness | 12.96% | | |

Number of pages transmitted including this page 2

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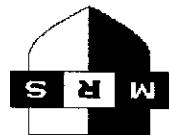
DATE: 05/04/01

T2033: MRS Plan 5405501

COMMENTS:

FROM: TRANSFER DEPT

TO: PETER ARDILL



777 Bay Street, Suite 2100
Toronto, Ontario MSG 2N4
Tel/Fax: (416) 964-0660
1-800-265-6424

IPC INVESTMENT CORPO

Eryn Beintema

From: "John Ardill" <john@ardillfinancial.com>
To: <woodburn@canamssoftware.com>
Sent: Tuesday, September 06, 2005 10:54 AM
Subject: Re: Meeting

Dave,

Sorry it's taken me so long to get back to you. I have been thinking about this and my suggestion would be to continue with the term insurance at the moment (still send the applications back etc) and if you would prefer to go with permanent insurance, we can discuss this while the underwriting is in process. I am away the rest of this week, but perhaps we can all meet next week (Is Thursday good for you?) to discuss.

Let me know,
John

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

From: David Woodburn
To: 'John Ardill' ; 'Peter Puhl' ; 'Peter Prager'
Sent: Wednesday, August 31, 2005 3:29 PM
Subject: RE: Meeting

Thanks John. After our meeting, we got into some discussion about the escalating costs of the term insurance, and how the older guys (me) is a lot more costly then the younger guys, and so on. And especially, for all of us, how pricey it gets as we age.

We were wondering, maybe a universal or whole life policy should be considered, where we could fix the rates and would know what they are, and where it wouldn't become so pricey later as to be an infeasible solution for our death share purchase buyout.

Do you have any thoughts on that? What would that alternative look like?

Dave

From: John Ardill [mailto:john@ardillfinancial.com]
Sent: Wednesday, August 31, 2005 2:20 PM
To: Peter Puhl; Dave Woodburn; Peter Prager
Subject: Meeting

Hello gentlemen,

It was good meeting with all of you yesterday and discussing the funding of the Buy/Sell.

Peter (Prager), be sure to send me a copy of the buy/sell agreement to read and make comments on.

Please be sure to fill out and sign the insurance applications and return them to the office with a cheque (invoice to follow). Once the medical information is settled and the policies come down, we will discuss alternate ways of structuring the insurance with the objective of creating greater economic efficiency and, ideally, to position you so that no matter what happens in the future you and the corporation will be better off.

We have ordered the medicals for each of you, so expect a call from a nurse to set up a time that is convenient, and please read the attached information regarding the medicals.

If you have any questions, please do not hesitate to contact me.

**Regards,
John**

~ Helping clients discover the true worth of their assets ~

August 31, 2005

CANAM Software Labs, Inc.
90 Matheson Blvd., West
Suite 101
Mississauga, Ontario
L5R 3R8

Dear Dave, Peter and Peter,

In anticipation of the nurse calling to arrange an appointment, please follow the checklist below to avoid disappointing results. Before the exam:

- Refrain from booking medical checkups
- Get a good night's rest
- No heavy exercise for 24 hours
- No alcohol for at least 48 hours
- Fast for 12 hours (No caffeine, food or beverage (except water))
- No smoking for at least 2 hours
- Continue taking prescribed medications; bring medications to the exam for reference
- Do not consume non-prescription medications (cold remedies, pain relievers etc.) for at least 24 hours
- Drink 2 glasses of water 1-2 hours before the exam

Remember, on the day of the exam, if you feel ill or are under stress, RESCHEDULE THE EXAM. Abnormal findings create problems. It is important that this "snapshot" of your health be as accurate as possible.

If you have any questions do not hesitate to contact me.

Sincerely,



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

Contact : **Mr. Dave Woodburn**

Tuesday Aug. 30 @ 10:30am

Meeting re : Insurance @ their office

With Peter Puhl & Peter Prager

| | | | |
|------------------|----------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|
| Directions: | Hurontario/Hwy10 & Matheson, w on Mathe | Home Address: | 199 Glenway Circle Newmarket, Ontario L3Y 7S6 |
| Title: | Self Employed | Home Directions: | |
| Company: | CANAM Software Labs, Inc. 90 Matheson Blvd., West Suite 101 Mississauga, Ontario L5R 3R3 | Home Phone: | 905-898-3869 |
| Phone: | 905-712-3840 x: 124 | Home Fax: | |
| Alt Phone: | | Cottage Phone: | |
| Fax: | 905-712-0043 | Chalet Phone: | |
| Cell Phone: | | Birthday: | 9/25/1954 |
| E-mail: | woodburn@canamsoftware.com | SIN: | 446 829 392 |
| Assistant: | | Style: | |
| Assistant Phone: | | Smoker: | No |
| Asst. E-mail: | | Spouse: | Barbara Woodburn |
| ID>Status: | Active Client | Spouse Birthday: | 8/11/1953 |
| Service Level: | Platinum | Spouse SIN: | 449 830 132 |
| Income: | | Spouse Style: | |
| Spouses Inc: | | Spouse Smoker: | |
| Lawyer: | Valentime Russel Lovekin | Sold to Date: | |
| Accountant: | Neil Judelman | Insurance: | Yes |
| Mortgage: | | Investments: | Yes |
| Mortgage Date: | | CI: | No |
| | | DI: | Yes |
| | | Wills: | Yes |

Notes:

Name: Dave Woodburn, Peter Puhl, Peter Prager

Meeting Date: Tuesday August 30, 2005

Time: 10:30am

Notes:

g. When policy get approved
do up proposal w/ L. using
retained earnings of \$00K.

E. Thanks to Pet Puh.

- Peter sending B.S. to read ^{initial} _{agenda}.
- Order medical
- Policy app being sent back next week.

Eryn Beintema

From: "John Ardill" <john@ardillfinancial.com>
To: <puhl@canamsoftware.com>
Sent: Thursday, August 18, 2005 12:59 PM
Subject: Re: Canam - Business Life Insurance - Some questions

Hi Peter,

I thought I would answer these questions you have before our first meeting, and I look forward to seeing you to follow up with any additional details.

1. Conversion: Yes, the Life Insurance currently in place, and what I'm proposing, is convertible term to either Universal Life or Permanent Life.

In most cases it can be transferred from being owned by the corporation to personally without tax ramifications for Term insurance. There is the odd circumstance where it would be taxable, which we can talk about at our meeting.

Regarding guaranteed renewable at the end of the 10th year, Yes, it is renewable and convertible up to at least age 75 and sometimes up to age 80.

2. The short answer, and the simplest answer to question #2 is No. Unfortunately we all have to pay our fair share of taxes.

The long answer is that this is a broad question and in order to answer it intelligently, I would have to review, on an individual basis, each person's personal financial situation to be able to see if there is a way to minimize taxes. Presently I like the structure the way it is, where the insurance is held corporately, however there are some things that can be talked about on a personal basis that could be beneficial in eliminating economic erosion through taxes.

John

From: Peter Puhl [mailto:puhl@canamsoftware.com]
Sent: Friday, August 12, 2005 1:56 PM
To: john@ardillfinancial.com
Cc: 'Peter Prager'; woodburn@canamsoftware.com
Subject: Canam - Business Life Insurance - Some questions

Hi John

Welcome back from vacation!

With respect to the Business Term Insurance package you sent us, we have a few questions and are wondering if you could possibly come by the office to discuss them with us.

1) Convertible term?

Can this term insurance be converted to a personal policy if any of us leave Canam Software?
Also, could the policy be converted to Whole Life at some point?
Is it guaranteed renewable at the end of each 10 year term?

2) Tax Implications: How do we reduce/mitigate tax implications to our estates upon death? We are assuming that since these policies are paid for by, and the death benefit paid to, Canam Software, that this would result in the amount being taxed when eventually paid out to the deceased person's estate. Based on your insurance experience, can you suggest any creative solutions that we should consider to mitigate or eliminate the tax implications?

John, please drop me a line when you are back in the office so we can arrange to meet with you. Thanks - Pete

Regards,

Peter A. Puhl
Director, Sales and Operations
Canam Software Labs, Inc.
Phone: (905) 712-3840 x116
Fax: (905) 712-0043
www.canamsoftware.com

July 12, 2005

Mr. Dave Woodburn
CANAM Software Labs Inc.
90 Matheson Blvd. West
Suite 101
Mississauga, Ontario
L5R 3R3

Dear Dave,

As per my phone call (and email!), enclosed are the Life Insurance applications and all necessary related forms.

All areas that need to be signed have been highlighted and indicated who needs to sign. Please note that anywhere an Owner signature (CANAM) is required, either 2 signing officers need to sign, or one signing officer and a corporate seal is required.

On page 14 of the application, regarding Premium Payment information, the owner of the bank account where payments are drawn from needs to sign; please include a VOID cheque for the account.

Once the signed applications have been returned to the office, Eryn will arrange the medical requirements (see the attached recommendations for 'Best Medical Results') and will call each of you individually to go over the questions on the application.

Please note that the 2 most recent years of Financial Statements will be required; be sure to send these along with the signed applications.

Also enclosed are illustrations showing the cost of the insurance, but keep in mind that pricing may vary slightly depending on the underwriting decision.

I appreciate your business, and I look forward to working with you.

Sincerely,

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

P.S. Please confirm if Philip Clarke should still be insured with Transamerica Life, or if this policy should be cancelled.

Ardill's Top 10 Tips for Best Medical Results

In anticipation of the nurse calling to arrange an appointment, please follow the checklist below to avoid disappointing results. Before the exam:

- Refrain from booking medical checkups
- Get a good night's rest
- No heavy exercise for 24 hours
- No alcohol for at least 48 hours
- Fast for 12 hours (No caffeine, food or beverage (except water))
- No smoking for at least 2 hours
- Continue taking prescribed medications; bring medications to the exam for reference
- Do not consume non-prescription medications (cold remedies, pain relievers etc.) for at least 24 hours
- Drink 2 glasses of water 1-2 hours before the exam

Remember, on the day of the exam if you feel ill or are under stress RESCHEDULE THE EXAM. Abnormal findings create problems. It is important that this "snapshot" of your health be as accurate as possible.

If you have any questions do not hesitate to contact me.



solving the lifecycle puzzle™

ARDILL

Eryn Beintema

*Sent
July 14/05*

From: "John Ardill" <john@ardillfinancial.com>
To: <woodburn@canamsoftware.com>
Sent: Tuesday, July 12, 2005 2:42 PM
Subject: Re: followup

Dave,

I will be sending you a package tomorrow with the applications that can be completed and returned when Peter gets back.

Regards,
 John

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

From: David Woodburn
To: 'John Ardill'
Sent: Wednesday, July 06, 2005 12:31 PM
Subject: followup

John,

got your voice mail. Peter's on vacation for 3 weeks, so no need to courier the insurnace forms, unless that's just easier for you. Please go ahead and have them sent here to the office to my attention, and we'll handle it when Peter returns...

*David Woodburn
 Director, Product Development
woodburn@canamsoftware.com <mailto:woodburn@canamsoftware.com>
 Phone: (905) 712-3840 x124 Fax: (905) 712-0043*



Canam Software

*Canam Software Labs, Inc
 90 Matheson Blvd. West, Suite 101
 Mississauga, On. L5R 3R3*

*For more information, please contact me directly or visit our website <http://www.canamsoftware.com/>
 Report Composer is the premier application report writer tool for AllFusion Gen. New Version 6 released!
 Use Data Composer to generate high quality, high volume test data with automatic foreign key resolution from your AllFusion Gen ERD!
 XML Composer handles all your needs for XML processing in AllFusion Gen applications.*

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Eryn Beintema

From: "Eryn Beintema" <erny@ardillfinancial.com>
To: <woodburn@canamsoftware.com>
Sent: Thursday, June 30, 2005 11:51 AM
Subject: Re: Can-AM

Applications to be signed, and a meeting with the nurse.

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

From: David Woodburn
To: 'John Ardill'
Sent: Thursday, June 30, 2005 8:29 AM
Subject: RE: Can-AM

If we decide to proceed with this, what are the next steps?

Dave

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

From: John Ardill [mailto:john@ardillfinancial.com]
Sent: Wednesday, June 29, 2005 11:44 AM
To: Dave Woodburn
Subject: Can-AM

Dave,

Attached is a spreadsheet with quotes for the additional \$1Million of insurance.

Also, for your information, the policy #080207184 owned by CANAM for Philip Clarke for \$300,000 is still in force.

If you have any questions, please let me know.

**Regards,
John**



Insurance Report

Name **Prager, Puhl Woodburn**
Company CANAM SOFTWARE LABS INC.

Home Address **ID/Status**

City **Home Phone**
Province **Bus. Phone** **Ext.**

| Date | Carrier | Product | Policy No | Coverage | Premium | Beneficiary | Owner | Status |
|-----------|------------------------------------------------|---------|-----------|-----------|------------|-------------|-------|--------|
| 18/Oct/05 | Manu | T-10 | 8658716 | 1,000,000 | \$2,681.52 | CANAM | CANAM | Active |
| Notes # 1 | <i>Policy for David Woodburn, Includes WoP</i> | | | | | | | |
| 18/Oct/05 | Manu | T-10 | 8658715 | 1,000,000 | \$985.32 | CANAM | CANAM | Active |
| Note # 2 | <i>Policy for Peter Prager, Includes WoP</i> | | | | | | | |
| 18/Oct/05 | Manu | T-10 | 8408858 | 1,000,000 | \$1,558.68 | CANAM | CANAM | Active |
| Notes # 3 | <i>Policy for Peter Puhl, Includes WoP</i> | | | | | | | |
| 02/Feb/06 | Trans | T-10 | 1376774 | 1,000,000 | \$2,050.00 | CANAM | CANAM | Active |
| Notes # 4 | <i>Policy for David Woodburn</i> | | | | | | | |
| 05/Jan/06 | Trans | T-10 | 1376776 | 1,000,000 | \$850.00 | CANAM | CANAM | Active |
| Notes # 5 | <i>Policy for Peter Prager</i> | | | | | | | |
| 10/Jan/06 | Trans | T-10 | 1376775 | 1,000,000 | \$1,440.00 | CANAM | CANAM | Active |
| Notes # 6 | <i>Policy for Peter Puhl</i> | | | | | | | |
| Notes # 7 | | | | | | | | |

CAN-AM

Current Policy

| NAME | DATE OF BIRTH | POLICY DATE | INSURANCE TYPE | ANNUAL PREMIUM | RENEWAL COST EACH 10 YEARS |
|---------------|----------------|---------------|----------------|----------------|------------------------------------------|
| Peter Puhl | April 17, 1960 | January 10/00 | 10 Year Term | \$1,440.00 | \$4,990.00 \$13,160.00 \$36,490.00 |
| Dave Woodburn | Sept. 25, 1954 | February 2/00 | 10 Year Term | \$2,050.00 | \$7,880.00 \$26,390.00 \$59,060.00 |
| Peter Prager | Nov. 2, 1962 | January 5/00 | 10 Year Term | \$850.00 | \$3,920.00 \$9,670.00 \$30,040.00 |

Proposed Additional \$1 Million

| NAME | DATE OF BIRTH | INSURANCE TYPE | Annual Premium With Total Disability Waiver |
|---------------|----------------|----------------|---------------------------------------------|
| Peter Puhl | April 17, 1960 | 10 Year Term | 1,558.68 |
| Dave Woodburn | Sept. 25, 1954 | 10 Year Term | 2,681.52 |
| Peter Prager | Nov. 2, 1962 | 10 Year Term | \$1,336.92 |

5 577.12
 5 22552
351.66

Note: Quote may vary depending on underwriting status.

Opportunity Costs

Inputs

23,113.3

(244,661) 5,577-32,615

| Protection | | |
|----------------------|-----------------|----------------------------|
| Car Insurance | Home Ins. | Liability Ins. |
| Disability Ins. | Medical Ins. | Canada Pen. Ben. by Law |
| Wills & Trusts No | Ownership No | Life Insurance |
| | | 3,000,000 |

Hypothetical Output

CAMAM SOFTWARE
September 13, 2005
14 years term move
NET
Scenario 1
Age 1->15
Tax Brkt. 48, 48, 24
C.O.M. 3.0

0

142,573

(423,125)

| Savings | | |
|-----------------|--------------|-----------------------------------|
| Reg. Savings | Credit Union | Term Deposits 500,000 2.50% |
| Can. Sav. Bonds | GIC's | Money Market |
| Tax Deferred | Tax Free | Tax Deductible |

706,487

| Growth | | |
|--------------|---------------|-------------|
| Prov. Bonds | Corp. Bonds | Muni. Bonds |
| Pref. Stocks | Bluechip Stk. | Growth Sec. |

| | | | |
|-----------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Annual Input Growing to Old Money Tax & L.O.C. | 5,577 32,615 500,000 (337,786) | Net Hyp. Output Recovered Tax & L.O.C. 706,487 (337,786) Effectiveness - $\frac{3}{2} \text{ to } 0$ (-2.45%) | Hypothetical Output Debt & Taxes 706,487 Net Hyp. Output 706,487 |
|-----------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

Opportunity Costs

Inputs

Hypothetical Output

550,717

(473,613) 5,577-32,615

| Car Insurance | Protection | Liability Ins. |
|----------------------|--------------|----------------------------|
| Disability Ins. | Medical Ins. | Canada Pen. Ben. by Law |
| Wills & Trusts No | Ownership | Life Insurance |
| | | 3,000,000 |

CAMAM SOFTWARE
September 13, 2005
~~14~~ years term move
NET
Scenario 2
Age 1->21
Tax Brkt. 48, 48, 24
C.O.M. 3.0

0

255,700

(207,024)

| Reg. Savings | Savings | Term Deposits 500,000 |
|-----------------|----------|--------------------------|
| Can. Sav. Bonds | GIC's | Money Market |
| Tax Deferred | Tax Free | Tax Deductible |
| | | 2.50% |

819,308

| Prov. Bonds | Growth | Muni. Bonds |
|--------------|-------------|--------------|
| Pref. Stocks | Corp. Bonds | Growth Sec. |
| Collectibles | Real Estate | Tax Shelters |
| | | |

| Annual Input Growing to Old Money Tax & L.O.C. | 5,577 32,615 500,000 (680,636) | Net Hyp. Output Recovered Tax & L.O.C. Effectiveness - 6.21% (6.21%) | 819,308 | Hypothetical Output Debt & Taxes Net Hyp. Output | 819,308 819,308 |
|---------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------|--------------------|
|---------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------|--------------------|

Opportunity Costs

Inputs

101,841

| Car Insurance | Protection | Liability Ins. |
|----------------------|-----------------|----------------|
| Disability Ins. | Medical Ins. | Canada Pen. |
| 101,841 WP | | Ben. by Law |
| Wills & Trusts No | Ownership No | Life Insurance |
| | | 3,000,000 |

5,577 - 32,615 Value of Term Insurance Premium Recovery → 214,061 237133

5,214,084

44301

~~44,789~~

(101,841) ←

| Savings | | |
|-----------------|--------------|--------------------------|
| Reg. Savings | Credit Union | Term Deposits 500,000 |
| | | 2.50% |
| Can. Sav. Bonds | GIC's | Money Market |
| Tax Deferred | Tax Free | Tax Deductible |

1,673,207 -- New C.V.

157174

Income Taxes Recovered & Output -->

167,914

3

Hypothetical Output

| |
|--------------------------------------|
| CAMAM SOFTWARE |
| September 13, 2005 |
| 14 years term move NET |
| Scenario 3 |
| Age 1->15 |
| Tax Brkt. 48, 48, 24 |
| C.O.M. 3.0 |

| Growth | | |
|--------------|---------------|--------------|
| Prov. Bonds | Corp. Bonds | Muni. Bonds |
| Pref. Stocks | Bluechip Stk. | Growth Sec. |
| Collectibles | Real Estate | Tax Shelters |

| Annual Input Growing to Old Money Tax & L.O.C. | 5,577 32,615 500,000 44,789 | Net Hyp. Output Recovered Tax & L.O.C. | 1,037,905 (382,575) 44,789 | Hypothetical Output Debt & Taxes Net Hyp. Output | 1,037,905 1,037,905 |
|---------------------------------------------------------|--------------------------------------|----------------------------------------------|----------------------------------|--------------------------------------------------------|------------------------|
| | | Effectiveness | 2.43% | | |

Opportunity Costs

Inputs

| | | <i>Protection</i> | | |
|-------------------------|--|-------------------|----------------|--|
| Car Insurance | | Home Ins. | Liability Ins. | |
| Disability Ins. | | Medical Ins. | Canada Pen. | |
| | | | Ben. by Law | |
| 101,841 WP | | | | |
| Wills & Trusts No No | | Ownership | Life Insurance | |
| | | | 3,000,000 | |

Hypothetical Output

CAMAM SOFTWARE
September 13, 2005
14 years term move NET
Scenario 4
Age 1->15
Tax Brkt. 48, 48, 24
C.O.M. 3.0

5,214,084

5,577 - 32,615 Value of Term Insurance Premium Recovery

214,661

44,789

(101,841)

| <i>Savings</i> | | |
|-----------------|--------------|--------------------------|
| Reg. Savings | Credit Union | Term Deposits 500,000 |
| | | 2.50% |
| Can. Sav. Bonds | GIC's | Money Market |
| Tax Deferred | Tax Free | Tax Deductible |

1,673,207 --> New C.V.

| <i>Growth</i> | | |
|---------------|---------------|--------------|
| Prov. Bonds | Corp. Bonds | Muni. Bonds |
| Pref. Stocks | Bluechip Stk. | Growth Sec. |
| Collectibles | Real Estate | Tax Shelters |

Income Taxes Recovered & Output --> 167,914

| <i>Annual Input</i> | <i>5,577</i> | <i>Net Hyp. Output</i> | <i>4,578,782</i> | <i>Hypothetical Output</i> | <i>4,578,782</i> |
|-----------------------------|----------------|-----------------------------------|------------------|----------------------------|------------------|
| <i>Growing to Old Money</i> | <i>32,615</i> | <i>Recovered Tax & L.O.C.</i> | <i>(382,575)</i> | <i>Debt & Taxes</i> | |
| <i>Tax & L.O.C.</i> | <i>500,000</i> | | <i>44,789</i> | <i>Net Hyp. Output</i> | <i>4,578,782</i> |
| | <i>44,789</i> | | | <i>Effectiveness</i> | <i>16.50%</i> |

Opportunity CostsInputs

| Protection | | |
|-------------------------|--------------|-----------------------------|
| Car Insurance | Home Ins. | Liability Ins. |
| | | |
| Disability Ins. | Medical Ins. | Canada Pen. Ben. by Law |
| 101,841 WP | | |
| Wills & Trusts No No | Ownership | Life Insurance 3,000,000 |

101,841

5,577 - 32,615 Value of Term Insurance Premium Recovery

3,000,000

7,387,921

473,613

168,894

(101,841) ←

| Savings | | |
|-----------------|--------------|-----------------------------------|
| Reg. Savings | Credit Union | Term Deposits 500,000 2.50% |
| | | |
| Can. Sav. Bonds | GIC's | Money Market |

Tax Deferred

Tax Free

Tax Deductible

3,229,419 --> New C.V.

| Growth | | |
|--------------|---------------|-------------|
| Prov. Bonds | Corp. Bonds | Muni. Bonds |
| | | |
| Pref. Stocks | Bluechip Stk. | Growth Sec. |

Collectibles

Real Estate

Tax Shelters

Income Taxes Recovered & Output -->

375,918

| Annual Input Growing to Old Money Tax & L.O.C. | 5,577 32,615 500,000 168,894 | Net Hyp. Output Recovered Tax & L.O.C. | 2,231,727 (849,531) 168,894 | Hypothetical Output Debt & Taxes Net Hyp. Output | 2,231,727 2,231,727 |
|---------------------------------------------------------|---------------------------------------|----------------------------------------------|-----------------------------------|--------------------------------------------------------|------------------------|
| | | Effectiveness | 5.82% | | |

Opportunity Costs

Inputs

101,841

| Car Insurance | Protection | |
|-------------------------|--------------|----------------|
| Disability Ins. | Medical Ins. | Canada Pen. |
| 101,841 WP | | Ben. by Law |
| Wills & Trusts No No | Ownership | Life Insurance |
| | | 3,000,000 |

5,577 - 32,615 Value of Term Insurance Premium Recovery

7,387,921

473,613

168,894

(101,841)

| Reg. Savings | Savings | |
|-----------------|-----------------------------------|----------------|
| | Term Deposits 500,000 2.50% | |
| Can. Sav. Bonds | GIC's | Money Market |
| | | |
| Tax Deferred | Tax Free | Tax Deductible |

3,229,419 --> New C.V.

(1,847,223)

| Prov. Bonds | Growth | |
|--------------|-------------|--------------|
| Pref. Stocks | Corp. Bonds | Muni. Bonds |
| Collectibles | Real Estate | Tax Shelters |

Income Taxes Recovered & Output --> 375,918

| Annual Input Growing to Old Money Tax & L.O.C. | 5,577 32,615 500,000 168,894 | Net Hyp. Output Recovered Tax & L.O.C. | 6,390,229 (849,531) 168,894 | Hypothetical Output Debt & Taxes Net Hyp. Output | 6,390,229 6,390,229 |
|---------------------------------------------------------|---------------------------------------|----------------------------------------------|-----------------------------------|--------------------------------------------------------|------------------------|
| | | Effectiveness | 12.95% | | |

PS&G

Personal Financial
Engineering
Worksheet

Last Name _____

Date ____ / ____ / ____

Page ____

Taxes & LOC Initiation & Misc. Notes

Input →

→ Hypothetical Output

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

| | | |
|----------------------|--------------|----------------|
| Regular Savings | Credit Union | Term Deposits |
| Canada Savings Bonds | GICs | Money Market |
| Tax Deferred | Tax Free | Tax Deductible |

Term dep 2.5%

| | | |
|------------------|-----------------|-------------------|
| Provincial Bonds | Corporate Bonds | Municipal Bonds |
| Preferred Stocks | Bluechip Stocks | Growth Securities |
| Collectibles | Real Estate | Tax Shelters |

DISCLOSURE NOTICE

This Disclosure Notice contains important information regarding the use of the PS&G Model. Please review it carefully prior to working with your advisor and keep a copy with your records. We encourage you to refer to this notice as necessary during the PS&G Model planning process.

All calculations are hypothetical and for illustration purposes only. They are based upon your assumptions concerning, among other things, interest rates, inflation rates, tax rates, lost opportunity cost and rates of return. Since these assumptions are critical to the outcome of the illustrations, please review each of these assumptions to verify that they are reasonable in light of your personal financial situation and your understanding of general market and economic trends. The illustrations are dependent upon the quality and accuracy of the data furnished by you.

The calculations are also based on the assumption that interest rates, inflation rates, rates of return, as well as current products, tax and other laws, and annual cash outlays, all of which are subject to change, will continue unchanged for the stated number of years. It is not likely that you will achieve the exact results illustrated in any of these calculations, since it is impossible to predict the effect of possible changes to your individual situation.

Any interest, dividend or rates of return calculations shown are for purposes of illustration only and are not guarantees nor estimates of actual performance. Actual dividends, interest rates, rates of return, rates of inflation, etc. may be higher or lower than those used in or attained in the hypothetical calculations. No representations are made that the assumed rates can be achieved for any year or sustained over any period of time. It is not possible to guarantee or predict the future results of any financial product based on the past or current performance of that product, any other product or a market index.

There is a risk of loss in any investment product and the calculations are no assurance of future gains or the security of capital. Inherent in investments are the risks of fluctuating prices and the uncertainty of dividends, rate of return and yield. The calculations are no assurance of a stable or liberal return. Your investment, when redeemed, may be worth more or less than the original cost.

The calculations are not to be used for cost comparisons, do not represent any specific product or investment and do not reflect interest charges, sales charges, account charges or deductions or other related expenses that may be associated with any specific product. Such charges or expenses would reduce any actual result.

There is no warranty or guarantee of success with the use of the PS&G Model and no one is authorized to make such a representation. The client accepts full responsibility for his or her own financial decisions and for the consequences of those decisions. There is no legal or tax advice given with the use of this analysis. Tax laws are complex and subject to change. The client should consult his or her own tax, legal, accounting or other professional advisor. The illustrations and financial information is provided to you for general information and education purposes only.

X

SIGNATURE OF CLIENT

DATE

X

SIGNATURE OF REPRESENTATIVE

DATE



**Qualified
Financial
Services**



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John R. Ardill, CFP,
CLU, CH.FC.

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Survey of Initial Premiums

Prepared on June 24, 2005

Prepared for R. Puhl

Male Non Smoker - Age 45 Last Birthday (Age 45 Nearest)

\$1,000,000

10 Year Term

| Company | Product | Premium | Class |
|------------------------------------------|-----------------------------------------|----------|-------|
| AIG Life Insurance Company of Canada | Preferred Term 10 | 1,325.00 | Rg |
| RBC Life Insurance Company | Term 10 - 10 Year R & C Term | 1,350.00 | Rg |
| Assumption Mutual Life Insurance Company | 10 Year Term Renewable & Convertible | 1,360.00 | Rg |
| AXA Insurance | Tempo 10 - 10 Year Term | 1,365.00 | Rg |
| The Canada Life Assurance Company | 10 Year Renewable Term, Non-Convertible | 1,370.00 | Rg |
| Transamerica Life Canada | TermSelect 10 R&C | 1,370.00 | Rg |
| The Empire Life Insurance Company | Solution 10 - 10 Year R & C Term | 1,390.00 | Rg |
| The Canada Life Assurance Company | 10 Year Term, Renewable and Convertible | 1,400.00 | Rg |
| The Great-West Life Assurance Company | TERM 10 - 10 Year R & C Term | 1,400.00 | Rg |
| Wawanesa Life Insurance Company | Lifestyle Term 10 | 1,405.00 | Rg |
| Desjardins Financial Security | Desjardins Term 10 | 1,415.00 | Rg |
| The Standard Life Assurance Co of Canada | Term 10 Renewable and Convertible | 1,415.00 | Rg |
| Industrial - Alliance Life Insurance | Axis T10 - 10 Year R & C Term | 1,420.00 | Rg |
| Industrial Alliance Pacific Life | Axis T10 - 10 Year R & C Term | 1,420.00 | Rg |
| National Life Assurance Co of Canada | T10 (R&C) - 10 Year R & C Term | 1,420.00 | Rg |
| Equitable Life Insurance Co of Canada | 10 Year Renewable & Convertible | 1,425.00 | Rg |
| The Manufacturers Life Insurance Company | Family Term-10 | 1,427.00 | Rg |
| Co-operators Life Insurance Company | Versatile 10 Year Renewable Term | 1,525.00 | Rg |
| Federated Life Insurance Company | @PPROVE T10 | 1,585.00 | Rg |
| Sun Life Assurance Company of Canada | SunTerm 10 R&C | 1,625.00 | Rg |
| Unity Life of Canada | Preferred T-10 | 1,780.00 | Rg |
| Co-operators Life Insurance Company | Versatile 10 Year Renewable Term | 1,815.00 | Rg |
| Blue Cross Life Insurance Co of Canada | Preferred Term 10 R&C | 2,000.00 | Rg |
| Union of Canada Life Insurance | Preferred T-10 | 2,180.00 | Rg |
| The Manufacturers Life Insurance Company | Family Term-10 | 2,347.00 | Rg |
| Unity Life of Canada | Preferred T-10 | 2,360.00 | Rg |
| The Great-West Life Assurance Company | TERM 10 - 10 Year R & C Term | 2,380.00 | Rg |
| L'EXCELLENCE, Compagnie d'assurance-vie | Temporaire 10 ans (syndicate) | 3,200.00 | Rg |
| L'EXCELLENCE, Compagnie d'assurance-vie | Temporaire 10 ans | 3,230.00 | Rg |

| | | | |
|--------------------------------------------|------------------------------------|----------|----|
| L'Entraide assurance-vie compagnie mutu | L'Entraide T10 - Temporaire 10 ans | 3,795.00 | Rg |
|--------------------------------------------|------------------------------------|----------|----|

An analysis limited to a simple comparison of initial premiums is not a suitable method of selecting insurance coverage. Every product offers unique benefits and options which should be carefully considered.

The life insurance products described are available to residents of Canada only

Every effort has been made to ensure that the information contained in this comparison is up-to-date and accurate. In the event that there is a discrepancy between the information contained in this comparison, and any life company authorized illustration and/or policy, the authorized company illustration or policy shall govern.

This summary was produced on June 24, 2005 based on information provided. As market conditions fluctuate, insurance products may be subject to changes in both price and design.

John R. Ardill, CFP, CLU, CH.FC.
Ardill, Solving The Lifecycle Puzzle
2 Orchard Heights Blvd., Unit #27
Aurora, Ontario, L4G 3W3
(416) 657-2057ext#1 - Phone
(905) 841-0782 - Fax
eryn@ardillfinancial.com



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John R. Ardill, CFP,
CLU, CH.FC.

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| Company | Product | Premium Class |
|------------------------------------------|-----------------------------------------|---------------|
| AIG Life Insurance Company of Canada | Preferred Term 10 | 2,575.00 Rg |
| AXA Insurance | Tempo 10 - 10 Year Term | 2,655.00 Rg |
| Assumption Mutual Life Insurance Company | 10 Year Term Renewable & Convertible | 2,660.00 Rg |
| RBC Life Insurance Company | Term 10 - 10 Year R & C Term | 2,660.00 Rg |
| Transamerica Life Canada | TermSelect 10 R&C | 2,690.00 Rg |
| The Canada Life Assurance Company | 10 Year Renewable Term, Non-Convertible | 2,700.00 Rg |
| The Empire Life Insurance Company | Solution 10 - 10 Year R & C Term | 2,720.00 Rg |
| Wawanesa Life Insurance Company | Lifestyle Term 10 | 2,745.00 Rg |
| The Canada Life Assurance Company | 10 Year Term, Renewable and Convertible | 2,760.00 Rg |
| The Standard Life Assurance Co of Canada | Term 10 Renewable and Convertible | 2,765.00 Rg |
| The Great-West Life Assurance Company | TERM 10 - 10 Year R & C Term | 2,780.00 Rg |
| Industrial - Alliance Life Insurance | Axis T10 - 10 Year R & C Term | 2,780.00 Rg |
| Industrial Alliance Pacific Life | Axis T10 - 10 Year R & C Term | 2,780.00 Rg |
| National Life Assurance Co of Canada | T10 (R&C) - 10 Year R & C Term | 2,780.00 Rg |
| The Manufacturers Life Insurance Company | Family Term-10 | 2,797.00 Rg |
| Desjardins Financial Security | Desjardins Term 10 | 2,805.00 Rg |
| Equitable Life Insurance Co of Canada | 10 Year Renewable & Convertible | 2,825.00 Rg |
| Co-operators Life Insurance Company | Versatile 10 Year Renewable Term | 2,975.00 Rg |
| Sun Life Assurance Company of Canada | SunTerm 10 R&C | 3,175.00 Rg |
| Unity Life of Canada | Preferred T-10 | 3,460.00 Rg |
| Co-operators Life Insurance Company | Versatile 10 Year Renewable Term | 3,555.00 Rg |
| Blue Cross Life Insurance Co of Canada | Preferred Term 10 R&C | 3,950.00 Rg |
| Union of Canada Life Insurance | Preferred T-10 | 4,260.00 Rg |
| Unity Life of Canada | Preferred T-10 | 4,620.00 Rg |
| The Manufacturers Life Insurance Company | Family Term-10 | 4,637.00 Rg |
| The Great-West Life Assurance Company | TERM 10 - 10 Year R & C Term | 4,740.00 Rg |
| L'EXCELLENCE, Compagnie d'assurance-vie | Temporaire 10 ans (syndicate) | 6,370.00 Rg |
| L'EXCELLENCE, Compagnie d'assurance-vie | Temporaire 10 ans | 6,400.00 Rg |
| L'Entraide assurance-vie compagnie | | |

mutu

L'Entraide T10 - Temporaire 10 ans 7,565.00 Rg

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Survey of Initial Premiums

Prepared on June 24, 2005

Prepared for D. Woodburn

Male Non Smoker - Age 50 Last Birthday (Age 51 Nearest)

\$1,000,000
10 Year Term

| Company | Product | Premium Class |
|------------------------------------------|-----------------------------------------|---------------|
| RBC Life Insurance Company | Term 10 - 10 Year R & C Term | 2,100.00 Rg |
| AIG Life Insurance Company of Canada | Preferred Term 10 | 2,115.00 Rg |
| AXA Insurance | Tempo 10 - 10 Year Term | 2,155.00 Rg |
| Transamerica Life Canada | TermSelect 10 R&C | 2,160.00 Rg |
| Equitable Life Insurance Co of Canada | 10 Year Renewable & Convertible | 2,185.00 Rg |
| The Canada Life Assurance Company | 10 Year Renewable Term, Non-Convertible | 2,200.00 Rg |
| Desjardins Financial Security | Desjardins Term 10 | 2,235.00 Rg |
| The Empire Life Insurance Company | Solution 10 - 10 Year R & C Term | 2,260.00 Rg |
| The Canada Life Assurance Company | 10 Year Term, Renewable and Convertible | 2,260.00 Rg |
| The Great-West Life Assurance Company | TERM 10 - 10 Year R & C Term | 2,260.00 Rg |
| The Manufacturers Life Insurance Company | Family Term-10 | 2,297.00 Rg |
| Industrial - Alliance Life Insurance | Axis T10 - 10 Year R & C Term | 2,300.00 Rg |
| Industrial Alliance Pacific Life | Axis T10 - 10 Year R & C Term | 2,300.00 Rg |
| National Life Assurance Co of Canada | T10 (R&C) - 10 Year R & C Term | 2,300.00 Rg |
| Wawanesa Life Insurance Company | Lifestyle Term 10 | 2,325.00 Rg |
| The Standard Life Assurance Co of Canada | Term 10 Renewable and Convertible | 2,355.00 Rg |
| Federated Life Insurance Company | @PPROVE T10 | 2,395.00 Rg |
| Sun Life Assurance Company of Canada | SunTerm 10 R&C | 2,455.00 Rg |
| Assumption Mutual Life Insurance Company | 10 Year Term Renewable & Convertible | 2,460.00 Rg |
| Co-operators Life Insurance Company | Versatile 10 Year Renewable Term | 2,505.00 Rg |
| Co-operators Life Insurance Company | Versatile 10 Year Renewable Term | 2,985.00 Rg |
| Unity Life of Canada | Preferred T-10 | 3,170.00 Rg |
| Blue Cross Life Insurance Co of Canada | Preferred Term 10 R&C | 3,350.00 Rg |
| Union of Canada Life Insurance | Preferred T-10 | 3,730.00 Rg |
| Unity Life of Canada | Preferred T-10 | 4,030.00 Rg |
| L'EXCELLENCE, Compagnie d'assurance-vie | Temporaire 10 ans (syndicate) | 4,500.00 Rg |
| L'EXCELLENCE, Compagnie d'assurance-vie | Temporaire 10 ans | 4,530.00 Rg |
| The Manufacturers Life Insurance Company | Family Term-10 | 4,567.00 Rg |
| The Great-West Life Assurance Company | TERM 10 - 10 Year R & C Term | 4,600.00 Rg |

| | | |
|--------------------------------------------|------------------------------------|-------------|
| L'Entraide assurance-vie compagnie mutu | L'Entraide T10 - Temporaire 10 ans | 5,025.00 Rg |
|--------------------------------------------|------------------------------------|-------------|

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Survey of Initial Premiums

Prepared on June 24, 2005

Prepared for **D. Woodburn**

Male Non Smoker - Age 50 Last Birthday (Age 51 Nearest)

\$2,000,000
10 Year Term

| Company | Product | Premium Class |
|------------------------------------------|-----------------------------------------|---------------|
| AIG Life Insurance Company of Canada | Preferred Term 10 | 4,155.00 Rg |
| RBC Life Insurance Company | Term 10 - 10 Year R & C Term | 4,160.00 Rg |
| AXA Insurance | Tempo 10 - 10 Year Term | 4,235.00 Rg |
| Transamerica Life Canada | TermSelect 10 R&C | 4,270.00 Rg |
| Equitable Life Insurance Co of Canada | 10 Year Renewable & Convertible | 4,345.00 Rg |
| The Canada Life Assurance Company | 10 Year Renewable Term, Non-Convertible | 4,360.00 Rg |
| Desjardins Financial Security | Desjardins Term 10 | 4,445.00 Rg |
| The Empire Life Insurance Company | Solution 10 - 10 Year R & C Term | 4,460.00 Rg |
| The Canada Life Assurance Company | 10 Year Term, Renewable and Convertible | 4,480.00 Rg |
| The Great-West Life Assurance Company | TERM 10 - 10 Year R & C Term | 4,500.00 Rg |
| The Manufacturers Life Insurance Company | Family Term-10 | 4,537.00 Rg |
| Industrial - Alliance Life Insurance | Axis T10 - 10 Year R & C Term | 4,540.00 Rg |
| Industrial Alliance Pacific Life | Axis T10 - 10 Year R & C Term | 4,540.00 Rg |
| National Life Assurance Co of Canada | T10 (R&C) - 10 Year R & C Term | 4,540.00 Rg |
| Wawanesa Life Insurance Company | Lifestyle Term 10 | 4,585.00 Rg |
| The Standard Life Assurance Co of Canada | Term 10 Renewable and Convertible | 4,645.00 Rg |
| Sun Life Assurance Company of Canada | SunTerm 10 R&C | 4,835.00 Rg |
| Assumption Mutual Life Insurance Company | 10 Year Term Renewable & Convertible | 4,860.00 Rg |
| Co-operators Life Insurance Company | Versatile 10 Year Renewable Term | 4,935.00 Rg |
| Co-operators Life Insurance Company | Versatile 10 Year Renewable Term | 5,895.00 Rg |
| Unity Life of Canada | Preferred T-10 | 6,240.00 Rg |
| Blue Cross Life Insurance Co of Canada | Preferred Term 10 R&C | 6,650.00 Rg |
| Union of Canada Life Insurance | Preferred T-10 | 7,360.00 Rg |
| Unity Life of Canada | Preferred T-10 | 7,960.00 Rg |
| L'EXCELLENCE, Compagnie d'assurance-vie | Temporaire 10 ans (syndicate) | 8,970.00 Rg |
| L'EXCELLENCE, Compagnie d'assurance-vie | Temporaire 10 ans | 9,000.00 Rg |
| The Manufacturers Life Insurance Company | Family Term-10 | 9,057.00 Rg |
| The Great-West Life Assurance Company | TERM 10 - 10 Year R & C Term | 9,180.00 Rg |
| L'Entraide assurance-vie compagnie | | |

mutu

L'Entraide T10 - Temporaire 10 ans 10,025.00 Rg

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Survey of Initial Premiums

Prepared on June 24, 2005

Prepared for ~~Manager~~

Male Non Smoker - Age 42 Last Birthday (Age 43 Nearest)

\$1,000,000

10 Year Term

| Company | Product | Premium | Class |
|------------------------------------------|-----------------------------------------|----------|-------|
| AIG Life Insurance Company of Canada | Preferred Term 10 | 1,135.00 | Rg |
| RBC Life Insurance Company | Term 10 - 10 Year R & C Term | 1,140.00 | Rg |
| AXA Insurance | Tempo 10 - 10 Year Term | 1,175.00 | Rg |
| Assumption Mutual Life Insurance Company | 10 Year Term Renewable & Convertible | 1,180.00 | Rg |
| Transamerica Life Canada | TermSelect 10 R&C | 1,180.00 | Rg |
| The Canada Life Assurance Company | 10 Year Renewable Term, Non-Convertible | 1,190.00 | Rg |
| The Standard Life Assurance Co of Canada | Term 10 Renewable and Convertible | 1,205.00 | Rg |
| The Empire Life Insurance Company | Solution 10 - 10 Year R & C Term | 1,210.00 | Rg |
| Desjardins Financial Security | Desjardins Term 10 | 1,215.00 | Rg |
| Wawanesa Life Insurance Company | Lifestyle Term 10 | 1,215.00 | Rg |
| The Canada Life Assurance Company | 10 Year Term, Renewable and Convertible | 1,220.00 | Rg |
| The Great-West Life Assurance Company | TERM 10 - 10 Year R & C Term | 1,220.00 | Rg |
| Equitable Life Insurance Co of Canada | 10 Year Renewable & Convertible | 1,225.00 | Rg |
| Industrial - Alliance Life Insurance | Axis T10 - 10 Year R & C Term | 1,230.00 | Rg |
| Industrial Alliance Pacific Life | Axis T10 - 10 Year R & C Term | 1,230.00 | Rg |
| National Life Assurance Co of Canada | T10 (R&C) - 10 Year R & C Term | 1,230.00 | Rg |
| The Manufacturers Life Insurance Company | Family Term-10 | 1,237.00 | Rg |
| Co-operators Life Insurance Company | Versatile 10 Year Renewable Term | 1,335.00 | Rg |
| Sun Life Assurance Company of Canada | SunTerm 10 R&C | 1,335.00 | Rg |
| Federated Life Insurance Company | @PPROVE T10 | 1,345.00 | Rg |
| Blue Cross Life Insurance Co of Canada | Preferred Term 10 R&C | 1,540.00 | Rg |
| Unity Life of Canada | Preferred T-10 | 1,580.00 | Rg |
| Co-operators Life Insurance Company | Versatile 10 Year Renewable Term | 1,585.00 | Rg |
| Union of Canada Life Insurance | Preferred T-10 | 1,870.00 | Rg |
| The Manufacturers Life Insurance Company | Family Term-10 | 1,917.00 | Rg |
| The Great-West Life Assurance Company | TERM 10 - 10 Year R & C Term | 2,000.00 | Rg |
| Unity Life of Canada | Preferred T-10 | 2,060.00 | Rg |
| L'EXCELLENCE, Compagnie d'assurance-vie | Temporaire 10 ans (syndicate) | 2,670.00 | Rg |
| L'EXCELLENCE, Compagnie d'assurance-vie | Temporaire 10 ans | 2,700.00 | Rg |

| | | |
|--------------------------------------------|------------------------------------|-------------|
| L'Entraide assurance-vie compagnie mutu | L'Entraide T10 - Temporaire 10 ans | 3,105.00 Rg |
|--------------------------------------------|------------------------------------|-------------|

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L'Entraide T10 - Temporaire 10 ans 6,185.00 Rg

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>Policy Information

Client Name:CANAM SOFTWARE LABS INC

Policy Number: 080207184[LIFETRAX]

| | | | | | |
|-------------------------|---------------------------|----------------------------------------|-------------------------------|------------------------------|------------------------------------|
| General | Coverages | Premium & Payments | Policy Values | Plan Details | Financial Activity |
|-------------------------|---------------------------|----------------------------------------|-------------------------------|------------------------------|------------------------------------|

General

Policy Type:Level Term

Base Plan: RCT101

Policy Status:In Force

Issue Date:12JUL2001

Settled Date:12JUL2001

Paid To Date:12JUL2005

Marketing Concept Ind: N/A

Comments:

Agent No.: 723782

Agent Name:JOHN ARDILL

Agency No.: 2473

Dealer Code:
Writing Agent No.:723782

Writing Agent Name:JOHN ARDILL

Solicitor No.:
Solicitor Name:
Wire Trade Ind: N

Link Account No:
Registered Status: Non Registered

Client Relationships

| <u>Relationship</u> | <u>Client Name</u> | <u>Client No</u> | <u>Beneficiary Percentage</u> | <u>Type</u> | <u>P/C</u> |
|------------------------|-------------------------|------------------|-------------------------------|-------------|------------|
| Primary Insured | PHILIP I CLARKE | 20244924 | | | |
| Owner | CANAM SOFTWARE LABS INC | 20244927 | | | Primary |
| Beneficiary | CANAM SOFTWARE LABS INC | 20244927 | 100% | Ordinary | Primary |

Coverage

| <u>Coverage No</u> | <u>Plan Type</u> | <u>Face Amount</u> | <u>Insured Name</u> | <u>Joint Indicator *</u> |
|--------------------|------------------|--------------------|---------------------|--------------------------|
| 01 | RCT101 | \$ 300000.00 | PHILIP I CLARKE | |

* Advisors - For joint policies, contact your Distributor for more information on the individual risk class for each insured.

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John delivered
policy to
Mr. Woodward
Aug 2/01
(no photocopier).

Sue J 4/05
In File

**SUMMARY INFORMATION
FOR
TRANSAMERICA LIFE
POLICY NUMBER 080207184**

INSURED

Philip L. Clarke

OWNER

CANAM Software Labs Inc.

BENEFICIARY

CANAM Software Labs Inc.

CLASS

Non-Smoker

PLAN

TermSelect - 10 Year Term

SUM INSURED

\$300,000

PREMIUM

\$242.00 (Annual)
\$ 21.78 (Monthly)

CONTRACT DATE

July 12, 2001

Tuesday, July 17, 2001

Ardill, John,

Re: Clarke, Philip – Transamerica Life
Policy # 080207184

To settle the above policy, please obtain the following:

- ✓ Signature of the Owner (*CANAM Software Labs Inc.* - 2 signing officers or one officer plus corporate stamp) on **all pages of the illustration**.
- ✓ Signature of the Owner (*CANAM Software Labs Inc.* - 2 signing officers or one officer plus corporate stamp) on the **Delivery receipt**.
- ✓ Signature of the Owner (*CANAM Software Labs Inc.* - 2 signing officers or one officer plus corporate stamp) on the two enclosed **Delivery Checklists** (Concepts Reviewed and Term).
- ✓ Completion of the Agent Report on the enclosed **Contract Placement List**.

Please note:

- ✓ Placement date expires August 17, 2001

Thank you,


Tracey

1-800 361-
7979

June 24/05

Arlene K: 4823

-not in
done

**SUMMARY INFORMATION
FOR
MARITIME LIFE ASSURANCE
POLICY NO. HF 0970890**

| | |
|---------------|------------------------------------------|
| INSURED | Phil Clarke |
| OWNER | Canam Software Labs Inc. |
| BENEFICIARY | Canam Software Labs Inc. |
| CLASS | Non-smoker |
| PLAN | Critical Needs (Enhanced) |
| SUM INSURED | \$250,000.00 |
| PREMIUM | \$822.50 (Annually) \$74.03 (Monthly) |
| CONTRACT DATE | August 21, 2001 |

September 18, 2001

John Ardill:

Re: Phil Clarke – Maritime Life No. HF 0970890

To settle the above policy, please obtain the following:

- ✓ \$822.50 initial annual premium or monthly amount of \$74.03 (PAC form included for your use).
- ✓ Signature of the Owner (*Canam Software Labs, Inc. – the signatures of two signing officers, or one signing officer with the company seal attached*) on **all pages of the illustration**.
- ✓ Signature of the Owner (*Canam Software Labs, Inc. – the signatures of two signing officers, or one signing officer with the company seal attached*) on the **Delivery Receipt**.
- ✓ Signature of the Insured (*Phil Clarke*) on the **Application Amendment**.
- ✓ Signature of the Owner (*Canam Software Labs, Inc. – the signatures of two signing officers, or one signing officer with the company seal attached*) on the **Critical Illness Delivery Checklist**.

Please note:

- ✓ Placement date expires October 14, 2001

Thank you,

Farinah



Critical Needs

Summary of Proposal

Prepared for: Canam Software Labs. Inc.

Insured : Phil Clarke, Male, Age 34, Non-smoker

\$250,000 of Enhanced Critical Needs coverage. Premium structure - Renewable 10 Year Term**

| | Benefit Amount | Monthly Premium | Semi Annual Premium | Annual Premium |
|----------------------------|----------------|-----------------|---------------------|-----------------|
| Critical Needs for Insured | \$250,000 | \$67.28 | \$396.18 | \$747.50 |
| Policy Fee | | \$6.75 | \$39.75 | \$75.00 |
| Total Premium | | \$74.03 | \$435.93 | \$822.50 |

The Benefit Increase Option is not included

| Policy Years | Monthly Premium | Semi Annual Premium | Annual Premium |
|--------------|-----------------|---------------------|----------------|
| 1 - 10 | \$74.03 | \$435.93 | \$822.50 |
| 11 - 20 | \$185.85 | \$1,094.45 | \$2,065.00 |
| 21 - 30 | \$386.55 | \$2,276.35 | \$4,295.00 |
| 31 - 40 | \$729.23 | \$4,294.32 | \$8,102.50 |
| 41 - 41 | \$1,457.33 | \$8,582.02 | \$16,192.50 |



Critical Needs

Application Supplement

Policyowner: Canam Software Labs. Inc.

Proposed Insured : Phil Clarke, Male, Age 34, Non-smoker

\$250,000 of Enhanced Critical Needs coverage. Premium structure - Renewable 10 Year Term**

The Benefit Increase Option is not included

Total Annual Premium

Initial Annual Premium

\$822.50

Payable semi-annually

\$435.93

Payable monthly (PAC)

\$74.03

** Premiums for this policy increase every 10 years at guaranteed rates.

I would like to receive further information on the Wellness Checkpoint, a service provided by your Critical Needs policy. Once the policy goes inforce, Maritime Life would then provide the third party provider with only my name, policy number and address.

Insured : No. Yes. If yes, what is your email (if any) _____

I hereby acknowledge that this page shall form part of my application with Maritime Life.

Signed at _____ this _____ day of _____, _____.

Owner's Signature : _____

Witness : _____

Critical Needs

Product Description

Note that the policy may contain special requirements to ensure the appropriate diagnosis is made. Refer to the policy or our published marketing material for further details. No benefit is payable unless the Insured satisfies all the applicable requirements for a specified critical illness.

If the Insured dies before completing the survival period, or from any other condition not covered by this policy, the Return of Premium Amount will be paid, less any benefit amount already paid. The Return of Premium Amount is based on the annual premium of the critical needs coverage, not including any rating or policy fee, plus the cost of any premium refund rider also attached to the policy.

Some cancers, such as stage A prostate cancer, are not considered life threatening critical illnesses. However, we do pay a special "NLTC benefit" of \$5,000 if the Insured develops one of these conditions. The NLTC benefit would be subtracted from any future payout under the policy.

The policy excludes claims caused directly or indirectly by the following: the commission of a criminal act for which the insured is convicted; use of drugs except as prescribed by a physician; suicide or self-inflicted injury; war; an illness that first manifests itself before the policy issue date; an impairment that falls within the 90 day cancer exclusion period described in the policy; or failure to seek and/or follow medical advice of a physician.

Premiums

Critical Needs is available with 2 premium options: level or renewable ten year term.

With the level term option, premiums do not change. With the renewable ten year term option, premiums increase every 10 years as shown in the enclosed summary of proposal. Prior to age 65, coverage with the renewable 10 year term option may be switched to a level term basis at attained age rates. In any case, coverage ceases at age 75.

This is a proposal. It is not an insurance contract. The actual policy provisions govern the terms of the contract.



Critical Needs

Product Description

Prepared for: Canam Software Labs. Inc.

Insured : Phil Clarke, Male, Age 34, Non-smoker

\$250,000 of Enhanced Critical Needs coverage. Premium structure - Renewable 10 Year Term**

What would happen if you were to suffer a critical illness tomorrow? Cancer, heart attack and stroke are the most significant of these, but there are other so-called "dread diseases" as well. The good news is that advances in medical science have steadily increased your chances of survival. The bad news is the strain such an illness can place on your finances, over and above the stress caused by the illness itself.

That's where Maritime Life can help. Critical Needs is an innovative "critical illness" product that pays you if you are diagnosed with a "covered impairment", as defined in the policy. Critical Needs is also non-cancellable to age 75, which means that **we cannot cancel the policy, increase the rates or change the benefits as long as premiums are paid on time.**

You can choose between two coverage types: Basic or Enhanced. The "Basic" plan covers:

- * Heart attack
- * Stroke
- * Coronary artery bypass surgery
- * Cancer

The "Enhanced" plan covers the above 4 conditions PLUS:

- * Kidney failure
- * Major organ transplant
- * Blindness
- * Deafness
- * Loss of speech
- * Severe burns
- * Motor neuron disease (ALS - Lou Gehrig's disease)
- * Multiple sclerosis
- * Paralysis
- * Coma
- * Alzheimer's Disease
- * Parkinson's Disease
- * Occupational HIV infection
- * Late onset insulin dependent diabetes (Reduced Benefit)
- * Benign brain tumour
- * Severe Rheumatoid arthritis

Critical Illness Benefit

The sum insured is paid to the Insured if he or she satisfies the survival period following diagnosis. The survival period is usually 30 days, but is longer for loss of speech, multiple sclerosis, paralysis and insulin dependent diabetes. Coverage on the Insured then terminates.

Appendix: Renewable Ten Year Term Rates - Enhanced Coverage Type

(rates per thousand dollars of Sum Insured)

If the Premium Structure Option is "Renewable Ten Year Term", premiums increase every ten years according to the Insured's attained age. We will use the following renewal rates if the Benefit Effective Date equals the Policy Issue Date or for any new benefit resulting from the Benefit Increase Option. Renewal rates for other Critical Needs benefits may differ.

| Attained Age | Sum Insured less than \$100,000 | | | | Sum Insured \$100,000 and up | | | |
|--------------|---------------------------------|--------|--------|--------|------------------------------|--------|--------|--------|
| | Non-smoker | | Smoker | | Non-smoker | | Smoker | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 28 | 4.27 | 3.56 | 6.03 | 5.16 | 3.36 | 3.22 | 4.29 | 4.67 |
| 29 | 4.27 | 3.56 | 6.03 | 5.16 | 3.36 | 3.22 | 4.29 | 4.67 |
| 30 | 4.27 | 3.56 | 6.03 | 5.16 | 3.36 | 3.22 | 4.29 | 4.67 |
| 31 | 4.32 | 3.81 | 6.49 | 5.66 | 3.54 | 3.45 | 4.87 | 5.12 |
| 32 | 4.38 | 4.08 | 6.99 | 6.21 | 3.72 | 3.69 | 5.54 | 5.62 |
| 33 | 4.44 | 4.37 | 7.53 | 6.82 | 3.91 | 3.95 | 6.30 | 6.18 |
| 34 | 4.50 | 4.67 | 8.11 | 7.48 | 4.11 | 4.23 | 7.16 | 6.78 |
| 35 | 4.56 | 5.00 | 8.73 | 8.21 | 4.32 | 4.53 | 8.14 | 7.45 |
| 36 | 4.82 | 5.31 | 9.55 | 8.81 | 4.58 | 4.86 | 8.93 | 8.06 |
| 37 | 5.10 | 5.65 | 10.44 | 9.46 | 4.85 | 5.21 | 9.81 | 8.73 |
| 38 | 5.40 | 6.01 | 11.41 | 10.16 | 5.14 | 5.59 | 10.77 | 9.45 |
| 39 | 5.71 | 6.39 | 12.47 | 10.90 | 5.45 | 6.00 | 11.83 | 10.24 |
| 40 | 6.04 | 6.79 | 13.63 | 11.71 | 5.77 | 6.43 | 12.99 | 11.09 |
| 41 | 6.58 | 7.17 | 14.74 | 12.46 | 6.25 | 6.75 | 14.09 | 11.74 |
| 42 | 7.16 | 7.56 | 15.95 | 13.26 | 6.78 | 7.09 | 15.28 | 12.44 |
| 43 | 7.79 | 7.98 | 17.25 | 14.12 | 7.34 | 7.45 | 16.57 | 13.18 |
| 44 | 8.48 | 8.42 | 18.66 | 15.03 | 7.96 | 7.82 | 17.97 | 13.96 |
| 45 | 9.24 | 8.88 | 20.18 | 15.99 | 8.62 | 8.22 | 19.49 | 14.79 |
| 46 | 9.95 | 9.06 | 22.16 | 16.43 | 9.24 | 8.42 | 21.40 | 15.26 |
| 47 | 10.71 | 9.24 | 24.33 | 16.88 | 9.90 | 8.62 | 23.49 | 15.74 |
| 48 | 11.54 | 9.43 | 26.72 | 17.34 | 10.61 | 8.83 | 25.79 | 16.24 |
| 49 | 12.42 | 9.62 | 29.34 | 17.82 | 11.37 | 9.05 | 28.31 | 16.75 |
| 50 | 13.38 | 9.81 | 32.21 | 18.31 | 12.19 | 9.27 | 31.08 | 17.28 |
| 51 | 14.41 | 10.36 | 34.34 | 19.50 | 13.22 | 9.77 | 33.23 | 18.38 |
| 52 | 15.52 | 10.93 | 36.60 | 20.77 | 14.34 | 10.29 | 35.53 | 19.55 |
| 53 | 16.71 | 11.54 | 39.02 | 22.12 | 15.56 | 10.85 | 37.99 | 20.79 |
| 54 | 18.00 | 12.18 | 41.59 | 23.56 | 16.88 | 11.43 | 40.62 | 22.12 |
| 55 | 19.39 | 12.85 | 44.33 | 25.09 | 18.32 | 12.04 | 43.43 | 23.53 |
| 56 | 20.23 | 13.60 | 47.20 | 26.78 | 19.20 | 12.88 | 46.24 | 25.38 |
| 57 | 21.10 | 14.38 | 50.24 | 28.58 | 20.13 | 13.77 | 49.24 | 27.38 |
| 58 | 22.02 | 15.21 | 53.49 | 30.50 | 21.10 | 14.73 | 52.42 | 29.53 |
| 59 | 22.97 | 16.09 | 56.94 | 32.55 | 22.12 | 15.75 | 55.81 | 31.86 |
| 60 | 23.96 | 17.02 | 60.62 | 34.74 | 23.18 | 16.84 | 59.42 | 34.37 |
| 61 | 26.00 | 18.63 | 65.01 | 38.01 | 25.15 | 18.31 | 63.77 | 37.37 |
| 62 | 28.21 | 20.38 | 69.72 | 41.59 | 27.28 | 19.92 | 68.44 | 40.64 |
| 63 | 30.60 | 22.30 | 74.78 | 45.51 | 29.60 | 21.66 | 73.44 | 44.19 |
| 64 | 33.20 | 24.40 | 80.20 | 49.80 | 32.11 | 23.55 | 78.82 | 48.06 |
| 65 | 36.02 | 26.70 | 86.02 | 54.49 | 34.83 | 25.61 | 84.58 | 52.26 |
| 66 | 37.88 | 28.41 | 90.19 | 57.99 | 36.83 | 27.25 | 88.42 | 55.61 |
| 67 | 39.83 | 30.23 | 94.56 | 61.70 | 38.94 | 29.00 | 92.43 | 59.18 |
| 68 | 41.88 | 32.17 | 99.15 | 65.66 | 41.18 | 30.86 | 96.63 | 62.97 |
| 69 | 44.04 | 34.23 | 103.96 | 69.86 | 43.54 | 32.84 | 101.02 | 67.01 |
| 70 | 46.31 | 36.43 | 109.00 | 74.34 | 46.04 | 34.94 | 105.60 | 71.30 |
| 71 | 50.66 | 39.20 | 119.72 | 79.99 | 50.08 | 37.60 | 116.32 | 76.73 |
| 72 | 55.41 | 42.18 | 131.48 | 86.08 | 54.48 | 40.47 | 128.13 | 82.57 |
| 73 | 60.61 | 45.39 | 144.40 | 92.62 | 59.27 | 43.55 | 141.14 | 88.86 |
| 74 | 66.30 | 48.85 | 158.59 | 99.67 | 64.47 | 46.86 | 155.47 | 95.62 |



**APPLICATION AMENDMENT**

III

- IT IS HEREBY UNDERTOOED AND AGREED THAT THE ABOVE NUMBERED POLICY HAS BEEN BACK DATED FOR THE PURPOSE OF SAVING AGE ONLY. FOR THE PURPOSE OF THE 'INSURED CONDITIONS', CANCER AND RHEUMATOID ARTHRITIS, NO BENEFIT WILL BE PAYABLE FOR THESE 'INSURED CONDITIONS', UNLESS THE POLICY HAS BEEN IN FORCE FOR A PERIOD OF 90 DAYS FROM SEPT 01, 2001.
- THE PARAMEDICAL EXAM FROM TRANSAMERICA LIFE FORMS PART OF THIS CONTRACT.

Person insured: PHIL CLARKE

Policy number: HF0970890

INSURANCE BENEFITS

| | |
|---------------------------|-------------------------------------------------------------------------------------------------|
| Benefit Name: | CRITICAL NEEDS |
| Coverage Type: | ENHANCED |
| Sum Insured: | \$250,000.00 |
| Insured: | PHIL CLARKE |
| Insurance Age: | 34 |
| Sex: | MALE |
| Smoker Status: | NON-SMOKER |
| Premium Structure Option: | RENEWABLE TEN YEAR TERM |
| Critical Needs Premium: | \$747.50 will increase every 10 years, as described in the Premiums section of the policy |
| Benefit Effective Date: | 21 JULY 2001 |
| Expiry Date: | 21 AUGUST 2041 |
| Benefit Increase Option: | INCLUDED |

Policy Schedule

General Information

| | |
|-----------------------|---------------------------|
| Plan Name: | CRITICAL NEEDS |
| Policy Number: | HF0970890 |
| Policyowner(s): | CANAM SOFTWARE LABS, INC. |
| Policy Issue Date: | 21 JULY 2001 |
| Annual Policy Fee: | \$75.00 |
| Total Annual Premium: | \$822.50 |
| Payment Frequency: | ANNUALLY |
| Premium: | \$822.50 |
| Method of Payment: | DIRECT BILL |

Future premiums may increase as described in the "Premiums" section of this policy.

This contract was verified by  and prepared on 14 SEPTEMBER 2001





SUMMARY INFORMATION
FOR
DAVID WOODBURN
Policy #8658716

INSURED: DAVID WOODBURN
OWNER: CANAM SOFTWARE LABS INC.
BENEFICIARY: CANAM SOFTWARE LABS INC. – 100%
PLAN TYPE: TERM-10
CARRIER: MANULIFE
SUM INSURED: \$1,000,000
PREMIUM: ANNUAL: \$2,681.52
CURRENT METHOD: ANNUAL
CONTRACT ISSUE DATE: OCTOBER 18, 2005

Date: November 2, 2005

Your policy summary

The effective date of these policy summary pages is October 19, 2005.

If there are changes to your contract, we will issue new versions of these pages. The policy summary pages with the most recent effective date replace any earlier versions.

Information about your policy

Policy or policy number

8658716

Insured(s) and owner or owners

CANAM SOFTWARE LABS INC

Beneficiaries

The beneficiaries you've named for each insured person are shown on your application unless you've made a later change.

Policy date

October 18, 2005

Policy issue date

October 18, 2005

Policy processing day

The 18th day of each calendar month

Annual policy fee

\$57.00

This amount is included in the policy premium shown below.

Annual policy premium as of October 19, 2005

\$2,681.52

Follow the

Your insurance protection

| | | |
|-------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Type of coverage | Insures one person on a single-life basis | Type |
| Insured person | DAVID WOODBURN | Insur |
| Coverage number | Coverage 1002 | Cove |
| Coverage option chosen | Term-10 | Annu |
| Amount of insurance | \$1,000,000 | premi |
| Annual coverage premium | \$2,144.64 | (Your guaranteed premium rates for each renewal period are shown in Section II for Coverage 1002) |
| Personal information | <i>Sex, Healthstyle</i> <i>Birthdate</i> <i>Age</i> <i>Insurance rating</i> | Male, category 3 September 25, 1954 51 100% |
| Coverage date | October 18, 2005 | Cover |
| Coverage issue date | October 18, 2005 | Cover |
| Conversion expiry date | October 18, 2029 | Cover |
| Coverage expiry date | October 18, 2034 | |

Your rider protection

| | | | |
|-------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--|
| Type of coverage | Total Disability Waiver (TDW) Rider | | |
| Insured person | DAVID WOODBURN | | |
| Coverage number | Coverage 1003 | | |
| Annual coverage premium | \$479.88 | (Your guaranteed premium rates are shown in Section 12 for Coverage 1003) | |
| Personal information | <i>Sex, Healthstyle</i> <i>Birthdate</i> <i>Age</i> <i>Insurance rating</i> | Male, category 3 September 25, 1954 51 100% | |
| Coverage date | October 18, 2005 | | |
| Coverage issue date | October 18, 2005 | | |
| Coverage expiry date | October 18, 2019 | | |

ates for each
Section 12

12. Premium rate tables

as of October 19, 2005

| | |
|------------------------|-------------------------------------------|
| Insured person | DAVID WOODBURN |
| Coverage number | Coverage 1002 |
| Coverage option chosen | Term-10 |
| Coverage type | Insures one person on a single-life basis |

This table shows the guaranteed premium rates that apply to the insurance coverage shown above. These rates apply until the coverage is cancelled, until you change the coverage option, or until you decrease the amount of insurance.

| Annual rate/\$1,000 of insurance coverage* | Discounted annual rate/\$1,000 of insurance coverage** | Dates |
|--------------------------------------------------|-----------------------------------------------------------------|-------------------------------------|
| \$ 2.25754 | \$ 2.14466 | From Oct. 18, 2005 to Oct. 17, 2015 |
| \$ 14.04184 | \$ 13.33975 | From Oct. 18, 2015 to Oct. 17, 2025 |
| \$ 41.37653 | \$ 39.30770 | From Oct. 18, 2025 to Oct. 18, 2034 |

*The annual rate applies if your premium frequency is monthly, quarterly or semi-annually.

**The discounted annual rate applies if your premium frequency is annual.

Premium rate tables (continued)

as of October 19, 2005

| | |
|-----------------|-------------------------------------|
| Insured person | DAVID WOODBURN |
| Coverage number | Coverage 1003 |
| Coverage type | Total Disability Waiver (TDW) Rider |

This table shows the guaranteed premium rates that apply to the rider coverage shown above. These rates are for each \$1 of the policy premium that could be waived. These rates apply until the coverage is cancelled or you increase the amount of insurance coverage on this policy.

| Rate/\$1.00 of policy premium to be waived | Dates |
|--------------------------------------------------|-------------------------------------|
| \$ 0.21800 | From Oct. 18, 2005 to Oct. 17, 2015 |
| \$ 0.17900 | From Oct. 18, 2015 to Oct. 18, 2019 |

13. Policy fee table

as of October 19, 2005

This table shows the guaranteed policy fee that applies to this policy. The current policy fee is shown in Section 3. It will change if you change your premium frequency.

| If you pay your premium | Your policy fee for each payment period is |
|-------------------------|--------------------------------------------|
| Annually | \$57.00 |
| Semi-annually | \$30.60 |
| Quarterly | \$15.30 |
| Monthly | \$5.10 |

Coverage and premium details

| | Coverage and rider summary | Initial annual premium |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------|
| Dave Woodburn <i>Male, 51, Healthstyle 3</i> | Term-10 coverage of \$1,000,000 for 29 years Total Disability waiver rider for 14 years | \$2,144.64 \$479.88 |
| Policy fee | | \$57.00 |
| Total initial premium | | \$2,681.52 |

Notes:

- Coverage(s) and premiums are guaranteed at policy issue.
- Term-10 premiums increase at each renewal.
- Term-10 coverages can be converted to age 75 and can remain in effect to age 80.
- Total disability waiver premiums renew every 10 years.

Helping You Make Better Financial Decisions.TM

The Manufacturers Life Insurance Company

Designed for: Dave Woodburn

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: June 24, 2005

Reference #: 7.1.0.0B - 021105150001

Page 4 of 8

Plan Details

| Year | Total Coverage (\$) | Total annual insurance premium (\$) | Total annual rider premium (\$) | Policy fee (\$) | Total annual plan premium (\$) |
|-------------|----------------------------|--------------------------------------------|----------------------------------------|------------------------|---------------------------------------|
| 1 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 2 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 3 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 4 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 5 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 6 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 7 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 8 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 9 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 10 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 11 | 1,000,000 | 13,339.68 | 2,397.96 | 57.00 | 15,794.64 |
| 12 | 1,000,000 | 13,339.68 | 2,397.96 | 57.00 | 15,794.64 |
| 13 | 1,000,000 | 13,339.68 | 2,397.96 | 57.00 | 15,794.64 |
| 14 | 1,000,000 | 13,339.68 | 2,397.96 | 57.00 | 15,794.64 |
| 15 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 16 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 17 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 18 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 19 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 20 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 21 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 22 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 23 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 24 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 25 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 26 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 27 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 28 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 29 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |

Helping You Make Better Financial Decisions.TM

The Manufacturers Life Insurance Company

Designed for: Dave Woodburn

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

Coverage details for Dave Woodburn

Dave Woodburn
Male, 51, Healthstyle 3

| | |
|----------------------------------------------|------------|
| Term-10 coverage of \$1,000,000 for 29 years | \$2,144.64 |
| Total Disability waiver rider for 14 years | \$479.88 |

| At Year | Total coverage (\$) | Annual insurance premium (\$) | Annual rider premium (\$) | Annual total premium (\$) |
|----------------|---------------------|-------------------------------|---------------------------|---------------------------|
| 1 | 1,000,000 | 2,144.64 | 479.88 | 2,624.52 |
| 11 | 1,000,000 | 13,339.68 | 2,397.96 | 15,737.64 |
| 15 | 1,000,000 | 13,339.68 | 0.00 | 13,339.68 |
| 21 | 1,000,000 | 39,307.44 | 0.00 | 39,307.44 |
| At end of year | | | | |

Important events

- Renewal of Term-10 coverage 10, 20
- Expiry of Term-10 premium payment 29
- Expiry of *Total Disability Waiver* 14

Notes: The policy fee is not included in the premiums shown in this section.

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Effective date: June 24, 2005

Reference #: 7.1.0.0B - 021105150001

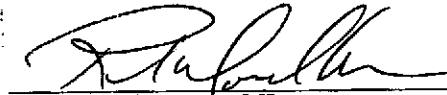
Page 6 of 8

Policy delivery receipt

Policy owner: CANAM SOFTWARE LABS INC

Your signature below tells us that you agree with the following statements:

- I received and reviewed the policy described above on 03 11 2005
day month year
- I received a copy of my application with the policy.
- 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 Signing Officer

DIRECTOR, SOFTWARE DEVELOPMENT
Title of Signing Officer

OCT 20 2005

To: ARDILL, JOHN R - 052313
Branch - 14500 QUALIFIED FINANCIAL SERVICES INC.

From: New Business
Date: October 19, 2005
Subject: Policy Issue Check List For:
Policy - 8658716
Policy Owner - CANAM SOFTWARE LABS INC (woodburn)

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 Halifax Office contact).

A. Requirements

This policy has been issued subject to the requirements listed below:

- 1) PLEASE OBTAIN A DELIVERY RECEIPT

We need to receive the forms by NOV 19 2005.

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.
- Deliver the policy.

Eryn Beintema

From: "Grace Duckworth" <grace.duckworth@qfscanada.com>
To: <eryn@ardillfinancial.com>
Cc: <grace.duckworth@qfscanada.com>
Sent: October 18, 2005 9:39 AM
Subject: Woodburn, David - Manulife(8658716)

FYI

DECISION STANDARD ON DAVID WOODBURN HS=3

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:

Medicals completed September 13, 2005 – Barcode #0103488532

Financial statements attached

Insurance advisor's report

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 |
|--------------------------|--------------------------|
| 15 Years | 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Medical by physician | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Height, weight, blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Micro-urinalysis | <input checked="" 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"/> |

c. Is/are the owner and person(s) to be insured fluent in the language of this application?

Owner Yes No

Person "A" to be insured Yes No

Person "B" to be insured Yes No

If no, describe the steps that were taken to ensure that the person(s) identified above understood the questions and authorizations in this application:

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 | 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)

| | |
|-----------------------------|-----------------------|
| Signature John R. Ardill | Advisor code 52313 |
|-----------------------------|-----------------------|



Application for life and critical illness insurance

In this application, *we*, *us* and *our* refer to the company which will issue the policy you are applying for. If you are applying for a LifeWise policy, the company will be Manulife Canada Ltd.; otherwise *we*, *us* and *our* will refer to The Manufacturers Life Insurance Company. *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, 2.1.a, 3, 4, 9, 10 and 12 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 red application number at the top right corner of that form?

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*

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:

Buy-Sell

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)

| | | | | |
|-----------------------------|---------------------------------|-------------------|-----------------------------|--------------------------------------------------------------------------|
| DAVID WOODBURY | | | Date of birth (dd/mmm/yyyy) | Sex |
| | | | 25 SEPT 54 | <input checked="" type="checkbox"/> male <input type="checkbox"/> female |
| Address (street and number) | | Apt. | City or town | Province |
| 199 BLOORWAY CIRCLE | | | NEWMARKET | ONT |
| Postal code | Number of years at this address | Home phone number | Place of birth | Social insurance number |
| L3Y 7S6 | 14 | (905) 898 3869 | OHIO | W446 829 392 |

- 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 |
| POSS. BUY TO AUSTRALIA IN OCT. OR NOV 2005 | 2 weeks |

2.2 Person "B" to be insured

- a. Name (first, middle initial, last)

| | | | | |
|-----------------------------|---------------------------------|-------------------|-----------------------------|---------------------------------------------------------------|
| | | | Date of birth (dd/mmm/yyyy) | Sex |
| | | | | <input type="checkbox"/> male <input type="checkbox"/> female |
| Address (street and number) | | Apt. | City or town | Province |
| Postal code | Number of years at this address | Home phone number | Place of birth | Social insurance number |
| | | () | | |

- 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 | Date of birth (dd/mmm/yyyy) |
| | <input type="checkbox"/> male <input type="checkbox"/> female | |
| Name (first, middle initial, last) | Sex | Date of birth (dd/mmm/yyyy) |
| | <input type="checkbox"/> male <input type="checkbox"/> female | |
| Name (first, middle initial, last) | Sex | Date of birth (dd/mmm/yyyy) |
| | <input type="checkbox"/> male <input type="checkbox"/> female | |

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) | | Sex <input type="checkbox"/> male <input type="checkbox"/> female |
| Date of birth (dd/mmm/yyyy) | Social insurance number | Relationship to person to be insured |

Owner #2

| | | |
|------------------------------------|-------------------------|----------------------------------------------------------------------|
| Name (first, middle initial, last) | | Sex <input type="checkbox"/> male <input type="checkbox"/> female |
| Date of birth (dd/mmm/yyyy) | Social insurance number | Relationship to person to be insured |

- A legal entity such as a company or trust

| | |
|---------------------------------------------------------------------------------------------------|--------------------------------------|
| Full legal name (including "Company," "Limited," "Inc." etc.) CANADA SOFTWARE LABS INC. | Business number 9057123840 |
| Company representative to contact (position or title) | |

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 or company representative to receive all correspondence relating to this policy and provide their mailing address below.

| | | | |
|-----------------------------------------------------|--------------|----------|-------------|
| Name (first, middle initial, last, or company name) | | | |
| Address (street and number) | City or town | Province | Postal code |

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 our 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

Complete this section for new life insurance coverages only.

For new critical illness insurance coverages in Quebec, use the form Lifecheque Beneficiary Designations for policies governed by Quebec law, NN1467E.

For new critical illness insurance coverages outside Quebec, use the form Direction to Pay, NN0999E. Outside Quebec you cannot name a beneficiary; instead, any benefits payable after the insured person has died will go to the owner's estate, except as described in Direction to Pay.

Choosing a beneficiary

You may choose one or more beneficiaries for each insured person. The beneficiary receives the benefit if they are alive and eligible as described below 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 eligible beneficiaries.

You may choose both primary and secondary beneficiaries. A secondary beneficiary will only receive a death benefit if no primary beneficiaries are eligible to receive the benefit. A primary beneficiary is not eligible to receive a benefit if they die before the benefit is payable or a court decides that they are not eligible.

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) CANAM SOFTWARE LABS | Relationship to Person "A" (in Quebec, relationship to the policy owner) SAME | <input checked="" type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable | Share 100 % |
| Name of primary beneficiary (first, middle initial, last) INC | Relationship to Person "A" (in Quebec, relationship 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, relationship 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, relationship 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) | Relationship to Person "B" (in Quebec, relationship to the policy owner) | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable | Share % |
| Name of primary beneficiary (first, middle initial, last) | Relationship to Person "B" (in Quebec, relationship 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, relationship 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, relationship 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 |

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| b. Marijuana | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| c. Cigars | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| d. Pipe | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| e. Cigarillos | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| f. Chewing tobacco | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| g. Nicotine substitutes (such as gum or patches) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| h. Other (e.g. betel nuts) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" 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.

| a. Have you ever used or experimented with unprescribed drugs or narcotics such as ecstasy, 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. | Person "A" to be insured | Person "B" to be insured |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| 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 type="checkbox"/> No <input checked="" 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 5.2 | Details 2 BOTTLE 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 |
| <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.

| 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. | Person "A" to be insured | Person "B" to be insured |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 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 5.3 | Details SPEEDING TICKET MAY 2004 - 15 KM OVER |
| <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 |

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 |
| WB4666382540925 | ONT. |

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.

| 5.4 Other information | Children to be insured | Person "A" to be insured | Person "B" to be insured |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| If you answer yes to any question in section 5.4, please tell us the details below. | | | |
| a. 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 type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. 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. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Have you been imprisoned for a criminal offence? If yes, tell us the sentence and the amount of time you served. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Within the past five years, have you been a defendant in a civil law suit, or are you currently a defendant in a civil law suit? | Not applicable | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e. 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 the applicable sections in our Underwriting Questionnaires form, NN9434E. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| f. In the past two years, have you participated in a hazardous sport such as scuba or skin diving, sky diving, hang gliding, mountain climbing, hell-skating or racing of any kind or do you expect to participate in a hazardous sport? If yes, please complete the applicable sections in our Underwriting Questionnaires form, NN9434E. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| | | |
|-------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Name of child to be insured: | Question a. only | Details |
| <input checked="" type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured | Question 5.4 (d) | CANAM WAS SUED IN 1997. SETTLED IN 2004. CANAM WOULD PAY AND THEY WERE PAID. |
| <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"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured | Question | Details |

5.5 Employment information

Person "A" to be insured

| | |
|-----------------------------------------------------------|---------------------------|
| What is your occupation? | Employer's name |
| DIRECTOR OF SOFTWARE DEVELOP-CANADA SOFTWARE LABS INC | |
| Employer's address | Business telephone number |
| 90 MATTHESON BLVD. W. SUITE 101 MISSISSAUGA, ONT. L5R 3K3 | (905) 712 3840 |

Person "B" to be insured

| | |
|--------------------------|----------------------------------|
| What is your occupation? | 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? | \$ 340,000 | \$ |
| 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? | \$ 1.8 million | \$ |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------|
| 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 type="checkbox"/> No <input checked="" 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: Manulife Financial, 500 King Street North, PO BOX 1602, STN WATERLOO, WATERLOO ON N2J 4C6

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 | 6'4" | 295 lbs | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us the details. |
| Person "B" to be insured | | | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us the details. |
| Name of child to be insured: | | | |
| 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 been diagnosed before age 65 with any of the following conditions: heart disease, stroke or cancer; or have any of them ever been diagnosed with 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 and 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) 853 3353

| | | |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------|
| Name of your doctor (first, middle initial, last) | | |
| Dr. P. KITSUKAKE | | |
| Address | | |
| 531 DAVIS PL SUITE 201 | | |
| City or town NEW MARKET | Province ON | Postal code L3Y 6P5 |
| Date last consulted (dd/MMM/yyyy) Feb 2005 | Reason last consulted and any treatment or medication prescribed: ROUTINE CHECKUP + PRESCRIPTION FEE | |

Person "B" to be insured

| | | |
|---------------------------------------------------|-------------------------------------------------------------------|-------------|
| Name of your doctor (first, middle initial, last) | | |
| | | |
| Address | | |
| | | |
| City or town | Province | Postal code |
| Date last consulted (dd/MMM/yyyy) | Reason last consulted and any treatment or medication prescribed: | |

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, or have you been told that you have them, or been treated for any of them?

- | | | | |
|-----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| a. High blood pressure? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. High cholesterol? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Cancer, tumours, leukemia or skin lesions? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Diabetes (including gestational diabetes)? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| a. Did any child to be insured remain hospitalized for more than five days after their birth? | <input type="checkbox"/> No <input type="checkbox"/> 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? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

7.5 Your health history ~~med's~~

If you answer yes to any question in section 7.5, please tell us the details in section 7.6

Have you ever had or been told that you had any problem with:

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| a. Your heart and blood vessels, such as: | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 1. heart murmur, poor circulation (swollen ankles), or an irregular pulse? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. heart disease, angina, chest pain or shortness of breath, stroke or transient ischemic attack (TIA)? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. have you had an electrocardiogram or other heart investigation? If yes, please complete the section below. | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" Type of investigation: <input type="checkbox"/> Name of child: | Reason for it: | | |
| Result: | Date (dd/MMM/yyyy) | | |
| <input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" Type of investigation: <input type="checkbox"/> Name of child: | Reason for it: | | |
| Result: | Date (dd/MMM/yyyy) | | |

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| b. Your nose, throat or lungs, such as: asthma, tuberculosis, chronic or recurrent bronchitis, emphysema, cystic fibrosis, or sleep apnea? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Your abdominal organs, such as: gastro-intestinal bleeding, ulcer, colitis, diverticulitis, liver disease, hepatitis (including active or carrier state), Crohn's disease or ileitis? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Your kidneys, bladder, breasts or genital organs, such as: nephritis or protein in the urine, sugar or blood in the urine, tumour, other kidney or bladder disorders, or a sexually transmitted disease? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e. Your nervous system, such as: cerebral palsy, Down's syndrome, mental impairment or retardation, convulsions, seizures or multiple sclerosis? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| f. Your eyes or ears, such as: impaired sight, impaired hearing or tumours? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| g. Your mental health, such as: anxiety, depression, suicidal ideation, emotional, nervous or eating disorder? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| h. Your glands or blood, such as: abnormal blood sugar, bleeding tendency, hemophilia, anemia or other blood disorder? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| i. Your muscles or bones, such as: any injury or disorder of the muscles, bones, joints or spine, paralysis, arthritis or muscular dystrophy? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| j. Your connective tissue, such as: lupus or progressive systemic sclerosis or sclerodema? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| k. Your immune system: | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 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 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 (other than routine testing for insurance)? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input 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 type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Please return to: Manulife Financial, 500 King Street North, PO BOX 1602, STN WATERLOO, WATERLOO ON N2J 4C6

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| 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 | Person "A" to be insured | Person "B" to be insured | Children to be insured |
| In addition to your answers about any conditions listed in 7.5 a. to k., please answer the following: | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| I. Medical tests: Have you had any medical tests, including X-rays or blood tests, during the past five years? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| m. Prescribed medication: Are you currently taking any prescribed medication, other than those you have already told us about? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| n. 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? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. During the past 12 months, have you missed more than 15 consecutive days of work or school because of illness or injury? | <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. Are you currently disabled and unable to perform the duties of your regular occupation? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4. Are you aware of any symptoms or complaints for which you have not consulted a doctor or received treatment? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input 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 sections 7.3, 7.4 or 7.5, 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 (If cancer, please include: type and location, treatment history, testing dates, recurrence and names and addresses of all attending doctors.) |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child: | 7.3 | (c) DERMATOLOGIST (DR KATZ) REMOVED NON MALIGNANT SKIN CANCER FROM CHTN IN 2005. NO FOLLOW UP REQUIRED. |
| <input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child: | 7.3 | (A+B) PRESCRIPTION MEDICATION FOR BLOOD PRESSURE + CHOLESTEROL LIPITOR FOR CHOLESTROL. |
| <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: | | |

Section 8 – Your other insurance policies

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: | TRANSAMERICA | \$ 1,500,000 <input checked="" type="checkbox"/> personal <input type="checkbox"/> business | \$ | \$ | 1996 |
| <input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child: | TRANSAMERICA | \$ 1,000,000 <input type="checkbox"/> personal <input checked="" type="checkbox"/> business | \$ | \$ | 2000 |
| <input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child: | LONDON LIFE | \$ 250,000 <input checked="" type="checkbox"/> personal <input type="checkbox"/> business | \$ | \$ | 1993 |
| <input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child: | LONDON LIFE | \$ 125,000 <input checked="" type="checkbox"/> personal <input type="checkbox"/> business | \$ | \$ | 1987 |
| <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 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 | \$ |

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

\$ 2681.52

b. How are you paying your first premium?

- by cheque with this application
 by cheque when we deliver your policy (not available on term conversions)
 with funds from a policy insured by a Manulife Financial company: The Manufacturers Life Insurance Company, MFC Insurance Company Limited, or Manulife Canada-Ltd (complete section 10.1.c.)

c. How will we take this amount from the policy?

- dividends a loan part of the policy's cash value (up to 50% of cash value)

| Policy number | Name of person insured under the policy (first, middle initial, last) | How much you are transferring \$ |
|---------------|-----------------------------------------------------------------------|-------------------------------------|
|---------------|-----------------------------------------------------------------------|-------------------------------------|

By signing below you agree that:

- you are entitled to receive the proceeds of the policy you've identified above
- the policy is insured by a Manulife Financial company, and
- you direct that company to withdraw the amount of money identified above and transfer it to the company that will insure the policy you are applying for in this application.

| | |
|-----------------------------------------------------------------------|--------------------|
| 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

By asking us to set up an automatic monthly withdrawal plan, you agree to the following:

- your bank will honour any withdrawals we make
- we have the right to increase the amount of automatic monthly withdrawals to the amount required to keep your policy in effect
- you waive the right to receive 10 days' notice of an increase in the amount of automatic monthly withdrawal
- you or we may end the plan by giving 10 days' written notice, counted from the date the notice is mailed and
- we may end the plan immediately if your bank does not honour a withdrawal.

| Your monthly premium \$ | Extra payment amount (if applicable)* \$ | Your total monthly payment \$ |
|----------------------------|---------------------------------------------|----------------------------------|
|----------------------------|---------------------------------------------|----------------------------------|

* This is the optional extra payment you may choose when you complete the Product Page for Security UL, InnoVision or Performax.

Do you want to:

| | |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> add your monthly payment to an existing automatic monthly withdrawal plan with us | Policy number on which the current automatic monthly withdrawal plan is set up |
| <input type="checkbox"/> set up a new automatic monthly withdrawal plan. | 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 |

10.4 Authorizing payments from a bank account not held by a policy owner

If the owner of the account from which automatic monthly withdrawals are to be made is not the owner of, or one of the people to be insured under 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) | Signature of account owner |
| Name of account owner (first, middle initial, last) | Signature of account owner |

Section 11 – Temporary insurance questions

In this section, you and your refer to the people to be insured. If **any** of the people to be insured answers yes to **any** question below, or if **any** of the people to be insured chooses not to answer the questions, none of the people to be insured on this policy are eligible for temporary insurance.

1. Eligibility for temporary life insurance

Only people from the ages of 15 days to 75 years inclusive are eligible for temporary life insurance. Each person to be insured under the policy must answer the following questions.

| | 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 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 type="checkbox"/> No <input type="checkbox"/> Yes |

If every person to be insured answered *no* to questions 1 a) and b) above, and if the conditions described on the Temporary life insurance certificate are met, your temporary life insurance coverage will begin immediately.

The *Temporary life insurance certificate* explains your coverage.

2. Eligibility for temporary critical illness insurance

Only people from the ages of 18 years to 65 years inclusive are eligible for temporary critical illness insurance. Each person to be insured under the policy must answer the following questions.

| | Person "A" to be insured | Person "B" to be insured |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| a. Do you have, or have you ever consulted a doctor for, been treated for or had any indication of heart or blood vessel disease, suspected heart attack, chest pain, diabetes, cancer or tumours, transient ischemic attacks, stroke or chronic kidney, liver or lung disease, multiple sclerosis, paralysis, blindness, deafness, loss of speech, loss of limbs, coma, severe burns, AIDS or HIV infection? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. Within the past two years, have you been refused coverage for life, health, critical illness or long-term care insurance or been offered insurance with restricted benefits or at higher than standard rates? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Within the past 60 days, have you been admitted or advised to be admitted to a hospital or clinic, other than for pregnancy or childbirth? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Within 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 that hasn't yet been performed or about which the results are unknown? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

If every person to be insured answered *no* to questions 2 a), b), c) and d) above, and if the conditions described on the Temporary critical illness insurance certificate are met, your temporary critical illness insurance coverage will begin immediately.

The *Temporary critical illness insurance certificate* explains your coverage.

To be completed by the insurance advisor

Amount paid by cheque (payable to Manulife Financial)

\$ 2681.52

Instructions for the insurance advisor

If all the people to be insured meet all the conditions on the applicable temporary insurance certificates on the following pages, give that applicable certificate and the receipt for payment to the owner.

If **any** people to be insured answer yes to any question or do not answer the applicable temporary insurance questions above, then **remove and destroy** the applicable temporary insurance certificate and **do not accept payment**.

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. *Us* and *our* refer to The Manufacturers Life Insurance Company (Manulife Financial).

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) |
| <i>Mississauga</i> | <i>17 Sept 05</i> |
| Signature of person "A" to be insured (DAVID) | |
| <i>R. Laflamme</i> | |
| Signature of witness | |
| <i>J. J.</i> | |
| If the person to be insured is under age 18: | |
| Relationship to the person to be insured: <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. *Us* and *our* refer to The Manufacturers Life Insurance Company (Manulife Financial).

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) |
| Signature of person "B" to be insured | |
| <i></i> | |
| Signature of witness | |
| <i></i> | |
| If the person to be insured is under age 18: | |
| Relationship to the person to be insured: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian | |
| Signature of parent or guardian | |
| Signature of witness | |

Manulife Financial

Receipt for payment

| | |
|-----------------|------------------|
| Amount received | <i>\$ 268.52</i> |
|-----------------|------------------|

The 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) |
| <i>David Woodbury</i> | |
| Total amount of insurance coverage applied for | Date (dd/mmm/yyyy) |
| <i>\$ 1,000,000</i> | <i>30/09/05</i> |
| Signature of insurance advisor | |

Detach and leave with client

Manulife Financial

Medical Information Bureau

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, 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 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 people to be insured.

Signatures - (Section 12 continued)

Please review this application, including the Acknowledgements on pages 20 and 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:

- if you are eligible for temporary insurance, you have read and understood the *Temporary life insurance agreement* and/or the *Temporary critical illness insurance agreement* (see pages 17 and 18)
- to the best of your knowledge, all of the information in this application is current, correct and complete
- you agree to the terms of this application
- you make all of the declarations, acknowledgements and authorizations and give all consents described in this application.

The information you provide in this application will help us determine the insurance rating we use to issue your policy.

Unless you select the applicable box below, you agree that:

- if our findings concerning your blood pressure, cholesterol level or physical build affect your rating, we may share this information with your insurance advisor; and
- if the information you provide in the application or in any telephone interview or paramedical interview associated with this application affects your insurance rating, we may tell your insurance advisor whether the relevant information relates to your family history, medical information or lifestyle; and
- your insurance advisor can use this information to discuss the insurance rating with you, including its effect on the policy.

Person A to be insured does not agree

Person B to be insured does not agree

| | | |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|
| Signed at (city or town, province) | Date (dd/mmm/yyyy) | |
| <i>Mississauga, ON</i> | <i>19 Sept 2005</i> | |
| Signature of Person "A" to be insured <i>[Signature]</i> | Signature of witness <i>[Signature]</i> | |
| Signature of Person "B" to be insured <i>[Signature]</i> | Signature of witness <i>[Signature]</i> | |
| Signature of child to be insured if over age 16 (outside Quebec) <i>[Signature]</i> | Signature of witness <i>[Signature]</i> | |
| Signature of policy owner (if not Person A or B) <i>[Signature]</i> | Title (if the policy is owned by a business) <i>DIRECTOR</i> | Signature of witness <i>[Signature]</i> |
| Signature of policy owner (if not Person A or B) <i>[Signature]</i> | Title (if the policy is owned by a business) <i>DIRECTOR</i> | Signature of witness <i>[Signature]</i> |

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 <i>[Signature]</i> | Signature of witness <i>[Signature]</i> | Signature of insurance advisor <i>[Signature]</i> |
|-------------------------------------------------------|--------------------------------------------|------------------------------------------------------|

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)
[Signature]

How we resolve complaints

We're delighted that you are interested in purchasing an insurance product from us and we're committed to continually affirming your confidence in us in the years to come. If you have any concerns with the product itself or with the service you receive, you can rest assured that we will handle all of your questions and concerns fairly and efficiently. To discuss any questions or concerns you may have, please contact your insurance advisor or our head office at:

1-888-626-8543, outside Quebec;

1-888-626-8843, in Quebec.

More information about our complaint resolution process is available on the Internet at www.manulife.ca under *Contact Us > Customer Satisfaction*.

Please print clearly.

1 General information

Application number

Name of policy owner(s) (first, middle initial, last)

LF 52595

Canam Software Labs Inc.

Premium quoted
on illustration \$ 2,681.52**2 Coverage details**

Insurance coverages for: 1

For amounts over \$1,000,000, please complete NN0781E Confidential Financial Questionnaire.

Insured person (people) under this coverage

| | | |
|-----------------------------------|----------|---------------------|
| Illustrated Healthstyle™ category | <u>3</u> | Amount of insurance |
|-----------------------------------|----------|---------------------|

David Woodburn

| | |
|-----------------------------------|-------|
| Illustrated Healthstyle™ category | _____ |
|-----------------------------------|-------|

Coverage type
(check one only)

Coverage option

Term-10

Term-20

Term-Life

 Single-life Combined First-to-die Last-to-die

2 Insured person (people) under this coverage

| | | |
|-----------------------------------|---------------|---------------------|
| Illustrated Healthstyle™ category | <u> </u> | Amount of insurance |
|-----------------------------------|---------------|---------------------|

\$

| | |
|-----------------------------------|-------|
| Illustrated Healthstyle™ category | _____ |
|-----------------------------------|-------|

Coverage type
(check one only)

Coverage option

Term-10

Term-20

Term-Life

 Single-life Combined First-to-die Last-to-die

3 Insured person (people) under this coverage

| | | |
|-----------------------------------|---------------|---------------------|
| Illustrated Healthstyle™ category | <u> </u> | Amount of insurance |
|-----------------------------------|---------------|---------------------|

\$

| | |
|-----------------------------------|-------|
| Illustrated Healthstyle™ category | _____ |
|-----------------------------------|-------|

Coverage type
(check one only)

Coverage option

Term-10

Term-20

Term-Life

 Single-life Combined First-to-die Last-to-die

4 Insured person (people) under this coverage

| | | |
|-----------------------------------|---------------|---------------------|
| Illustrated Healthstyle™ category | <u> </u> | Amount of insurance |
|-----------------------------------|---------------|---------------------|

\$

| | |
|-----------------------------------|-------|
| Illustrated Healthstyle™ category | _____ |
|-----------------------------------|-------|

Coverage type
(check one only)

Coverage option

Term-10

Term-20

Term-Life

 Single-life Combined First-to-die Last-to-die

3 Additional protection

Child protection

| | A | D |
|---|---|---|
| B | | E |
| C | | F |

*** Please provide:**

- financial statements for this business for at least the current year and the previous year and
- documentation showing the current equity position of each insured person in this business

| Name of insured person | Total disability waiver | Business value protector | |
|------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------|
| | | Name of business * | Amount |
| A David Woodburn | <input checked="" type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |
| B | <input type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |
| C | <input type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |
| D | <input type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |
| E | <input type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |
| F | <input type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |

Total disability waiver on the payor

Name of payor (if other than an insured person named above).

4 Statement of disclosure

I understand that:

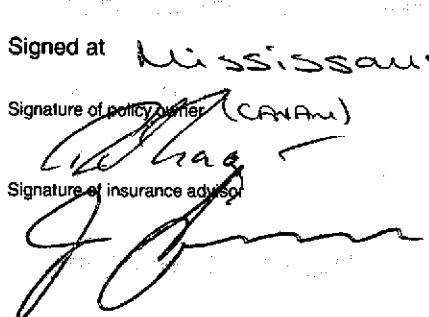
- guaranteed premiums will be established during the underwriting process and show in my contract when issued
- this product page will form a part of the application to The Manufacturers Life Insurance Company for life insurance
- if I've applied for the Business value protector coverage, the fair market value of the business and the business owner's share of it are determined solely by the Manufacturers Life Insurance Company based on information required by the company

Signed at

Mississauga

Signature of policy owner (CANADA)

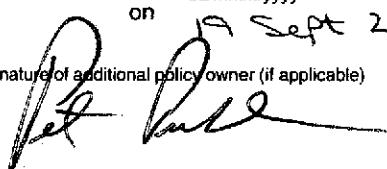
Signature of insurance advisor



dd/mmm/yyyy

on 19 Sept 2005

Signature of additional policy owner (if applicable)





BUSINESS
Term

Coverage and premium details

| | Coverage and rider summary | Initial annual premium |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------|
| David Woodburn <i>Male, 51, Healthstyle 3</i> | Term-10 coverage of \$1,000,000 for 29 years Total Disability waiver rider for 14 years | \$2,144.64 \$479.88 |
| Policy fee | | \$57.00 |
| Total initial premium | | \$2,681.52 |

Notes:

- Coverage(s) and premiums are guaranteed at policy issue.
- Term-10 premiums increase at each renewal.
- Term-10 coverages can be converted to age 75 and can remain in effect to age 80.
- Total disability waiver premiums renew every 10 years.

Helping You Make Better Financial Decisions.TM

The Manufacturers Life Insurance Company

Designed for: Canam Software Labs Inc.

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: July 11, 2005

Reference #: 7.0.0.0B - 110705153228

Page 4 of 8

Plan Details

| Year | Total Coverage (\$) | Total annual insurance premium (\$) | Total annual rider premium (\$) | Policy fee (\$) | Total annual plan premium (\$) |
|-------------|----------------------------|--------------------------------------------|----------------------------------------|------------------------|---------------------------------------|
| 1 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 2 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 3 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 4 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 5 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 6 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 7 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 8 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 9 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 10 | 1,000,000 | 2,144.64 | 479.88 | 57.00 | 2,681.52 |
| 11 | 1,000,000 | 13,339.68 | 2,397.96 | 57.00 | 15,794.64 |
| 12 | 1,000,000 | 13,339.68 | 2,397.96 | 57.00 | 15,794.64 |
| 13 | 1,000,000 | 13,339.68 | 2,397.96 | 57.00 | 15,794.64 |
| 14 | 1,000,000 | 13,339.68 | 2,397.96 | 57.00 | 15,794.64 |
| 15 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 16 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 17 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 18 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 19 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 20 | 1,000,000 | 13,339.68 | 0.00 | 57.00 | 13,396.68 |
| 21 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 22 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 23 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 24 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 25 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 26 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 27 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 28 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |
| 29 | 1,000,000 | 39,307.44 | 0.00 | 57.00 | 39,364.44 |

Helping You Make Better Financial Decisions.TM

The Manufacturers Life Insurance Company

Designed for: Canam Software Labs Inc.

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: July 11, 2005

Reference #: 7.0.0.B - 110705153228

Page 5 of 8



BUSINESS
Term

Coverage details for David Woodburn

David Woodburn
Male, 51, Healthstyle 3

Term-10 coverage of \$1,000,000 for 29 years
Total Disability waiver rider for 14 years

\$2,144.64
\$479.88

| At Year | Total coverage (\$) | Annual insurance premium (\$) | Annual rider premium (\$) | Annual total premium (\$) |
|----------------|---------------------|-------------------------------|---------------------------|---------------------------|
| 1 | 1,000,000 | 2,144.64 | 479.88 | 2,624.52 |
| 11 | 1,000,000 | 13,339.68 | 2,397.96 | 15,737.64 |
| 15 | 1,000,000 | 13,339.68 | 0.00 | 13,339.68 |
| 21 | 1,000,000 | 39,307.44 | 0.00 | 39,307.44 |
| At end of year | | | | |

Important events

- Renewal of Term-10 coverage
- Expiry of Term-10 premium payment
- Expiry of Total Disability Waiver

10, 20
29
14

Notes: The policy fee is not included in the premiums shown in this section.

Policy Owner (CANAM)

Policy Owner

Helping You Make Better Financial Decisions.™

The Manufacturers Life Insurance Company

Designed for: Canam Software Labs Inc.

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

Ardill - Solving the Lifecycle Puzzle

Tel: (905)713-3795

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E-mail: john@ardillfinancial.com

Effective date: July 11, 2005

Reference #: 7.0.0.B - 110705153228

Page 6 of 8

4532



CANAM SOFTWARE LABS, INC.
90 MATHESON BLVD. WEST, SUITE 101
MISSISSAUGA, ONTARIO L5R 3R3
(905) 712-3840 FAX (905) 712-0043

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE REVERSE
ROYAL BANK OF CANADA
YONGE & DAWSON MANOR BRANCH
17770 YONGE STREET
NEWMARKET, ONTARIO L3Y 4V8

9/15/2005

Canam Software

PAY
TO THE
ORDER OF

Manulife Financial

\$ **5,577.12

Five Thousand Five Hundred Seventy-Seven and 12/100*****

DOLLARS

Manulife Financial

CANAM SOFTWARE LABS, INC.

PER

MEMO

1000453210 1033420030 103188910

CANAM SOFTWARE LABS, INC.

Manulife Financial

9/15/2005

Can\$5,577.12

4532

Royal Bank - \$CDN

Can\$5,577.12



Temporary life insurance certificate

In this certificate, *we*, *us* and *our* mean the companies as defined in Section 1 of this application. *You* and *your* refer to the policy owner.

Conditions

We agree to insure the lives of the people to be insured under this application and any child named on a child rider, if the conditions below are met and your bank honours your cheque when we first present it for payment. No person may change this certificate in any way.

1. You pay your first premium when this application is completed.
2. Your first premium payment is at least 1/12th of the annual premium for your basic policy and any additional benefits or riders.
3. All of the people to be insured, except any child who is only to be insured under a child rider, answered *no* to questions a and b in section 11, and no information has been misrepresented or left out of this application, including information about children to be insured under a child rider, that would affect our decision to provide insurance or the terms under which we provide it.
4. The age of each of the people to be insured under this temporary life insurance agreement is from 15 days to 75 years inclusive.

Temporary life insurance agreement

1. Temporary life insurance coverage takes effect when the application for life insurance has been completed and you pay your first premium, assuming all other conditions are met.
2. The terms of this temporary insurance agreement do not apply if you have applied for any of the following:
 - insurance through a "portability" or "conversion" provision of an existing policy
 - insurance through a "purchase of new policy" or "conversion" option of a supplemental benefit or rider, including a survivor's benefit.
 In these cases, the terms of the provision, benefit or rider apply.
3. The combined maximum benefit payable for any person to be insured under all temporary insurance agreements with us is the amount of insurance, including accidental death benefits, applied for on that person or \$1,000,000, whichever is less.

continued on the back



Temporary critical illness insurance certificate

In this certificate, *we*, *us* and *our* mean the companies as defined in Section 1 of this application. *You* and *your* refer to the policy owner.

Conditions

We agree to provide temporary critical illness insurance for the people to be insured under this application, if the conditions below are met and your bank honours your cheque when we first present it for payment. No person may change this certificate in any way.

1. You pay your first premium when this application is completed.
2. Your first premium payment is at least 1/12th of the annual premium for your basic policy and any additional benefits or riders.
3. All of the people to be insured answered *no* to questions a to d in section 11, and no information has been misrepresented or left out of this application that would affect our decision to provide insurance or the terms on which we provide it.
4. The age of each of the people to be insured under this temporary insurance agreement is from 18 years to 65 years inclusive.

2. The combined maximum benefit for any person to be insured under all temporary insurance agreements with us is the amount of insurance applied for on that person, including accidental death benefits, or \$1,000,000, whichever is less.
3. If we pay a benefit to you under this agreement, we will return any premium collected for insurance coverage that exceeds our maximum benefit payable under this temporary agreement for that insured person.
4. With respect to the maximum benefit payable for a person to be insured, the benefit payable under this temporary critical illness insurance agreement will take precedence over any benefit payable under a temporary life insurance agreement.
5. Temporary critical illness insurance coverage begins when this application is completed and you pay your first premium, assuming all other conditions are met.
6. Temporary critical illness insurance coverage on the person to be insured ends on the earliest of:
 - the date we deliver a critical illness insurance policy as a result of this application
 - the date we mail you a notice telling you that we have declined your application for critical illness insurance
 - the date when a benefit is payable under this agreement
 - 90 days from the date of your application for insurance, unless the person to be insured has been diagnosed with a Covered Condition and is in the waiting period for that Covered Condition, in which case it will end on the date the person to be insured is no longer satisfying the waiting period for that condition.

7. If we issue a critical illness policy to you based on the terms of this application, we will apply your first premium payment to the premiums due under the policy. If we decline your application, or if we offer you a policy based on terms other than those outlined in your application and you do not accept the policy, we will refund your first premium payment.

continued on the back

Temporary life insurance certificate (continued)

4. With respect to the maximum benefit payable for a person to be insured, the benefit payable under any temporary critical illness insurance agreement will take precedence over any benefit payable under this temporary life insurance agreement.
5. If the total amount of life insurance you've applied for on any person to be insured is greater than the maximum allowable under this temporary life insurance agreement and one of the people to be insured dies while covered under this temporary insurance agreement, we will refund the portion of any premium you've paid for coverage for that person over their allowable maximum.
6. The beneficiary under this temporary life insurance agreement will be the same as the beneficiary named for that person to be insured in this application.
7. The temporary life insurance outlined in this agreement will end on the earliest of:
 - the date we deliver a life insurance policy as a result of this application
 - the date we mail you a notice telling you that the insurance under this agreement has been cancelled, or
 - 90 days from the date of your application for life insurance.

Exclusions and limitations

If one of the people to be insured commits suicide, whether sane or insane, we will not pay a death benefit. We will refund the premium you paid for life insurance coverage for that person and all coverage under this temporary insurance agreement will end.

Temporary critical illness insurance certificate (continued)

Additional provisions for temporary coverage

The following provisions describe the temporary critical illness insurance that we will provide.

The conditions covered under this temporary critical illness insurance, and the amount of any benefit payable with respect to these conditions, depends on the amount and type of Lifecheque coverage you have applied for on each person to be insured, subject to the maximum benefit amounts established by this agreement.

If you have applied for Lifecheque (Primary) coverage for the person to be insured, the associated temporary critical illness insurance under this agreement covers only heart attack (myocardial infarction) and stroke (cerebrovascular incident) as defined in the list of *Covered Conditions* below. If you have applied for any other type of Lifecheque coverage (Renewable, Level or Permanent) for the person to be insured, the associated temporary critical illness insurance under this agreement covers all of the *Covered Conditions* described below.

Covered Conditions

Heart attack (myocardial infarction)

The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be based on:

- i. new electrocardiographic changes indicative of a myocardial infarction, and
- ii. elevation of cardiac biochemical markers to levels considered diagnostic for infarction.

Exclusion - We will not pay a Covered Condition Benefit for heart attack if it is diagnosed by any other method, unless the diagnosis is confirmed as described above.

Stroke (cerebrovascular incident)

Any cerebrovascular incident producing neurological sequelae lasting more than 30 days and caused by intracranial thrombosis or hemorrhage, or embolism from an extra-cranial source.

Exclusion - We will not pay a Covered Condition Benefit for stroke unless there is evidence of measurable, objective neurological deficit lasting longer than 30 days.

Transient ischemic attacks are specifically excluded.

Blindness

Total and irreversible loss of vision in both eyes as diagnosed by an ophthalmologist. The corrected visual acuity must be 20/200 or less in each eye, or the field of vision must be less than 20 degrees in both eyes.

Deafness

Total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or more within the speech threshold of 500 to 3,000 cycles per second.

Loss of speech

The total and irreversible loss of the ability to speak as the result of physical injury or disease which must be established for a continuous period of at least 180 days.

Exclusion - All psychiatric related causes are specifically excluded.

Paralysis

Complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating event, during which time there has been no sign of improvement.

Exclusion - All psychiatric related causes are specifically excluded.

Loss of limbs

The irreversible severance of two or more limbs above the wrist or ankle joint as the result of an accident or medically required amputation.

Coma

A state of unconsciousness, with no reaction to external stimuli or response to internal needs, continuing for at least four days.

Severe burns

The diagnosis by a physician that the insured person has sustained third-degree burns covering at least 20 per cent of the surface area of the body.

Exclusions and limitations

We will not pay a benefit if the person to be insured under this temporary critical illness insurance agreement suffers a Covered Condition as a result of any of the following causes, while sane or insane:

- intentionally self-inflicted injury
- the intentional use or intake of any drug, poisonous substance, intoxicant or narcotic by the insured person, other than as instructed by a physician or, in the case of non-prescribed medication, by the manufacturer
- committing or attempting to commit a crime
- operating a motor vehicle with a blood alcohol level that is greater than 80 milligrams of alcohol per 100 millilitres of blood.

The waiting period

We pay a benefit if the person to be insured satisfies a waiting period that is the longer of:

- 30 days following the diagnosis of a Covered Condition, or
- the period of time stated for a specific condition under *Covered Conditions*.

| |
|------------------------------|
| Amount received \$ 268.52 |
|------------------------------|

The 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) <i>Dave Woodbury</i> | Name of Person "B" to be insured (first, middle initial, last) |
| Total amount of insurance coverage applied for \$ 1,000,000 | Date (dd/mmm/yyyy) 30/09/05 |
| Signature of insurance advisor | |

Detach and leave with client

LF 52595

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, 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 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 people to be insured.

Eryn Beintema

From: <Charlene_Szabo@QU.S.ca>
:> <eryn@ardillfinancial.com>
Cc: <Charlene_Szabo@QU.S.ca>
Sent: Monday, September 26, 2005 11:04 AM
Subject: QUEST: ORDER #1722464 - CLIENT: WOODBURN, D.

ATTN: JOHN ARDILL

PLEASE BE ADVISED THAT YOUR REQUEST FOR SERVICES CONDUCTED ON APPLICANT DAVE WOODBURN WERE COMPLETED ON THURSDAY, SEPTEMBER 22, 2005.

THIS IS IN CONNECTION TO THE APPLICATION WITH MANULIFE FINANCIAL.

THE SERVICE(S) COMPLETED INCLUDE:

(500) ECG
(542) DOCTORS MEDICAL
(543) LABONE BLOOD KIT (Barcode: 0103488532)
(560) FASTING BLOOD PROFILE

THANK YOU.

<https://www.ourapp.com/quest/orderSummary.asp?OrderID=1464294&SubOrderID=1722464>

QUEST

[E-MAIL](#) [BACK](#)
ORDER#: 1722464**ORDER DATE:** 31-Aug-2005**BRANCH:** TORONTO EAST**USER:** JARDILL**Applicant Info**

NAME: WOODBURN, **SEX:** Male **DOB:** 25-Sep-1954
DAVE

HOME: **BUSINESS:** 90 Matheson Blvd. West
Suite 101
Mississauga, ON, L5R 3R3
Ph: (905)712-3840 x124

PRODUCT: Life - **POLICY#:** **AMOUNT:** \$1,000,000
Family/Business
Term only

| SUBORDER# | 1722464 | APPOINTMENT | | | |
|-------------------------------|----------|-------------|------|-------------|-----------|
| STATUS | ASSIGNED | DATE | TIME | CREATED | COMPLETED |
| Unassigned | | | | 31-Aug-2005 | |
| (500) ECG | | | | | |
| (542) DOCTORS MEDICAL | | | | | |
| (543) LABONE BLOOD KIT | | | | | |
| (560) FASTING BLOOD PROFILE | | | | | |

Requirement DR.MED,BLOOD- 2hr fasting recommended,URINE,ECG *(ASK FOR INSPEC. & DR.LIC# FOR MVR IF AMOUNT EXCEEDS \$1,000,000)

Customer Info**NAME:** MANULIFE FINANCIAL

CONTACT: Pat Griffith **ADDRESS:** 25 WATER STREET SOUTH
Ph: (519)747-7000 P.O. BOX 800, STATION C
x46277 KITCHENER, ON, N2G 4Y5

LAB: LAB ONE**LAB CODE:** PGC (**For Quebec
orders - use PGQ**)**Agent Info****REQUESTED ERYN****BY:**

AGENT: ARDILL, JOHN
Ph: 905-713-3795
Email: 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: <woodburn@canamsoftware.com>
Sent: September 30, 2005 3:44 PM
Subject: Re: Insurance policies

Great, thanks for the update.

John

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

From: David Woodburn
To: John Ardill
Sent: Friday, September 30, 2005 3:32 PM
Subject: RE: Insurance policies

Yes, all but one of the 250,000 terms - i let it lapse when its first 10 years expired. I am likely going to drop the other 250,000 one too, but will not action that until after you and i review the whole situation after all the changes I have made with houses and the like. I'll rewrite our wills shortly too, before you and i proceed.

Dave

From: John Ardill [mailto:john@ardillfinancial.com]
Sent: Friday, September 30, 2005 2:20 PM
To: Dave Woodburn
Subject: Insurance policies

Dave,

We are just going through our records and need some clarification as to the status of a couple of your Insurance policies.

Are the following policies still active?

1. London Life (Whole Life) #7244017-1 for \$125,000

- 2. London Life (T-10) #9040517-2 for \$250,000**
- 3. London Life (T-10) #8906134-9 for \$250,000**
- 4. Unum (Disability) #033117 for \$5,300 monthly benefit**

**Thanks,
John**

~ Helping clients discover the true worth of their assets ~

Eryn Beintema

From: "David Woodburn" <woodburn@canamsoftware.com>
To: "John Ardill" <john@ardillfinancial.com>
Sent: Saturday, September 17, 2005 10:35 AM
Subject: RE: Meeting follow up

ok, thanks John.

Dave

From: John Ardill [mailto:john@ardillfinancial.com]
Sent: Friday, September 16, 2005 3:54 PM
To: Dave Woodburn
Subject: Meeting follow up

Dave,

Thanks for your participation in the meeting yesterday.

Following up on your comments about wanting to complete the planning process and laying your entire economic world onto the model, I would suggest you give my office a call and set a target date for when you would like that to happen.

In the meantime what you need to do is complete the Questionnaire that I provided you and gather the documents indicated on the inside of the front cover. If you've lost the Questionnaire or need any assistance, please do not hesitate to give us a call.

**Regards,
John**

~ Helping clients discover the true worth of their assets ~



webCAPPow

[Home](#) | [Name Search](#) | [Number Search](#) | [Agent/Agency Name](#) | [Agent/Agency Number](#) | [Help](#) | [DRC](#) | [eStatement](#) | [Logout](#)

Fr

> Policy Information

Client Name: CANAM SOFTWARE LABS INC.

Policy Number: 1376774[LIFETRAX]

[General](#) [Coverages](#) [Premium & Payments](#) [Policy Values](#) [Plan Details](#) [Financial Activity](#)

General

Policy Type: Level Term**Base Plan:** T10S X**Policy Status:** In Force**Issue Date:** 02FEB2000**Settled Date:** 02FEB2000**Paid To Date:** 02FEB2006**Marketing Concept Ind:** N/A

Comments:

Agent No.: 723782**Agent Name:** JOHN ARDILL**Agency No.:** 2473**Dealer Code:****Writing Agent No.:** 82762**Writing Agent Name:** JOHN R ARDILL**Solicitor No.:****Solicitor Name:****Wire Trade Ind:** N**Link Account No:****Registered Status:** Non Registered

Client Relationships

| Relationship | Client Name | Client No | Beneficiary Percentage | Type | P/C |
|------------------------|--------------------------|------------------|-------------------------------|-------------|------------|
| Primary Insured | R DAVID WOODBURN | C3399883 | | | |
| Owner | CANAM SOFTWARE LABS INC. | C3634831 | | | Primary |
| Beneficiary | CANAM SOFTWARE LABS INC. | C3634831 | 100% | Ordinary | Primary |

Coverage

| Coverage No | Plan Type | Face Amount | Insured Name | Joint Indicator * |
|--------------------|------------------|--------------------|---------------------|--------------------------|
| 01 | T10S X | \$ 1000000.00 | R DAVID WOODBURN | |
| 02 | CNV10X | \$ 1000000.00 | R DAVID WOODBURN | |

* Advisors - For joint policies, contact your Distributor for more information on the individual risk class for each insured.

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ARDILL
Solving the lifecycle puzzle.

SUMMARY INFORMATION

FOR

PETER PUHL

Policy #8408858

| | |
|----------------------|---------------------------------|
| INSURED: | PETER PUHL |
| OWNER: | CANAM SOFTWARE LABS INC. |
| BENEFICIARY: | CANAM SOFTWARE LABS INC. - 100% |
| PLAN TYPE: | TERM-10 |
| CARRIER: | MANULIFE |
| SUM INSURED: | \$1,000,000 |
| PREMIUM: | ANNUAL: \$1,558.68 |
| CURRENT METHOD: | ANNUAL |
| CONTRACT ISSUE DATE: | OCTOBER 18, 2005 |

Date: November 2, 2005

Your policy summary

The effective date of these policy summary pages is **October 19, 2005**.

When you make changes to your contract, we will issue new versions of these pages. The policy summary pages with the most recent effective date replace any earlier versions.

Information about your policy

| | | |
|---------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Policy | Policy number | 8408858 |
| 9.1 | Policy owner or owners | CANAM SOFTWARE LABS INC |
| 9.3 | Beneficiaries | The beneficiaries you've named for each insured person are shown on your application unless you've made a later change. |
| 9.4 | Policy date | October 17, 2005 |
| 10.1 | Policy issue date | October 18, 2005 |
| 10.2 | Policy processing day | The 17th day of each calendar month |
| 10.3 | Annual policy fee | \$57.00 |
| 10.4 | | This amount is included in the policy premium shown below. |
| 10.5 | Annual policy premium as of October 19, 2005 | \$1,558.68 |

Your insurance protection

| | | |
|-------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Type of coverage | Insures one person on a single-life basis | |
| Insured person | PETER PUHL | |
| Coverage number | Coverage 1002 | |
| Coverage option chosen | Term-10 | |
| Amount of insurance | \$1,000,000 | |
| Annual coverage premium | \$1,306.68 | (Your guaranteed premium rates for each renewal period are shown in Section 12 for Coverage 1002) |
| Personal information | <i>Sex, Healthstyle Birthdate Age Insurance rating</i> | Male, category 3 April 17, 1960 45 100% |
| Coverage date | October 17, 2005 | |
| Coverage issue date | October 18, 2005 | |
| Conversion expiry date | October 17, 2035 | |
| Coverage expiry date | October 17, 2040 | |

Your rider protection

| | | |
|-------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Type of coverage | Total Disability Waiver (TDW) Rider | |
| Insured person | PETER PUHL | |
| Coverage number | Coverage 1003 | |
| Annual coverage premium | \$195.00 | (Your guaranteed premium rates are shown in Section 12 for Coverage 1003) |
| Personal information | <i>Sex, Healthstyle</i> <i>Birthdate</i> <i>Age</i> <i>Insurance rating</i> | Male, category 3 April 17, 1960 45 100% |
| Coverage date | October 17, 2005 | |
| Coverage issue date | October 18, 2005 | |
| Coverage expiry date | October 17, 2025 | |

rates for
Section 12

12. Premium rate tables

as of October 19, 2005

| | |
|------------------------|-------------------------------------------|
| Insured person | PETER PUHL |
| Coverage number | Coverage 1002 |
| Coverage option chosen | Term-10 |
| Coverage type | Insures one person on a single-life basis |

This table shows the guaranteed premium rates that apply to the insurance coverage shown above. These rates apply until the coverage is cancelled, until you change the coverage option, or until you decrease the amount of insurance.

| Annual rate/\$1,000 of insurance coverage* | Discounted annual rate/\$1,000 of insurance coverage** | Dates |
|--------------------------------------------------|-----------------------------------------------------------------|-------------------------------------|
| \$ 1.37549 | \$ 1.30671 | From Oct. 17, 2005 to Oct. 16, 2015 |
| \$ 7.68469 | \$ 7.30046 | From Oct. 17, 2015 to Oct. 16, 2025 |
| \$21.88776 | \$ 20.79337 | From Oct. 17, 2025 to Oct. 16, 2035 |
| \$ 53.65000 | \$ 50.96750 | From Oct. 17, 2035 to Oct. 17, 2040 |

*The annual rate applies if your premium frequency is monthly, quarterly or semi-annually.

**The discounted annual rate applies if your premium frequency is annual.

Premium rate tables (continued)

as of October 19, 2005

| | |
|-----------------|-------------------------------------|
| Insured person | PETER PUHL |
| Coverage number | Coverage 1003 |
| Coverage type | Total Disability Waiver (TDW) Rider |

This table shows the guaranteed premium rates that apply to the rider coverage shown above. These rates are for each \$1 of the policy premium that could be waived. These rates apply until the coverage is cancelled or you increase the amount of insurance coverage on this policy.

| Rate/\$1.00 of policy premium to be waived | Dates |
|--------------------------------------------------|-------------------------------------|
| \$ 0.14300 | From Oct. 17, 2005 to Oct. 16, 2015 |
| \$ 0.23800 | From Oct. 17, 2015 to Oct. 17, 2025 |

19, 2005

13. Policy fee table

as of October 19, 2005

This table shows the guaranteed policy fee that applies to this policy. The current policy fee is shown in Section 3. It will change if you change your premium frequency.

| If you pay your premium | Your policy fee for each payment period is |
|-------------------------|--------------------------------------------|
| Annually | \$57.00 |
| Semi-annually | \$30.60 |
| Quarterly | \$15.30 |
| Monthly | \$5.10 |

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BUSINESS
Term™

Coverage and premium details

| | Coverage and rider summary | Initial annual premium |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------|
| Peter Puhl <i>Male, 45, Healthstyle 3</i> | Term-10 coverage of \$1,000,000 for 35 years Total Disability waiver rider for 20 years | \$1,306.68 \$195.00 |
| Policy fee | | \$57.00 |
| Total initial premium | | \$1,558.68 |

Notes:

- Coverage(s) and premiums are guaranteed at policy issue.
- Term-10 premiums increase at each renewal.
- Term-10 coverages can be converted to age 75 and can remain in effect to age 80.
- Total disability waiver premiums renew every 10 years.

Helping You Make Better Financial Decisions.™

The Manufacturers Life Insurance Company

Designed for: Canam Software Labs Inc.

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: July 11, 2005

Reference #: 7.1.0.0B - 021105150321

Plan Details

| Year | Total Coverage (\$) | Total annual insurance premium (\$) | Total annual rider premium (\$) | Policy fee (\$) | Total annual plan premium (\$) |
|-------------|----------------------------|--------------------------------------------|----------------------------------------|------------------------|---------------------------------------|
| 1 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 2 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 3 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 4 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 5 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 6 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 7 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 8 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 9 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 10 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 11 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 12 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 13 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 14 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 15 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 16 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 17 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 18 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 19 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 20 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 21 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 22 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 23 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 24 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 25 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 26 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 27 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 28 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 29 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 30 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 31 | 1,000,000 | 50,967.24 | 0.00 | 57.00 | 51,024.24 |
| 32 | 1,000,000 | 50,967.24 | 0.00 | 57.00 | 51,024.24 |
| 33 | 1,000,000 | 50,967.24 | 0.00 | 57.00 | 51,024.24 |
| 34 | 1,000,000 | 50,967.24 | 0.00 | 57.00 | 51,024.24 |
| 35 | 1,000,000 | 50,967.24 | 0.00 | 57.00 | 51,024.24 |

Helping You Make Better Financial Decisions.™

The Manufacturers Life Insurance Company

Designed for: Canam Software Labs Inc.

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

Coverage details for Peter Puhl

Peter Puhl
Male, 45, Healthstyle 3

Term-10 coverage of \$1,000,000 for 35 years
Total Disability waiver rider for 20 years

\$1,306.68
\$195.00

| At Year | Total coverage (\$) | Annual insurance premium (\$) | Annual rider premium (\$) | Annual total premium (\$) |
|------------|---------------------------|----------------------------------------|------------------------------------|------------------------------------|
| 1 | 1,000,000 | 1,306.68 | 195.00 | 1,501.68 |
| 11 | 1,000,000 | 7,300.32 | 1,750.92 | 9,051.24 |
| 21 | 1,000,000 | 20,793.24 | 0.00 | 20,793.24 |
| 31 | 1,000,000 | 50,967.24 | 0.00 | 50,967.24 |
| | | | | At end of year |

Important events

- Renewal of Term-10 coverage
 - Expiry of Term-10 premium payment
 - Expiry of *Total Disability Waiver*

10, 20, 30
35
20

Notes: The policy fee is not included in the premiums shown in this section.

Helping You Make Better Financial Decisions.™

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Ardill - Solving the Lifecycle Puzzle

Alain • Solving
Tel: (905)713-3795

Fax: (905)841-0782

Fax: (905)841-0782
E-mail: john@ardillfinancial.com

Effective date: July 11, 2005

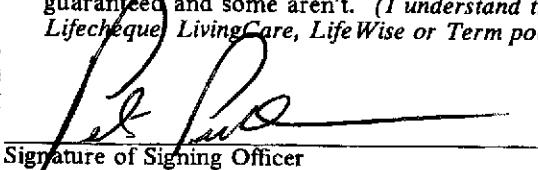
Reference #: 7-1-0-0B - 021105150321

Policy delivery receipt

Policy owner: CANAM SOFTWARE LABS INC

Your signature below tells us that you agree with the following statements:

- I received and reviewed the policy described above on 3 11 2005
day month year
- I received a copy of my application with the policy.
- 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 Signing Officer

Director,
Title of Signing Officer

OCT 20 2005

To: ARDILL, JOHN R - 052313
Branch - 14500 QUALIFIED FINANCIAL SERVICES INC.

From: New Business
Date: October 19, 2005
Subject: Policy Issue Check List For:
Policy - 8408858
Policy Owner - CANAM SOFTWARE LABS INC (FUTL)

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 Halifax Office contact).

A. Requirements

This policy has been issued subject to the requirements listed below:

- 1) PLEASE OBTAIN A DELIVERY RECEIPT

We need to receive the forms by NOV 19 2005.

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.
- Deliver the policy.

November 2, 2005

To: Manulife Financial

Dear Sir/Madam:

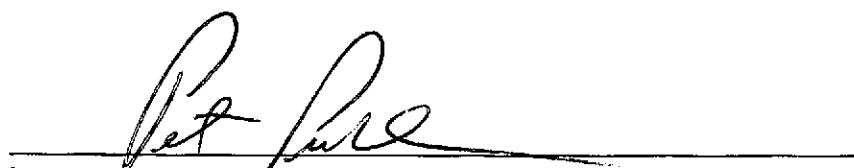
Re: Mr. Peter Puhl

Policy #8408858

Please forward all medical information obtained to my doctor:

Name: Dr. Steve Choi
Address: Oak Park Medical Clinic
Address: 2530 Sixth Line
City: Oakville
Postal Code: L6H 6W5
Telephone: 905-257-1006

Thank you for your prompt assistance in this matter.


Mr. Peter Puhl

Eryn Beintema

From: "Grace Duckworth" <grace.duckworth@qfscanada.com>
To: <eryn@ardillfinancial.com>
Cc: <grace.duckworth@qfscanada.com>
Sent: October 18, 2005 9:24 AM
Subject: Puhl, Peter - Manulife(8408858)

FYI

DECISION STANDARD ON PETER PUHL HS=3

letter of need release.

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:

Medicals completed September 20, 2005 – Barcode #0103355660

Financial statements attached

Insurance advisor's report

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 | 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Height, weight, blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Micro-urinalysis | <input checked="" 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"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

c. Is/are the owner and person(s) to be insured fluent in the language of this application?

Owner Yes No

Person "A" to be insured Yes No

Person "B" to be insured Yes No

If no, describe the steps that were taken to ensure that the person(s) identified above understood the questions and authorizations in this application:

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.

- | | |
|--------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Regional Support Team | <input type="checkbox"/> Regional Tax and Estate Planning Consultant |
| <input type="checkbox"/> Regional Actuarial Consultant | <input type="checkbox"/> Regional Underwriting Consultant |
| <input type="checkbox"/> Other: _____ | |

b. Servicing representative:

Name of servicing representative (first, middle initial, last)

John R. Ardin

| | |
|--------------|-------------|
| Advisor code | Branch code |
| 52313 | |

| | |
|--------------------------|------|
| 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. Ardin

52313

Signature

J. R. Ardin



Application for life and critical illness insurance

In this application, *we*, *us* and *our* refer to the company which will issue the policy you are applying for. If you are applying for a LifeWise policy, the company will be Manulife Canada Ltd.; otherwise *we*, *us* and *our* will refer to The Manufacturers Life Insurance Company. *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, 2.1.a, 3, 4, 9, 10 and 12 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 red application number at the top right corner of that form?

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:

Buy-Sell

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) Hector Puthi | | | Date of birth (dd/mmm/yyyy) 17/APR/1960 | Sex <input checked="" type="checkbox"/> male <input type="checkbox"/> female |
| Address (street and number) 559 Goffview Court | | Apt. | City or town Oakville | Province ON |
| Postal code L6M 4W6 | Number of years at this address 2 | Home phone number (905) 465-0023 | Place of birth LONDON, ONTARIO | Social insurance number 466 156 841 |

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 UK (London) in March 2006 | Length of stay 3-5 days |
|--------------------------------------------------------------|-----------------------------------|

2.2 Person "B" to be insured

| | | | | |
|---------------------------------------|---------------------------------|--------------------------|-----------------------------|---------------------------------------------------------------------------------|
| a. Name (first, middle initial, last) | | | Date of birth (dd/mmm/yyyy) | Sex <input type="checkbox"/> male <input checked="" type="checkbox"/> female |
| Address (street and number) | | Apt. | City or town | Province |
| Postal code | Number of years at this address | Home phone number () | Place of birth | Social insurance number |

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) | | Sex <input type="checkbox"/> male <input type="checkbox"/> female |
| Date of birth (dd/mm/yyyy) | Social insurance number | Relationship to person to be insured |

Owner #2

| | | |
|------------------------------------|-------------------------|----------------------------------------------------------------------|
| Name (first, middle initial, last) | | Sex <input type="checkbox"/> male <input type="checkbox"/> female |
| Date of birth (dd/mm/yyyy) | Social insurance number | Relationship to person to be insured |

- A legal entity such as a company or trust

| | |
|--------------------------------------------------------------------------------------------------|----------------------------------------|
| Full legal name (including "Company," "Limited," "Inc." etc.) <i>Can Am SOFTWARE LABS INC</i> | Business number <i>905 712 3840</i> |
| Company representative to contact (position or title) | |

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 or company representative to receive all correspondence relating to this policy and provide their mailing address below.

| | | | | |
|-----------------------------------------------------|-----------------------------|--------------|----------|-------------|
| Name (first, middle initial, last, or company name) | Address (street and number) | City or town | Province | Postal code |
|-----------------------------------------------------|-----------------------------|--------------|----------|-------------|

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 our 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

Complete this section for new life insurance coverages only.

For new critical illness insurance coverages in Quebec, use the form Lifecheque Beneficiary Designations for policies governed by Quebec law, NN1467E.

For new critical illness insurance coverages outside Quebec, use the form Direction to Pay, NN0999E. Outside Quebec you cannot name a beneficiary; instead, any benefits payable after the insured person has died will go to the owner's estate, except as described in Direction to Pay.

Choosing a beneficiary

You may choose one or more beneficiaries for each insured person. The beneficiary receives the benefit if they are alive and eligible as described below 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 eligible primary beneficiaries.

You may choose both primary and secondary beneficiaries. A secondary beneficiary will only receive a death benefit if no primary beneficiaries are eligible to receive the benefit. A primary beneficiary is not eligible to receive a benefit if they die before the benefit is payable or a court decides that they are not eligible.

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) CANAm SOFTWARE LABS INC | Relationship to Person "A" (in Quebec, relationship to the policy owner) SAME | <input checked="" type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable | Share 100 % |
| Name of primary beneficiary (first, middle initial, last) | Relationship to Person "A" (in Quebec, relationship 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, relationship 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, relationship 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) | Relationship to Person "B" (in Quebec, relationship to the policy owner) | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable | Share % |
| Name of primary beneficiary (first, middle initial, last) | Relationship to Person "B" (in Quebec, relationship 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, relationship 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, relationship 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 |

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 type="checkbox"/> No <input type="checkbox"/> Yes | |
| b. Marijuana | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| c. Cigars | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| d. Pipe | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| e. Cigarillos | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| f. Chewing tobacco | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input 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 type="checkbox"/> No <input type="checkbox"/> Yes | |
| h. Other (e.g. betel nuts) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input 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.

| a. Have you ever used or experimented with unprescribed drugs or narcotics such as ecstasy, 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. | Person "A" to be insured | Person "B" to be insured |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| 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 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. <i>2-3 drinks/week - Beer, wine</i> | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| | | |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <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"/> 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.

| 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. | Person "A" to be insured | Person "B" to be insured |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input 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 type="checkbox"/> No <input type="checkbox"/> Yes |

| | | |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <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"/> Person "A" to be insured <input 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.

| 5.4 Other information | Children to be insured | Person "A" to be insured | Person "B" to be insured |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|
| If you answer yes to any question in section 5.4, please tell us the details below. | <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 |
| a. 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. | | | |
| b. 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. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Have you been imprisoned for a criminal offence? If yes, tell us the sentence and the amount of time you served. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Within the past five years, have you been a defendant in a civil law suit, or are you currently a defendant in a civil law suit? | Not applicable | <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e. 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 the applicable sections in our Underwriting Questionnaires form, NN9434E. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| f. In the past two years, have you participated in a hazardous sport such as scuba or skin diving, sky diving, hang gliding, mountain climbing, hell-skiing or racing of any kind or do you expect to participate in a hazardous sport? If yes, please complete the applicable sections in our Underwriting Questionnaires form, NN9434E. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Name of child to be insured: Question a. only | Details |
| <input checked="" type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured 5.4 (d) | Details CANAM WAS SUED IN 1997. SETTLED IN 2004. CANAM WON AND THEY WERE PAID |
| <input type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured | Details |
| <input type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured | Details |
| <input type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured | Details |
| <input type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured | Details |

5.5 Employment information

| | |
|----------------------------------------------------|---------------------------|
| Person "A" to be insured | Employer's name |
| What is your occupation? DIRECTOR | CANAM SOFTWARE LABS INC |
| Employer's address | Business telephone number |
| 90 Matheson Blvd. West, Suite 101, Mississauga, ON | (905) 712-3740 |

| | |
|--------------------------|---------------------------|
| Person "B" to be insured | Employer's name |
| What is your occupation? | |
| 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? | \$350,000- | \$ |
| b. What is your annual income (within \$10,000) from other sources, including dividends, interest and income from real estate? | \$5,000 | \$ |
| c. What is your estimate of your personal net worth? | \$1,500,000 | \$ |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------|
| 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 type="checkbox"/> No <input checked="" 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: Manulife Financial, 500 King Street North, PO BOX 1602, STN WATERLOO, WATERLOO ON N2J 4C6

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 | 6' | 175 lbs | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us the details. |
| Person "B" to be insured | | | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us the details. |
| Name of child to be insured: | | | |
| 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 been diagnosed before age 65 with any of the following conditions: heart disease, stroke or cancer; or have any of them ever been diagnosed with 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 and 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

| | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------|
| Name of your doctor (first, middle initial, last) MED'S | | |
| Address | | |
| City or town | Province | Postal code |
| Date last consulted (dd/mmm/yyy) | Reason last consulted and any treatment or medication prescribed: | |

Person "B" to be insured

| | | |
|---------------------------------------------------|-------------------------------------------------------------------|-------------|
| Name of your doctor (first, middle initial, last) | | |
| Address | | |
| City or town | Province | Postal code |
| Date last consulted (dd/mmm/yyy) | Reason last consulted and any treatment or medication prescribed: | |

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, or have you been told that you have them, or been treated for any of them?

a. High blood pressure?

No Yes No Yes No Yes

b. High cholesterol?

No Yes No Yes No Yes

c. Cancer, tumours, leukemia or skin lesions?

No Yes No Yes No Yes

d. Diabetes (including gestational diabetes)?

No Yes No Yes No Yes

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

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

Have you ever had or been told that you had any problem with:

a. Your heart and blood vessels, such as:

1. heart murmur, poor circulation (swollen ankles), or an irregular pulse?
2. heart disease, angina, chest pain or shortness of breath, stroke or transient ischemic attack (TIA)?
3. have you had an electrocardiogram or other heart investigations? If yes, please complete the section below.

No Yes No Yes No Yes
 No Yes No Yes No Yes
 No Yes No Yes No Yes

Person "A" Person "B" Type of investigation:

Reason for it:

Name of child:

Date (dd/mmm/yyyy)

Result:

Person "A" Person "B" Type of investigation:

Reason for it:

Name of child:

Date (dd/mmm/yyyy)

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 or recurrent bronchitis, emphysema, cystic fibrosis, or sleep apnea? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Your abdominal organs, such as: gastro-intestinal bleeding, ulcer, colitis, diverticulitis, liver disease, hepatitis (including active or carrier state), Crohn's disease or ileitis? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Your kidneys, bladder, breasts or genitals organs, such as: nephritis or protein in the urine, sugar or blood in the urine, tumour, other kidney or bladder disorders, or a sexually transmitted disease? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e. Your nervous system, such as: cerebral palsy, Down's syndrome, mental impairment or retardation, convulsions, seizures or multiple sclerosis? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| f. Your eyes or ears, such as: impaired sight, impaired hearing or tumours? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| g. Your mental health, such as: anxiety, depression, suicidal ideation, emotional, nervous or eating disorder? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| h. Your glands or blood, such as: abnormal blood sugar, bleeding tendency, hemophilia, anemia or other blood disorder? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| i. Your muscles or bones, such as: any injury or disorder of the muscles, bones, joints or spine, paralysis, arthritis or muscular dystrophy? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| j. Your connective tissue, such as: lupus or progressive systemic sclerosis or sclerodema? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| k. 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 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 (other than routine testing for insurance)? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input 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 type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | Person "A" to be insured | Person "B" to be insured | Children to be insured |
| In addition to your answers about any conditions listed in 7.5 a. to k., please answer the following: | | | |
| I. Medical tests: Have you had any medical tests, including X-rays or blood tests, during the past five years? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| m. Prescribed medication: Are you currently taking any prescribed medication, other than those you have already told us about? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| n. 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? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. During the past 12 months, have you missed more than 15 consecutive days of work or school because of illness or injury? | <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. Are you currently disabled and unable to perform the duties of your regular occupation? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4. Are you aware of any symptoms or complaints for which you have not consulted a doctor or received treatment? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input 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 sections 7.3, 7.4 or 7.5, 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 (If cancer, please include: type and location, treatment history, testing dates, recurrence and names and addresses of all attending doctors.) |
|--------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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: | | |

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: | TRANS America | \$ 1,000,000 <input type="checkbox"/> personal <input checked="" type="checkbox"/> business | \$ | \$ | 2000 |
| <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 | \$ | \$ | |
| <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 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 | \$ |

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

\$ 1,558.68

b. How are you paying your first premium?

- by cheque with this application
 by cheque when we deliver your policy (not available on term conversions)
 with funds from a policy insured by a Manulife Financial company: The Manufacturers Life Insurance Company, MFC Insurance Company Limited, or Manulife Canada-Ltd (complete section 10.1.c.)

c. How will we take this amount from the policy?

- dividends a loan part of the policy's cash value (up to 50% of cash value)

| Policy number | Name of person insured under the policy (first, middle initial, last) | How much you are transferring \$ |
|---------------|-----------------------------------------------------------------------|-------------------------------------|
|---------------|-----------------------------------------------------------------------|-------------------------------------|

By signing below you agree that:

- you are entitled to receive the proceeds of the policy you've identified above
- the policy is insured by a Manulife Financial company, and
- you direct that company to withdraw the amount of money identified above and transfer it to the company that will insure the policy you are applying for in this application.

| | |
|-----------------------------------------------------------------------|--------------------|
| 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

By asking us to set up an automatic monthly withdrawal plan, you agree to the following:

- your bank will honour any withdrawals we make
- we have the right to increase the amount of automatic monthly withdrawals to the amount required to keep your policy in effect
- you waive the right to receive 10 days' notice of an increase in the amount of automatic monthly withdrawal
- you or we may end the plan by giving 10 days' written notice, counted from the date the notice is mailed and
- we may end the plan immediately if your bank does not honour a withdrawal.

| Your monthly premium \$ | Extra payment amount (if applicable)* \$ | Your total monthly payment \$ |
|----------------------------|---------------------------------------------|----------------------------------|
|----------------------------|---------------------------------------------|----------------------------------|

* This is the optional extra payment you may choose when you complete the Product Page for Security UL, InnoVision or Performax.

Do you want to:

| | |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> add your monthly payment to an existing automatic monthly withdrawal plan with us | Policy number on which the current automatic monthly withdrawal plan is set up |
| <input type="checkbox"/> set up a new automatic monthly withdrawal plan. | 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 |

10.4 Authorizing payments from a bank account not held by a policy owner

If the owner of the account from which automatic monthly withdrawals are to be made is not the owner of, or one of the people to be insured under 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) | Signature of account owner |
| Name of account owner (first, middle initial, last) | Signature of account owner |

Section 11 – Temporary insurance questions

In this section, you and your refer to the people to be insured. If **any** of the people to be insured answers yes to **any** question below, or if **any** of the people to be insured chooses not to answer the questions, none of the people to be insured on this policy are eligible for temporary insurance.

1. Eligibility for temporary life insurance

Only people from the ages of 15 days to 75 years inclusive are eligible for temporary life insurance. Each person to be insured under the policy must answer the following questions.

| | 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 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 type="checkbox"/> No <input type="checkbox"/> Yes |

If every person to be insured answered no to questions 1 a) and b) above, and if the conditions described on the Temporary life insurance certificate are met, your temporary life insurance coverage will begin immediately.

The *Temporary life insurance certificate* explains your coverage.

2. Eligibility for temporary critical illness insurance

Only people from the ages of 18 years to 65 years inclusive are eligible for temporary critical illness insurance. Each person to be insured under the policy must answer the following questions.

| | Person "A" to be insured | Person "B" to be insured |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| a. Do you have, or have you ever consulted a doctor for, been treated for or had any indication of heart or blood vessel disease, suspected heart attack, chest pain, diabetes, cancer or tumours, transient ischemic attacks, stroke or chronic kidney, liver or lung disease, multiple sclerosis, paralysis, blindness, deafness, loss of speech, loss of limbs, coma, severe burns, AIDS or HIV infection? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. Within the past two years, have you been refused coverage for life, health, critical illness or long-term care insurance or been offered insurance with restricted benefits or at higher than standard rates? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Within the past 60 days, have you been admitted or advised to be admitted to a hospital or clinic, other than for pregnancy or childbirth? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Within 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 that hasn't yet been performed or about which the results are unknown? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

If every person to be insured answered no to questions 2 a), b), c) and d) above, and if the conditions described on the Temporary critical illness insurance certificate are met, your temporary critical illness insurance coverage will begin immediately.

The *Temporary critical illness insurance certificate* explains your coverage.

To be completed by the insurance advisor

Amount paid by cheque (payable to Manulife Financial)

\$ 1558.68

Instructions for the insurance advisor

If all the people to be insured meet all the conditions on the applicable temporary insurance certificates on the following pages, give that applicable certificate and the receipt for payment to the owner.

If **any** people to be insured answer yes to any question or do not answer the applicable temporary insurance questions above, then **remove and destroy** the applicable temporary insurance certificate and **do not accept payment**.

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. *Us and our* refer to The Manufacturers Life Insurance Company (Manulife Financial).

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) |
| <i>Niagara Falls</i> | |
| Signature of person "A" to be insured (PETER) | |
| Signature of witness | |
| If the person to be insured is under age 18: Relationship to the person to be insured: <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. *Us and our* refer to The Manufacturers Life Insurance Company (Manulife Financial).

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) |
| Signature of person "B" to be insured | |
| Signature of witness | |
| If the person to be insured is under age 18: Relationship to the person to be insured: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian | |
| Signature of parent or guardian | |
| Signature of witness | |

Manulife Financial

Receipt for payment

| |
|-----------------------|
| Amount received \$ |
|-----------------------|

The 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

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, 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 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 people to be insured.

Signatures - (Section 12 continued)

Please review this application, including the Acknowledgements on pages 20 and 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:

- if you are eligible for temporary insurance, you have read and understood the *Temporary life insurance agreement* and/or the *Temporary critical illness insurance agreement* (see pages 17 and 18)
- to the best of your knowledge, all of the information in this application is current, correct and complete
- you agree to the terms of this application
- you make all of the declarations, acknowledgements and authorizations and give all consents described in this application.

The information you provide in this application will help us determine the insurance rating we use to issue your policy.

Unless you select the applicable box below, you agree that:

- if our findings concerning your blood pressure, cholesterol level or physical build affect your rating, we may share this information with your insurance advisor; and
- if the information you provide in the application or in any telephone interview or paramedical interview associated with this application affects your insurance rating, we may tell your insurance advisor whether the relevant information relates to your family history, medical information or lifestyle; and
- your insurance advisor can use this information to discuss the insurance rating with you, including its effect on the policy.

Person A to be insured does not agree

Person B to be insured does not agree

| | | |
|------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|
| Signed at (city or town, province) | Date (dd/mmm/yyyy) | |
| <i>Mississauga, Ont</i> | <i>19 Sept 2005</i> | |
| Signature of Person "A" to be insured <i>Peter</i> | Signature of witness <i>J. Johnson</i> | |
| Signature of Person "B" to be insured <i>John</i> | Signature of witness <i>J. Johnson</i> | |
| Signature of child to be insured if over age 16 (outside Quebec) | Signature of witness | |
| Signature of policy owner (if not Person A or B) <i>Peter</i> | Title (if the policy is owned by a business) <i>DIRECTOR</i> | Signature of witness <i>J. Johnson</i> |
| Signature of policy owner (if not Person A or B) <i>John</i> | Title (if the policy is owned by a business) <i>DIRECTOR</i> | Signature of witness <i>J. Johnson</i> |

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)

How we resolve complaints

We're delighted that you are interested in purchasing an insurance product from us and we're committed to continually affirming your confidence in us in the years to come. If you have any concerns with the product itself or with the service you receive, you can rest assured that we will handle all of your questions and concerns fairly and efficiently. To discuss any questions or concerns you may have, please contact your insurance advisor or our head office at:

1-888-626-8543, outside Quebec;
1-888-626-8843, in Quebec.

More information about our complaint resolution process is available on the Internet at www.manulife.ca under *Contact Us > Customer Satisfaction*.

*Please print clearly.***1 General information**

Application number Name of policy owner(s) (first, middle initial, last)

LF 52592

Canam Software Labs Inc.

Premium quoted
on illustration \$ 1,558.68**2 Coverage details****For amounts over \$1,000,000, please complete NN0781E Confidential Financial Questionnaire.**

Insurance coverages for: 1 Insured person (people) under this coverage

Peter Puhl

Illustrated Healthstyle™ category 3 Amount of insurance \$ 1,000,000

Illustrated Healthstyle™ category _____

**Coverage type
(check one only)****Coverage option**

Term-10

Term-20

Term-Life

 Single-life Combined First-to-die Last-to-die

2 Insured person (people) under this coverage

Illustrated Healthstyle™ category _____ Amount of insurance \$

Illustrated Healthstyle™ category _____

**Coverage type
(check one only)****Coverage option**

Term-10

Term-20

Term-Life

 Single-life Combined

3 Insured person (people) under this coverage

Illustrated Healthstyle™ category _____ Amount of insurance \$

Illustrated Healthstyle™ category _____

**Coverage type
(check one only)****Coverage option**

Term-10

Term-20

Term-Life

 Single-life Combined

4 Insured person (people) under this coverage

Illustrated Healthstyle™ category _____ Amount of insurance \$

Illustrated Healthstyle™ category _____

**Coverage type
(check one only)****Coverage option**

Term-10

Term-20

Term-Life

 Single-life Combined First-to-die Last-to-die

3 Additional protection

Child protection

| | Name of insured child(ren) | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | D | E | |
| B | C | F | |
| * Please provide: | | | |
| <ul style="list-style-type: none"> • financial statements for this business for at least the current year and the previous year and • documentation showing the current equity position of each insured person in this business | Name of insured person A Peter Puhl <input checked="" type="radio"/> Yes <input type="radio"/> No | Total disability waiver <input type="radio"/> Yes <input type="radio"/> No | Business value protector Name of business * <input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value. <input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value. <input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value. <input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value. <input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value. <input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value. |
| | B | | |
| | C | | |
| | D | | |
| | E | | |
| | F | | |

Total disability waiver on the payor

Name of payor (if other than an insured person named above).

4 Statement of disclosure

I understand that:

- guaranteed premiums will be established during the underwriting process and show in my contract when issued
- this product page will form a part of the application to The Manufacturers Life Insurance Company for life insurance
- if I've applied for the Business value protector coverage, the fair market value of the business and the business owner's share of it are determined solely by the Manufacturers Life Insurance Company based on information required by the company

Signed at

Signature of policy owner (CANADA)

Signature of insurance advisor

dd/mm/yyyy

on

19 Sept 2005

Signature of additional policy owner (if applicable)



BUSINESS
Term

Coverage and premium details

| | Coverage and rider summary | Initial annual premium |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------|
| Peter Puhl <i>Male, 45, Healthstyle 3</i> | Term-10 coverage of \$1,000,000 for 35 years Total Disability waiver rider for 20 years | \$1,306.68 \$195.00 |
| Policy fee | | \$57.00 |
| Total initial premium | | \$1,558.68 |

Notes:

- Coverage(s) and premiums are guaranteed at policy issue.
- Term-10 premiums increase at each renewal.
- Term-10 coverages can be converted to age 75 and can remain in effect to age 80.
- Total disability waiver premiums renew every 10 years.

Helping You Make Better Financial Decisions.™

The Manufacturers Life Insurance Company

Designed for: Peter Puhl

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: July 11, 2005

Reference #: 7.0.0.B - 110705151741

Page 4 of 8



BUSINESS
Term

Plan Details

| Year | Total Coverage (\$) | Total annual insurance premium (\$) | Total annual rider premium (\$) | Policy fee (\$) | Total annual plan premium (\$) |
|------|---------------------|-------------------------------------|---------------------------------|-----------------|--------------------------------|
| 1 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 2 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 3 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 4 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 5 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 6 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 7 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 8 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 9 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 10 | 1,000,000 | 1,306.68 | 195.00 | 57.00 | 1,558.68 |
| 11 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 12 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 13 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 14 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 15 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 16 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 17 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 18 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 19 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 20 | 1,000,000 | 7,300.32 | 1,750.92 | 57.00 | 9,108.24 |
| 21 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 22 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 23 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 24 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 25 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 26 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 27 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 28 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 29 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 30 | 1,000,000 | 20,793.24 | 0.00 | 57.00 | 20,850.24 |
| 31 | 1,000,000 | 50,967.24 | 0.00 | 57.00 | 51,024.24 |
| 32 | 1,000,000 | 50,967.24 | 0.00 | 57.00 | 51,024.24 |
| 33 | 1,000,000 | 50,967.24 | 0.00 | 57.00 | 51,024.24 |
| 34 | 1,000,000 | 50,967.24 | 0.00 | 57.00 | 51,024.24 |
| 35 | 1,000,000 | 50,967.24 | 0.00 | 57.00 | 51,024.24 |

Helping You Make Better Financial Decisions.™

The Manufacturers Life Insurance Company

Designed for: Peter Puhl

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: July 11, 2005

Reference #: 7.0.0.0B - 110705151741

Page 5 of 8

Coverage details for Peter Puhl

Peter Puhl
Male, 45, Healthstyle 3

| | |
|----------------------------------------------|------------|
| Term-10 coverage of \$1,000,000 for 35 years | \$1,306.68 |
| Total Disability waiver rider for 20 years | \$195.00 |

| At Year | Total coverage (\$) | Annual insurance premium (\$) | Annual rider premium (\$) | Annual total premium (\$) |
|----------------|---------------------|-------------------------------|---------------------------|---------------------------|
| 1 | 1,000,000 | 1,306.68 | 195.00 | 1,501.68 |
| 11 | 1,000,000 | 7,300.32 | 1,750.92 | 9,051.24 |
| 21 | 1,000,000 | 20,793.24 | 0.00 | 20,793.24 |
| 31 | 1,000,000 | 50,967.24 | 0.00 | 50,967.24 |
| At end of year | | | | |

Important events

- Renewal of Term-10 coverage 10, 20, 30
- Expiry of Term-10 premium payment 35
- Expiry of *Total Disability Waiver* 20

Notes: The policy fee is not included in the premiums shown in this section.



 Policy Owner (CANADA)



 Policy Owner

 Helping You Make Better Financial Decisions.TM

The Manufacturers Life Insurance Company

Designed for: Peter Puhl

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E-mail: john@ardillfinancial.com

Effective date: July 11, 2005

Reference #: 7.0.0.B - 110705151741

Page 6 of 8

4532

CANAM SOFTWARE LABS, INC.
90 MATHESON BLVD. WEST, SUITE 101
MISSISSAUGA, ONTARIO L5R 3R3
(905) 712-3840 FAX (905) 712-0043

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE REVERSE
ROYAL BANK OF CANADA
YONGE & DAWSON MANOR BRANCH
17770 YONGE STREET
NEWMARKET, ONTARIO L3Y 4V8

9/15/2005

Canam Software

PAY
TO THE
ORDER OF

Manulife Financial

\$ **5,577.12

Five Thousand Five Hundred Seventy-Seven and 12/100*****

DOLLARS

Manulife Financial

CANAM SOFTWARE LABS, INC.

PER

MEMO

100453210 1033420031 103188910

CANAM SOFTWARE LABS, INC.

9/15/2005

Can\$5,577.12

Manulife Financial

4532

Royal Bank - \$CDN

Can\$5,577.12

Temporary life insurance certificate (continued)

4. With respect to the maximum benefit payable for a person to be insured, the benefit payable under any temporary critical illness insurance agreement will take precedence over any benefit payable under this temporary life insurance agreement.
5. If the total amount of life insurance you've applied for on any person to be insured is greater than the maximum allowable under this temporary life insurance agreement and one of the people to be insured dies while covered under this temporary insurance agreement, we will refund the portion of any premium you've paid for coverage for that person over their allowable maximum.
6. The beneficiary under this temporary life insurance agreement will be the same as the beneficiary named for that person to be insured in this application.
7. The temporary life insurance outlined in this agreement will end on the earliest of:
 - the date we deliver a life insurance policy as a result of this application
 - the date we mail you a notice telling you that the insurance under this agreement has been cancelled, or
 - 90 days from the date of your application for life insurance.

Exclusions and limitations

If one of the people to be insured commits suicide, whether sane or insane, we will not pay a death benefit. We will refund the premium you paid for life insurance coverage for that person and all coverage under this temporary insurance agreement will end.

Temporary critical illness insurance certificate (continued)

Additional provisions for temporary coverage

The following provisions describe the temporary critical illness insurance that we will provide.

The conditions covered under this temporary critical illness insurance, and the amount of any benefit payable with respect to these conditions, depends on the amount and type of Lifecheque coverage you have applied for on each person to be insured, subject to the maximum benefit amounts established by this agreement.

If you have applied for Lifecheque (Primary) coverage for the person to be insured, the associated temporary critical illness insurance under this agreement covers only heart attack (myocardial infarction) and stroke (cerebrovascular incident) as defined in the list of *Covered Conditions* below. If you have applied for any other type of Lifecheque coverage (Renewable, Level or Permanent) for the person to be insured, the associated temporary critical illness insurance under this agreement covers all of the *Covered Conditions* described below.

Covered Conditions

Heart attack (myocardial infarction)

The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be based on:

- i. new electrocardiographic changes indicative of a myocardial infarction, and
- ii. elevation of cardiac biochemical markers to levels considered diagnostic for infarction.

Exclusion - We will not pay a Covered Condition Benefit for heart attack if it is diagnosed by any other method, unless the diagnosis is confirmed as described above.

Stroke (cerebrovascular incident)

Any cerebrovascular incident producing neurological sequelae lasting more than 30 days and caused by intracranial thrombosis or hemorrhage, or embolism from an extra-cranial source.

Exclusion - We will not pay a Covered Condition Benefit for stroke unless there is evidence of measurable, objective neurological deficit lasting longer than 30 days. Transient ischemic attacks are specifically excluded.

Blindness

Total and irreversible loss of vision in both eyes as diagnosed by an ophthalmologist. The corrected visual acuity must be 20/200 or less in each eye, or the field of vision must be less than 20 degrees in both eyes.

Deafness

Total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or more within the speech threshold of 500 to 3,000 cycles per second.

Loss of speech

The total and irreversible loss of the ability to speak as the result of physical injury or disease which must be established for a continuous period of at least 180 days.

Exclusion - All psychiatric related causes are specifically excluded.

Paralysis

Complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating event, during which time there has been no sign of improvement.

Exclusion - All psychiatric related causes are specifically excluded.

Loss of limbs

The irreversible severance of two or more limbs above the wrist or ankle joint as the result of an accident or medically required amputation.

Coma

A state of unconsciousness, with no reaction to external stimuli or response to internal needs, continuing for at least four days.

Severe burns

The diagnosis by a physician that the insured person has sustained third-degree burns covering at least 20 per cent of the surface area of the body.

Exclusions and limitations

We will not pay a benefit if the person to be insured under this temporary critical illness insurance agreement suffers a Covered Condition as a result of any of the following causes, while sane or insane:

- intentionally self-inflicted injury
- the intentional use or intake of any drug, poisonous substance, intoxicant or narcotic by the insured person, other than as instructed by a physician or, in the case of non-prescribed medication, by the manufacturer
- committing or attempting to commit a crime
- operating a motor vehicle with a blood alcohol level that is greater than 80 milligrams of alcohol per 100 millilitres of blood.

The waiting period

We pay a benefit if the person to be insured satisfies a waiting period that is the longer of:

- 30 days following the diagnosis of a Covered Condition, or
- the period of time stated for a specific condition under *Covered Conditions*.



Temporary life insurance certificate

In this certificate, *we*, *us* and *our* mean the companies as defined in Section 1 of this application. *You* and *your* refer to the policy owner.

Conditions

We agree to insure the lives of the people to be insured under this application and any child named on a child rider, if the conditions below are met and your bank honours your cheque when we first present it for payment. No person may change this certificate in any way.

1. You pay your first premium when this application is completed.
2. Your first premium payment is at least 1/12th of the annual premium for your basic policy and any additional benefits or riders.
3. All of the people to be insured, except any child who is only to be insured under a child rider, answered *no* to questions a and b in section 11, and no information has been misrepresented or left out of this application, including information about children to be insured under a child rider, that would affect our decision to provide insurance or the terms under which we provide it.
4. The age of each of the people to be insured under this temporary life insurance agreement is from 15 days to 75 years inclusive.

Temporary life insurance agreement

1. Temporary life insurance coverage takes effect when the application for life insurance has been completed and you pay your first premium, assuming all other conditions are met.
2. The terms of this temporary insurance agreement do not apply if you have applied for any of the following:
 - insurance through a "portability" or "conversion" provision of an existing policy
 - insurance through a "purchase of new policy" or "conversion" option of a supplemental benefit or rider, including a survivor's benefit.
 In these cases, the terms of the provision, benefit or rider apply.
3. The combined maximum benefit payable for any person to be insured under all temporary insurance agreements with us is the amount of insurance, including accidental death benefits, applied for on that person or \$1,000,000, whichever is less.

continued on the back



Temporary critical illness insurance certificate

In this certificate, *we*, *us* and *our* mean the companies as defined in Section 1 of this application. *You* and *your* refer to the policy owner.

Conditions

We agree to provide temporary critical illness insurance for the people to be insured under this application, if the conditions below are met and your bank honours your cheque when we first present it for payment. No person may change this certificate in any way.

1. You pay your first premium when this application is completed.
2. Your first premium payment is at least 1/12th of the annual premium for your basic policy and any additional benefits or riders.
3. All of the people to be insured answered *no* to questions a to d in section 11, and no information has been misrepresented or left out of this application that would affect our decision to provide insurance or the terms on which we provide it.
4. The age of each of the people to be insured under this temporary insurance agreement is from 18 years to 65 years inclusive.

Temporary critical illness insurance agreement

If a temporary critical illness insurance agreement is in effect when a person to be insured is diagnosed with a Covered Condition, we will pay you the benefit:

- if the terms of this temporary critical illness insurance agreement are met and
- once the person to be insured has satisfied the waiting period described in the *Exclusions and limitations* section on page 18.

Diagnosis or *diagnosed* means the written statement by a physician, supported by the appropriate investigation and medical evidence, that the insured person meets the definition of a Covered Condition in this certificate.

Physician means a person legally licensed to practice medicine in Canada or the United States or other jurisdictions that we may approve. This physician must not be a relative or business associate of the owner, the insured person or any claimant.

1. The maximum benefit for any person to be insured under all temporary critical illness insurance agreements with us is the total amount of critical illness insurance coverage applied for on that person or \$500,000, whichever is less.

2. The combined maximum benefit for any person to be insured under all temporary insurance agreements with us is the amount of insurance applied for on that person, including accidental death benefits, or \$1,000,000, whichever is less.
3. If we pay a benefit to you under this agreement, we will return any premium collected for insurance coverage that exceeds our maximum benefit payable under this temporary agreement for that insured person.
4. With respect to the maximum benefit payable for a person to be insured, the benefit payable under this temporary critical illness insurance agreement will take precedence over any benefit payable under a temporary life insurance agreement.
5. Temporary critical illness insurance coverage begins when this application is completed and you pay your first premium, assuming all other conditions are met.
6. Temporary critical illness insurance coverage on the person to be insured ends on the earliest of:
 - the date we deliver a critical illness insurance policy as a result of this application
 - the date we mail you a notice telling you that we have declined your application for critical illness insurance
 - the date when a benefit is payable under this agreement
 - 90 days from the date of your application for insurance, unless the person to be insured has been diagnosed with a Covered Condition and is in the waiting period for that Covered Condition, in which case it will end on the date the person to be insured is no longer satisfying the waiting period for that condition.
7. If we issue a critical illness policy to you based on the terms of this application, we will apply your first premium payment to the premiums due under the policy. If we decline your application, or if we offer you a policy based on terms other than those outlined in your application and you do not accept the policy, we will refund your first premium payment.

continued on the back



Receipt for payment

LF 52592

Amount received
\$ 1558.68

The 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) <u>PETER Putt</u> | Name of Person "B" to be insured (first, middle initial, last) |
| Total amount of insurance coverage applied for \$ 1,000,000 | Date (dd/mmm/yyyy) 30/09/05 |
| Signature of insurance advisor | |

Detach and leave with client

LF 52592



Medical Information Bureau

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, 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 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 people to be insured.

Eryn Beintema

From: "John Ardill" <john@ardillfinancial.com>
To: "Peter Puhl" <puhl@canamsoftware.com>
Sent: Friday, September 16, 2005 3:34 PM
Subject: Meeting follow up

Pete,

Regarding our meeting yesterday, I enjoyed your questions and I would like to be able to address any concerns you may have.

I would like to extend the offer to review your personal model to allow you to see the full potential of what I was trying to communicate. Some of your questions tend to rise as a result of what you do not necessarily appreciate about what is happening in your own personal model.

Please let me know if this is something you would like me to do with you. I can assure you that it will increase the efficiency of your personal financial world and ideally will provide greater money supply in retirement with less risk, and ideally with no additional out of pocket dollars.

John

~ Helping clients discover the true worth of their assets ~

QUEST

E-MAIL

ORDER#: 1722469

ORDER DATE: 31-Aug-2005

BRANCH: HAMILTON

USER: JARDILL

ORIG. BRANCH: TORONTO EAST

Applicant Info

| | | | | | |
|----------|----------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------|---------|-------------|
| NAME: | Puhl, Peter | SEX: | Male | DOB: | 17-Apr-1960 |
| HOME: | 559 golfview court oakville, ON, Ph: (905)465-0023 | BUSINESS: | 90 Matheson Blvd. West Suite 101 Mississauga, ON, L5R 3R3 Ph: (905)712-3840 x116 | | |
| PRODUCT: | Life - Family/Business Term only | POLICY#: | | AMOUNT: | \$1,000,000 |

| SUBORDER# | 1722469 | APPOINTMENT | | CREATED | COMPLETED |
|---------------------------------------------------------------------------|------------|-------------|------------|-------------|-------------|
| STATUS | ASSIGNED | DATE | TIME | | |
| Billed | 6-Sep-2005 | 20-Sep-2005 | 8:45:00 AM | 31-Aug-2005 | 20-Sep-2005 |
| (160) PARAMEDICAL | | | | | |
| (500) ECG | | | | | |
| (543) LABONE BLOOD KIT BARCODE: 0103355660 COURIER: 2440 058 7895 | | | | | |
| (560) FASTING BLOOD PROFILE | | | | | |

COMMENTS

6-Sep-2005 15:00:14 OTHER / UPDATE

client wants to be seen at home address in oakville. reassigning to hamilton branch.

6-Sep-2005 16:40:59 INTERNAL COMMENT

PARAMEDICAL, ECG & 2-HR FASTING BLOOD/URINE REQUIRED. PLS BE SURE TO 'COPY' VITALS ON LABSLIP AND TO NOTE LAB CODE 'PGC'.

7-Sep-2005 21:26:52 INTERNAL COMMENT

L/M ON BUS V/M TODAY.

8-Sep-2005 10:50:54 LEFT MESSAGE FOR APPLICANT

AS PER RN: L/M ON BUS V/M TODAY.

13-Sep-2005 10:49:52 INTERNAL COMMENT

L/M ON BUS V//M ON SEPT THE 9TH & 13TH.

13-Sep-2005 12:19:32 LEFT MESSAGE FOR APPLICANT

AS PER RN: L/M ON BUS V//M ON SEPT THE 9TH & 13TH.

22-Sep-2005 12:01:03 INTERNAL COMMENT

L/M FOR RN TO CALL IN HER COMPETITION FOR THIS ORDER.

22-Sep-2005 15:54:40 INTERNAL COMMENT

ECG CONFIRMATION #:8871.

ATTACHMENTS

| FILE | DESCRIPTION | UPLOAD DATE |
|------|-------------|-------------|
| | | |

Loans, Debt & Personal Property

Loans & Debt

(Include personal loans, university/college loans, home improvement loans, automobile or boat loans, credit card balances, chequing credit lines, etc.)

Please do not write in this space.

| Type of Loan | Monthly Payment | Months Remaining | Unpaid Balance | Insured? |
|--------------|-----------------|------------------|----------------|------------------------------------------------------------------|
| CAR LOAN | \$ 350 | 60 | \$ 21,000 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| | \$ | | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | \$ | | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | \$ | | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | \$ | | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | \$ | | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | \$ | | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | \$ | | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | \$ | | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | \$ | | \$ | <input type="checkbox"/> Y <input type="checkbox"/> N |

Miscellaneous Personal Property (Show estimated market value of what you own today - NOT replacement value)

| Item | Current Market Value |
|--------------------------------------------|----------------------|
| General Household Furnishings & Appliances | \$ 25,000 |
| Artwork, Antiques, etc. | \$ 15,000 |
| Jewelry, Yours | \$ |
| Jewelry, Spouse | \$ 5,000 |
| Automobile #1 | \$ 10,000 |
| Automobile #2 | \$ 30,000 |
| Automobile #3 | \$ |
| Boat, Trailer, etc. | \$ |
| Collections | \$ |
| Other | \$ |

Please do not write in this space.

Requirement PARA, BLOOD TO INCLUDE URINE- 2hr fasting recommended, ECG**Customer Info****NAME:** MANULIFE FINANCIAL**CONTACT:** Pat Griffith **ADDRESS:** 25 WATER STREET SOUTH
Ph: (519)747-7000 P.O. BOX 800, STATION C
x46277 KITCHENER, ON, N2G 4Y5**LAB:** LAB ONE**LAB CODE:** PGC (**For Quebec
orders - use PGQ**)**Agent Info****REQUESTED** Eryn**BY:****AGENT:** ARDILL, JOHN
Ph: 905-713-3795
Email: 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
Email: eryn@ardillfinancial.com

CASE

#3

5.31.32
8.8.00.
8.3.3.0
2.8.



Business

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Fr

Policy Information

Client Name:CANAM SOFTWARE LABS INC.

Policy Number:1376775[LIFETRAX]

[General](#) [Coverages](#) [Premium & Payments](#) [Policy Values](#) [Plan Details](#) [Financial Activity](#)

General

Policy Type:Level Term

Base Plan:T10S X

Policy Status:In Force

Issue Date:10JAN2000

Settled Date:10JAN2000

Paid To Date:10JAN2006

Marketing Concept Ind:N/A

Comments:
Agent No.:723782

Agent Name:JOHN ARDILL

Agency No.:2473

Dealer Code:
Writing Agent No.:82762

Writing Agent Name:JOHN R ARDILL

Solicitor No.:
Solicitor Name:
Wire Trade Ind:N

Link Account No:
Registered Status:Non Registered

Client Relationships

| Relationship | Client Name | Client No | Beneficiary Percentage | Type | P/C |
|------------------------|--------------------------|------------------|-------------------------------|-------------|------------|
| Primary Insured | PETER PUHL | C3636407 | | | |
| Owner | CANAM SOFTWARE LABS INC. | C3634831 | | | Primary |
| Beneficiary | CANAM SOFTWARE LABS INC. | C3634831 | 100% | Ordinary | Primary |

Coverage

| Coverage No | Plan Type | Face Amount | Insured Name | Joint Indicator * |
|--------------------|------------------|--------------------|---------------------|--------------------------|
| 01 | T10S X | \$ 1000000.00 | PETER PUHL | |
| 02 | CNV10X | \$ 1000000.00 | PETER PUHL | |

* Advisors - For joint policies, contact your Distributor for more information on the individual risk class for each insured.

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► Summary

Details

Rewards

Summary

Terms &
Conditions

Contact Us



SUMMARY INFORMATION
FOR
PETER PRAGER
Policy #8658715

INSURED: PETER PRAGER
OWNER: CANAM SOFTWARE LABS INC.
BENEFICIARY: CANAM SOFTWARE LABS INC. – 100%
PLAN TYPE: TERM-10
CARRIER: MANULIFE
SUM INSURED: \$1,000,000
PREMIUM: ANNUAL: \$985.32
CURRENT METHOD: ANNUAL
CONTRACT ISSUE DATE: OCTOBER 18, 2005

Date: November 2, 2005

FRAZER

3 Your policy summary

The effective date of these policy summary pages is October 19, 2005.

When you make changes to your contract, we will issue new versions of these pages. The policy summary pages with the most recent effective date replace any earlier versions.

Information about your policy

| | |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Policy number | 8658715 |
| Policy owner or owners | CANAM SOFTWARE LABS INC |
| Beneficiaries | The beneficiaries you've named for each insured person are shown on your application unless you've made a later change. |
| Policy date | October 18, 2005 |
| Policy issue date | October 18, 2005 |
| Policy processing day | The 18th day of each calendar month |
| Annual policy fee | \$57.00 This amount is included in the policy premium shown below. |
| Annual policy premium as of October 19, 2005 | \$985.32 |

Your insurance protection

| | | | |
|-------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------|
| Type of coverage | Insures one person on a single-life basis | | |
| Insured person | PETER PRAGER | | |
| Coverage number | Coverage 1002 | | |
| Coverage option chosen | Term-10 | | |
| Amount of insurance | \$1,000,000 | | |
| Annual coverage premium | \$816.60 | (Your guaranteed premium rates for renewal period are shown in Section II for Coverage 1002) | |
| Personal information | <i>Sex, Healthstyle</i> <i>Birthdate</i> <i>Age</i> <i>Insurance rating</i> | Male, category 1 November 02, 1962 43 100% | Coverage Coverage Coverage |
| Coverage date | October 18, 2005 | | |
| Coverage issue date | October 18, 2005 | | |
| Conversion expiry date | October 18, 2037 | | |
| Coverage expiry date | October 18, 2042 | | |

Your rider protection

| | | |
|-------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Type of coverage | Total Disability Waiver (TDW) Rider | |
| Insured person | PETER PRAGER | |
| Coverage number | Coverage 1003 | |
| Annual coverage premium | \$111.72 | (Your guaranteed premium rates are shown in Section 12 for Coverage 1003) |
| Personal information | <i>Sex, Healthstyle</i> <i>Birthdate</i> <i>Age</i> <i>Insurance rating</i> | Male, category 1 November 02, 1962 43 100% |
| Coverage date | October 18, 2005 | |
| Coverage issue date | October 18, 2005 | |
| Coverage expiry date | October 18, 2027 | |

12. Premium rate tables

as of October 19, 2005

| | |
|------------------------|-------------------------------------------|
| Insured person | PETER PRAGER |
| Coverage number | Coverage 1002 |
| Coverage option chosen | Term-10 |
| Coverage type | Insures one person on a single-life basis |

This table shows the guaranteed premium rates that apply to the insurance coverage shown above. These rates apply until the coverage is cancelled, until you change the coverage option, or until you decrease the amount of insurance.

| Annual rate/\$1,000 of insurance coverage* | Discounted annual rate/\$1,000 of insurance coverage** | Dates |
|--------------------------------------------------|-----------------------------------------------------------------|-------------------------------------|
| \$ 0.85969 | \$ 0.81670 | From Oct. 18, 2005 to Oct. 17, 2015 |
| \$ 5.48163 | \$ 5.20755 | From Oct. 18, 2015 to Oct. 17, 2025 |
| \$ 14.61224 | \$ 13.88163 | From Oct. 18, 2025 to Oct. 17, 2035 |
| \$ 45.61122 | \$ 43.33066 | From Oct. 18, 2035 to Oct. 18, 2042 |

*The annual rate applies if your premium frequency is monthly, quarterly or semi-annually.

**The discounted annual rate applies if your premium frequency is annual.

Premium rate tables (continued)

as of October 19, 2005

| | |
|-----------------|-------------------------------------|
| Insured person | PETER PRAGER |
| Coverage number | Coverage 1003 |
| Coverage type | Total Disability Waiver (TDW) Rider |

This table shows the guaranteed premium rates that apply to the rider coverage shown above. These rates are for each \$1 of the policy premium that could be waived. These rates apply until the coverage is cancelled or you increase the amount of insurance coverage on this policy.

| Rate/\$1.00 of policy premium to be waived | Dates |
|--------------------------------------------------|-------------------------------------|
| \$ 0.12800 | From Oct. 18, 2005 to Oct. 17, 2015 |
| \$ 0.23500 | From Oct. 18, 2015 to Oct. 17, 2025 |
| \$ 0.12900 | From Oct. 18, 2025 to Oct. 18, 2027 |

13. Policy fee table

as of October 19, 2005

This table shows the guaranteed policy fee that applies to this policy. The current policy fee is shown in Section 3. It will change if you change your premium frequency.

| If you pay your premium | Your policy fee for each payment period is |
|-------------------------|--------------------------------------------|
| Annually | \$57.00 |
| Semi-annually | \$30.60 |
| Quarterly | \$15.30 |
| Monthly | \$5.10 |

ober 19, 2005

own above.
s apply until
policy.



BUSINESS
Term™

Coverage and premium details

| | Coverage and rider summary | Initial annual premium |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------|
| Peter Prager <i>Male, 43, Healthstyle 1</i> | Term-10 coverage of \$1,000,000 for 37 years Total Disability waiver rider for 22 years | \$816.60 \$111.72 |
| Policy fee | | \$57.00 |
| Total initial premium | | \$985.32 |

Notes:

- Coverage(s) and premiums are guaranteed at policy issue.
- Term-10 premiums increase at each renewal.
- Term-10 coverages can be converted to age 75 and can remain in effect to age 80.
- Total disability waiver premiums renew every 10 years.

Helping You Make Better Financial Decisions.™

The Manufacturers Life Insurance Company

Designed for: Peter Prager

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: June 24, 2005

Reference #: 7.1.0.0B - 021105144314

Page 4 of 8

Plan Details

| Year | Total Coverage (\$) | Total annual insurance premium (\$) | Total annual rider premium (\$) | Policy fee (\$) | Total annual plan premium (\$) |
|------|---------------------|-------------------------------------|---------------------------------|-----------------|--------------------------------|
| 1 | 1,000,000 | 816.60 | 111.72 | 57.00 | 985.32 |
| 2 | 1,000,000 | 816.60 | 111.72 | 57.00 | 985.32 |
| 3 | 1,000,000 | 816.60 | 111.72 | 57.00 | 985.32 |
| 4 | 1,000,000 | 816.60 | 111.72 | 57.00 | 985.32 |
| 5 | 1,000,000 | 816.60 | 111.72 | 57.00 | 985.32 |
| 6 | 1,000,000 | 816.60 | 111.72 | 57.00 | 985.32 |
| 7 | 1,000,000 | 816.60 | 111.72 | 57.00 | 985.32 |
| 8 | 1,000,000 | 816.60 | 111.72 | 57.00 | 985.32 |
| 9 | 1,000,000 | 816.60 | 111.72 | 57.00 | 985.32 |
| 10 | 1,000,000 | 816.60 | 111.72 | 57.00 | 985.32 |
| 11 | 1,000,000 | 5,207.52 | 1,237.08 | 57.00 | 6,501.60 |
| 12 | 1,000,000 | 5,207.52 | 1,237.08 | 57.00 | 6,501.60 |
| 13 | 1,000,000 | 5,207.52 | 1,237.08 | 57.00 | 6,501.60 |
| 14 | 1,000,000 | 5,207.52 | 1,237.08 | 57.00 | 6,501.60 |
| 15 | 1,000,000 | 5,207.52 | 1,237.08 | 57.00 | 6,501.60 |
| 16 | 1,000,000 | 5,207.52 | 1,237.08 | 57.00 | 6,501.60 |
| 17 | 1,000,000 | 5,207.52 | 1,237.08 | 57.00 | 6,501.60 |
| 18 | 1,000,000 | 5,207.52 | 1,237.08 | 57.00 | 6,501.60 |
| 19 | 1,000,000 | 5,207.52 | 1,237.08 | 57.00 | 6,501.60 |
| 20 | 1,000,000 | 5,207.52 | 1,237.08 | 57.00 | 6,501.60 |
| 21 | 1,000,000 | 13,881.48 | 1,797.96 | 57.00 | 15,736.44 |
| 22 | 1,000,000 | 13,881.48 | 1,797.96 | 57.00 | 15,736.44 |
| 23 | 1,000,000 | 13,881.48 | 0.00 | 57.00 | 13,938.48 |
| 24 | 1,000,000 | 13,881.48 | 0.00 | 57.00 | 13,938.48 |
| 25 | 1,000,000 | 13,881.48 | 0.00 | 57.00 | 13,938.48 |
| 26 | 1,000,000 | 13,881.48 | 0.00 | 57.00 | 13,938.48 |
| 27 | 1,000,000 | 13,881.48 | 0.00 | 57.00 | 13,938.48 |
| 28 | 1,000,000 | 13,881.48 | 0.00 | 57.00 | 13,938.48 |
| 29 | 1,000,000 | 13,881.48 | 0.00 | 57.00 | 13,938.48 |
| 30 | 1,000,000 | 13,881.48 | 0.00 | 57.00 | 13,938.48 |
| 31 | 1,000,000 | 43,330.44 | 0.00 | 57.00 | 43,387.44 |
| 32 | 1,000,000 | 43,330.44 | 0.00 | 57.00 | 43,387.44 |
| 33 | 1,000,000 | 43,330.44 | 0.00 | 57.00 | 43,387.44 |
| 34 | 1,000,000 | 43,330.44 | 0.00 | 57.00 | 43,387.44 |
| 35 | 1,000,000 | 43,330.44 | 0.00 | 57.00 | 43,387.44 |
| 36 | 1,000,000 | 43,330.44 | 0.00 | 57.00 | 43,387.44 |
| 37 | 1,000,000 | 43,330.44 | 0.00 | 57.00 | 43,387.44 |

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Ardill - Solving the Lifecycle Puzzle

Tel: (905)713-3795

Fax: (905)841-0782

E-mail: john@ardillfinancial.com

Coverage details for Peter Prager

Peter Prager
Male, 43, Healthstyle 1

| | |
|----------------------------------------------|----------|
| Term-10 coverage of \$1,000,000 for 37 years | \$816.60 |
| Total Disability waiver rider for 22 years | \$111.72 |

| At Year | Total coverage (\$) | Annual insurance premium (\$) | Annual rider premium (\$) | Annual total premium (\$) |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------|------------------------------------|
| 1 | 1,000,000 | 816.60 | 111.72 | 928.32 |
| 11 | 1,000,000 | 5,207.52 | 1,237.08 | 6,444.60 |
| 21 | 1,000,000 | 13,881.48 | 1,797.96 | 15,679.44 |
| 23 | 1,000,000 | 13,881.48 | 0.00 | 13,881.48 |
| 31 | 1,000,000 | 43,330.44 | 0.00 | 43,330.44 |
| At end of year | | | | |
| Important events | <ul style="list-style-type: none"> ● Renewal of Term-10 coverage ● Expiry of Term-10 premium payment ● Expiry of Total Disability Waiver | | | 10, 20, 30 37 22 |

Notes: The policy fee is not included in the premiums shown in this section.

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Effective date: June 24, 2005

Reference #: 7.1.0.0B - 021105144314

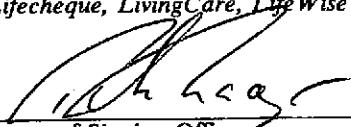
Page 6 of 8

Policy delivery receipt

Policy owner: CANAM SOFTWARE LABS INC

Your signature below tells us that you agree with the following statements:

- I received and reviewed the policy described above on 03 11 05 /05
day month year
- I received a copy of my application with the policy.
- 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 Signing Officer

DIRECTOR
Title of Signing Officer

OCT 20 2005

To: ARDILL, JOHN R - 052313
Branch - 14500 QUALIFIED FINANCIAL SERVICES INC.

From: New Business
Date: October 19, 2005
Subject: Policy Issue Check List For:
Policy - 8658715
Policy Owner - CANAM SOFTWARE LABS INC (PRALEK).

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 Halifax Office contact).

A. Requirements

This policy has been issued subject to the requirements listed below:

- 1) PLEASE OBTAIN A DELIVERY RECEIPT

We need to receive the forms by NOV 19 2005.

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.
- Deliver the policy.

Eryn Beintema

From: "Grace Duckworth" <grace.duckworth@qfscanada.com>
To: <eryn@ardillfinancial.com>
Cc: <grace.duckworth@qfscanada.com>
Sent: October 18, 2005 10:46 AM
Subject: Prager, Peter - Manulife(8658715)

FOR YOUR INFORMATION:

DECISION STANDARD ON PETER PRAGER HS=1

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:

Medicals completed September 13, 2005 – Barcode #0103467610

Financial statements attached

Insurance advisor's report

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 | Years | Person "B" to be insured | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Height, weight, blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Micro-urinalysis | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Electro-cardiogram
Chest X-ray
Treadmill stress test
Inspection report
Other: _____

c. Is/are the owner and person(s) to be insured fluent in the language of this application?

: Owner Yes No

: Person "A" to be insured Yes No

: Person "B" to be insured Yes No

If no, describe the steps that were taken to ensure that the person(s) identified above understood the questions and authorizations in this application:

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. Aldine

Advisor code

52313

Branch code

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. Aldine

52313

Signature

J. R. Aldine



Application for life and critical illness insurance

In this application, *we*, *us* and *our* refer to the company which will issue the policy you are applying for. If you are applying for a LifeWise policy, the company will be Manulife Canada Ltd.; otherwise *we*, *us* and *our* will refer to The Manufacturers Life Insurance Company. *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, 2.1.a, 3, 4, 9, 10 and 12 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 red application number at the top right corner of that form?

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:

Buy-Sell

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) | Date of birth (dd/mmm/yyyy) | | |
| PETER PRAGER | 2 NOV. 1962 | | |
| Address (street and number) | Apt. | City or town | Sex |
| 3375 Savonier Valley Dr | | MISSISSAUGA | <input checked="" type="checkbox"/> male <input type="checkbox"/> female |
| Postal code | Number of years at this address | Home phone number | Province |
| L5L 2Z8 | 6 | 9058287771 | ONT |
| | | Place of birth | Social insurance number |
| | | BUDAPEST | 486 239 031 |

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 |
| CRAIG IS IN SALES, TRAVELS TO EUROPE 4-5 TIMES / YEAR AND TO THE US 3-5 TIMES / YEAR. | |

2.2 Person "B" to be insured

| | | | |
|---------------------------------------|--------------------------------------------------------------------------|-------------------|-------------------------|
| a. Name (first, middle initial, last) | Date of birth (dd/mmm/yyyy) | | |
| | Sex | | |
| | <input type="checkbox"/> male <input checked="" type="checkbox"/> female | | |
| Address (street and number) | Apt. | City or town | Province |
| Postal code | Number of years at this address | Home phone number | Place of birth |
| | | () | |
| | | | Social insurance number |
| | | | |

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 | Date of birth (dd/mmm/yyyy) |
| | <input type="checkbox"/> male <input checked="" type="checkbox"/> female | |
| Name (first, middle initial, last) | Sex | Date of birth (dd/mmm/yyyy) |
| | <input type="checkbox"/> male <input checked="" type="checkbox"/> female | |
| Name (first, middle initial, last) | Sex | Date of birth (dd/mmm/yyyy) |
| | <input type="checkbox"/> male <input checked="" type="checkbox"/> female | |

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) | | Sex <input type="checkbox"/> male <input type="checkbox"/> female |
| Date of birth (dd/mmm/yyyy) | Social insurance number | Relationship to person to be insured |

Owner #2

| | | |
|------------------------------------|-------------------------|----------------------------------------------------------------------|
| Name (first, middle initial, last) | | Sex <input type="checkbox"/> male <input type="checkbox"/> female |
| Date of birth (dd/mmm/yyyy) | Social insurance number | Relationship to person to be insured |

- A legal entity such as a company or trust

| | |
|---------------------------------------------------------------------------------------------------|--------------------------------------|
| Full legal name (including "Company," "Limited," "Inc." etc.) CANADA SOFTWARE LABS INC. | Business number 9057123840 |
| Company representative to contact (position or title) | |

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 or company representative to receive all correspondence relating to this policy and provide their mailing address below.

| | | | |
|-----------------------------------------------------|--------------|----------|-------------|
| Name (first, middle initial, last, or company name) | | | |
| Address (street and number) | City or town | Province | Postal code |

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 our 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

Complete this section for new life insurance coverages only.

For new critical illness insurance coverages in Quebec, use the form Lifecheque Beneficiary Designations for policies governed by Quebec law, NN1467E.

For new critical illness insurance coverages outside Quebec, use the form Direction to Pay, NN0999E. Outside Quebec you cannot name a beneficiary; instead, any benefits payable after the insured person has died will go to the owner's estate, except as described in Direction to Pay.

Choosing a beneficiary

You may choose one or more beneficiaries for each insured person. The beneficiary receives the benefit if they are alive and eligible as described below 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 eligible primary beneficiaries.

You may choose both primary and secondary beneficiaries. A secondary beneficiary will only receive a death benefit if no primary beneficiaries are eligible to receive the benefit. A primary beneficiary is not eligible to receive a benefit if they die before the benefit is payable or a court decides that they are not eligible.

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) | Relationship to Person "A" (in Quebec, relationship to the policy owner) | <input checked="" type="checkbox"/> Revocable | Share |
|-----------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------|-------|
| Canada SOFTWARE LAB INC | SAME | <input type="checkbox"/> Irrevocable | 100 % |
| Name of primary beneficiary (first, middle initial, last) | Relationship to Person "A" (in Quebec, relationship to the policy owner) | <input type="checkbox"/> Revocable | Share |
| Total 100% | | | |

b. Secondary beneficiaries

| Name of secondary beneficiary (first, middle initial, last) | Relationship to Person "A" (in Quebec, relationship to the policy owner) | <input type="checkbox"/> Revocable | Share |
|-------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------|-------|
| | | <input type="checkbox"/> Irrevocable | % |
| Name of secondary beneficiary (first, middle initial, last) | Relationship to Person "A" (in Quebec, relationship to the policy owner) | <input type="checkbox"/> Revocable | Share |
| Total 100% | | | |

4.2 Beneficiaries – Person "B" to be insured

a. Primary beneficiaries

| Name of primary beneficiary (first, middle initial, last) | Relationship to Person "B" (in Quebec, relationship to the policy owner) | <input type="checkbox"/> Revocable | Share |
|-----------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------|-------|
| | | <input type="checkbox"/> Irrevocable | % |
| Name of primary beneficiary (first, middle initial, last) | Relationship to Person "B" (in Quebec, relationship to the policy owner) | <input type="checkbox"/> Revocable | Share |
| Total 100% | | | |

b. Secondary beneficiaries

| Name of secondary beneficiary (first, middle initial, last) | Relationship to Person "B" (in Quebec, relationship to the policy owner) | <input type="checkbox"/> Revocable | Share |
|-------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------|-------|
| | | <input type="checkbox"/> Irrevocable | % |
| Name of secondary beneficiary (first, middle initial, last) | Relationship to Person "B" (in Quebec, relationship to the policy owner) | <input type="checkbox"/> Revocable | 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 |
|---------------------------------------------------|-----------------------------------------------|----------------------------------------|
| | | |

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| b. Marijuana | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| c. Cigars | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| d. Pipe | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| e. Cigarillos | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| f. Chewing tobacco | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| g. Nicotine substitutes (such as gum or patches) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| h. Other (e.g. betel nuts) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input checked="" 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 ecstasy, 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 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 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 type="checkbox"/> Yes |

| | | |
|-------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------|
| <input checked="" type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured | Question 5.2 | Details W 1/2 GLASS 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 |
| <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 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input 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 type="checkbox"/> No <input type="checkbox"/> Yes |

| | | |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <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"/> Person "A" to be insured <input 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.

| 5.4 Other information If you answer yes to any question in section 5.4, please tell us the details below. | Children to be insured | Person "A" to be insured | Person "B" to be insured |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|
| a. 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 type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. 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. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Have you been imprisoned for a criminal offence? If yes, tell us the sentence and the amount of time you served. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Within the past five years, have you been a defendant in a civil law suit, or are you currently a defendant in a civil law suit? | Not applicable | <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e. 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 the applicable sections in our Underwriting Questionnaires form, NN9434E. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| f. 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 applicable sections in our Underwriting Questionnaires form, NN9434E. | Not applicable | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| | | |
|-------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Name of child to be insured: | Question a. only | Details |
| <input checked="" type="checkbox"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured | Question 5.4 (d) | Details CANAm WAS SUED IN 1997. SETTLED IN 2004. CANAm WON AND THEY WERE PAID. |
| <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"/> Person "A" to be insured <input type="checkbox"/> Person "B" to be insured | Question | Details |

5.5 Employment information

Person "A" to be insured

| | |
|----------------------------------------------------------------------------------------|-------------------------------------------------|
| What is your occupation? DIRECTOR | Employer's name CANAm SOFTWARE LABS INC |
| Employer's address 90 MATTHESON Blvd. W. Suite 101 MISSISSAUGA, ONT. L5R 3B3 | Business telephone number (905) 712-3840 |

Person "B" to be insured

| | |
|--------------------------|----------------------------------|
| What is your occupation? | Employer's name |
| Employer's address | Business telephone number () |

5.6 Financial information

| | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| a. What is your annual earned income (within \$10,000), including salary, commissions and bonuses? | \$ 230,000 | \$ |
| 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? | \$ 4.5 million | \$ |

| | | |
|-----------------------------------------------------------------------------------------------------|-----------|-----------|
| 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 type="checkbox"/> No <input checked="" 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: Manulife Financial, 500 King Street North, PO BOX 1602, STN WATERLOO, WATERLOO ON N2J 4C6

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 | 5'8" | 170lbs | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us the details. |
| Person "B" to be insured | | | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us the details. |
| Name of child to be insured: | | | |
| 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 MEDE

- a. Have either of your parents or a sibling been diagnosed before age 65 with any of the following conditions: heart disease, stroke or cancer; or have any of them ever been diagnosed with 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 and 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

| | | |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------|
| Name of your doctor (first, middle initial, last) DR. PALMER | | |
| Address UNIT B 5425 CREDITVIEW ROAD | | |
| City or town MISSISSAUGA | Province ONT | Postal code L5V 2P3 |
| Date last consulted (dd/mmm/yyyy) Aug. 2005 | Reason last consulted and any treatment or medication prescribed: PHYSICAL - AULOR | |

Person "B" to be insured

| | | |
|---------------------------------------------------|-------------------------------------------------------------------|-------------|
| Name of your doctor (first, middle initial, last) | | |
| Address | | |
| City or town | Province | Postal code |
| Date last consulted (dd/mmm/yyyy) | Reason last consulted and any treatment or medication prescribed: | |

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, or have you been told that you have them, or been treated for any of them?

a. **High blood pressure?**

No Yes No Yes No Yes

b. **High cholesterol?**

No Yes No Yes No Yes

c. **Cancer, tumours, leukemia or skin lesions?**

No Yes No Yes No Yes

d. **Diabetes (including gestational diabetes)?**

No Yes No Yes No Yes

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

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

Have you ever had or been told that you had any problem with:

a. **Your heart and blood vessels, such as:**

1. heart murmur, poor circulation (swollen ankles), or an irregular pulse?
2. heart disease, angina, chest pain or shortness of breath, stroke or transient ischemic attack (TIA)?
3. have you had an electrocardiogram or other heart investigations? If yes, please complete the section below.

No Yes No Yes No Yes
 No Yes No Yes No Yes
 No Yes No Yes No Yes

Person "A" Person "B" Type of investigation:

Reason for it:

Name of child:

Result:

Date (dd/mmm/yyyy)

Person "A" Person "B" Type of investigation:

Reason for it:

Name of child:

Result:

Date (dd/mmm/yyyy)

| | 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 or recurrent bronchitis, emphysema, cystic fibrosis, or sleep apnea? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Your abdominal organs, such as: gastro-intestinal bleeding, ulcer, colitis, diverticulitis, liver disease, hepatitis (including active or carrier state), Crohn's disease or ileitis? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Your kidneys, bladder, breasts or genitals organs, such as: nephritis or protein in the urine, sugar or blood in the urine, tumour, other kidney or bladder disorders, or a sexually transmitted disease? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e. Your nervous system, such as: cerebral palsy, Down's syndrome, mental impairment or retardation, convulsions, seizures or multiple sclerosis? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| f. Your eyes or ears, such as: impaired sight, impaired hearing or tumours? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| g. Your mental health, such as: anxiety, depression, suicidal ideation, emotional, nervous or eating disorder? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| h. Your glands or blood, such as: abnormal blood sugar, bleeding tendency, hemophilia, anemia or other blood disorder? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| i. Your muscles or bones, such as: any injury or disorder of the muscles, bones, joints or spine, paralysis, arthritis or muscular dystrophy? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| j. Your connective tissue, such as: lupus or progressive systemic sclerosis or sclerodema? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| k. 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 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 (other than routine testing for insurance)? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input 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 type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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| 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 | Person "A" to be insured | Person "B" to be insured | Children to be insured |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| In addition to your answers about any conditions listed in 7.5 a. to k., please answer the following: | | | |
| i. Medical tests: Have you had any medical tests, including X-rays or blood tests, during the past five years? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| ii. Prescribed medication: Are you currently taking any prescribed medication, other than those you have already told us about? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| n. 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? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. During the past 12 months, have you missed more than 15 consecutive days of work or school because of illness or injury? | <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. Are you currently disabled and unable to perform the duties of your regular occupation? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4. Are you aware of any symptoms or complaints for which you have not consulted a doctor or received treatment? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input 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 sections 7.3, 7.4 or 7.5, 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 (If cancer, please include: type and location, treatment history, testing dates, recurrence and names and addresses of all attending doctors.) |
|--------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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: | | |

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: | TRANSAMERICA | \$1,000,000 <input type="checkbox"/> personal <input checked="" type="checkbox"/> business | \$ | \$ | 2000 |
| <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 | \$ | \$ | |
| <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 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 | \$ |

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

\$ 1336.72

b. How are you paying your first premium?

- by cheque with this application
 by cheque when we deliver your policy (not available on term conversions)
 with funds from a policy insured by a Manulife Financial company: The Manufacturers Life Insurance Company, MFC Insurance Company Limited, or Manulife Canada Ltd (complete section 10.1.c.)

c. How will we take this amount from the policy?

- dividends a loan part of the policy's cash value (up to 50% of cash value)

| Policy number | Name of person insured under the policy (first, middle initial, last) | How much you are transferring \$ |
|---------------|-----------------------------------------------------------------------|-------------------------------------|
|---------------|-----------------------------------------------------------------------|-------------------------------------|

By signing below you agree that:

- you are entitled to receive the proceeds of the policy you've identified above
- the policy is insured by a Manulife Financial company, and
- you direct that company to withdraw the amount of money identified above and transfer it to the company that will insure the policy you are applying for in this application.

| | |
|-----------------------------------------------------------------------|--------------------|
| 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

By asking us to set up an automatic monthly withdrawal plan, you agree to the following:

- your bank will honour any withdrawals we make
- we have the right to increase the amount of automatic monthly withdrawals to the amount required to keep your policy in effect
- you waive the right to receive 10 days' notice of an increase in the amount of automatic monthly withdrawal
- you or we may end the plan by giving 10 days' written notice, counted from the date the notice is mailed and
- we may end the plan immediately if your bank does not honour a withdrawal.

| Your monthly premium | Extra payment amount (if applicable)* | Your total monthly payment |
|----------------------|---------------------------------------|----------------------------|
| \$ | \$ | \$ |

* This is the optional extra payment you may choose when you complete the Product Page for Security UL, InnoVision or Performax.

Do you want to:

| | |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> add your monthly payment to an existing automatic monthly withdrawal plan with us | Policy number on which the current automatic monthly withdrawal plan is set up |
| <input type="checkbox"/> set up a new automatic monthly withdrawal plan. | 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 |

10.4 Authorizing payments from a bank account not held by a policy owner

If the owner of the account from which automatic monthly withdrawals are to be made is not the owner of, or one of the people to be insured under 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) | Signature of account owner |
| Name of account owner (first, middle initial, last) | Signature of account owner |

Section 11 – Temporary insurance questions

In this section, you and *your* refer to the people to be insured. If **any** of the people to be insured answers yes to **any** question below, or if **any** of the people to be insured chooses not to answer the questions, none of the people to be insured on this policy are eligible for temporary insurance.

1. Eligibility for temporary life insurance

Only people from the ages of 15 days to 75 years inclusive are eligible for temporary life insurance. Each person to be insured under the policy must answer the following questions.

| | 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 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 type="checkbox"/> No <input type="checkbox"/> Yes |

If every person to be insured answered *no* to questions 1 a) and b) above, and if the conditions described on the Temporary life insurance certificate are met, your temporary life insurance coverage will begin immediately.

The *Temporary life insurance certificate* explains your coverage.

2. Eligibility for temporary critical illness insurance

Only people from the ages of 18 years to 65 years inclusive are eligible for temporary critical illness insurance. Each person to be insured under the policy must answer the following questions.

| | Person "A" to be insured | Person "B" to be insured |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| a. Do you have, or have you ever consulted a doctor for, been treated for or had any indication of heart or blood vessel disease, suspected heart attack, chest pain, diabetes, cancer or tumours, transient ischemic attacks, stroke or chronic kidney, liver or lung disease, multiple sclerosis, paralysis, blindness, deafness, loss of speech, loss of limbs, coma, severe burns, AIDS or HIV infection? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. Within the past two years, have you been refused coverage for life, health, critical illness or long-term care insurance or been offered insurance with restricted benefits or at higher than standard rates? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Within the past 60 days, have you been admitted or advised to be admitted to a hospital or clinic, other than for pregnancy or childbirth? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Within 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 that hasn't yet been performed or about which the results are unknown? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

If every person to be insured answered *no* to questions 2 a), b), c) and d) above, and if the conditions described on the Temporary critical illness insurance certificate are met, your temporary critical illness insurance coverage will begin immediately.

The *Temporary critical illness insurance certificate* explains your coverage.

To be completed by the insurance advisor

Amount paid by cheque (payable to Manulife Financial)

\$ 1336.72

Instructions for the insurance advisor

If all the people to be insured meet all the conditions on the applicable temporary insurance certificates on the following pages, give that applicable certificate and the receipt for payment to the owner.

If **any** people to be insured answer yes to any question or do not answer the applicable temporary insurance questions above, then **remove and destroy** the applicable temporary insurance certificate and **do not accept payment**.

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. Us and our refer to The Manufacturers Life Insurance Company (Manulife Financial).

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) <i>Peter</i> | Date (dd/mmm/yyyy) 15/07/2005 |
| Signature of person "A" to be insured (PETER) | |
| Signature of witness <i>John C. Wood</i> | |
| If the person to be insured is under age 18: Relationship to the person to be insured: <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. Us and our refer to The Manufacturers Life Insurance Company (Manulife Financial).

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) <i>Mirabel, QC</i> | Date (dd/mmm/yyyy) 15/07/2005 |
| Signature of person "B" to be insured <i>Peter</i> | |
| Signature of witness <i>John C. Wood</i> | |
| If the person to be insured is under age 18: Relationship to the person to be insured: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian | |
| Signature of parent or guardian | |
| Signature of witness | |

Manulife Financial

Receipt for payment

| |
|-------------------------------|
| Amount received \$ 1336.72 |
|-------------------------------|

The 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) <i>PETER FRASER</i> | Name of Person "B" to be insured (first, middle initial, last) |
| Total amount of insurance coverage applied for \$ 1,000,000 | Date (dd/mmm/yyyy) 30/07/05 |
| Signature of insurance advisor | |

Detach and leave with client

Manulife Financial

Medical Information Bureau

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, 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 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 people to be insured.

Signatures - (Section 12 continued)

Please review this application, including the Acknowledgements on pages 20 and 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:

- if you are eligible for temporary insurance, you have read and understood the *Temporary life insurance agreement* and/or the *Temporary critical illness insurance agreement* (see pages 17 and 18)
- to the best of your knowledge, all of the information in this application is current, correct and complete
- you agree to the terms of this application
- you make all of the declarations, acknowledgements and authorizations and give all consents described in this application.

The information you provide in this application will help us determine the insurance rating we use to issue your policy.

Unless you select the applicable box below, you agree that:

- if our findings concerning your blood pressure, cholesterol level or physical build affect your rating, we may share this information with your insurance advisor; and
- if the information you provide in the application or in any telephone interview or paramedical interview associated with this application affects your insurance rating, we may tell your insurance advisor whether the relevant information relates to your family history, medical information or lifestyle; and
- your insurance advisor can use this information to discuss the insurance rating with you, including its effect on the policy.

Person A to be insured does not agree

Person B to be insured does not agree

| | | |
|------------------------------------------------------------------|-----------------------------------------------------------------|----------------------|
| Signed at (city or town, province) <i>Mississauga ON</i> | Date (dd/mmm/yyyy) <i>15/09/2005</i> | |
| Signature of Person "A" to be insured <i>Peter</i> | Signature of witness <i>Birdie C. Wood</i> | |
| Signature of Person "B" to be insured | Signature of witness | |
| Signature of child to be insured if over age 16 (outside Quebec) | Signature of witness | |
| Signature of policy owner (if not Person A or B) <i>Manulife</i> | Title (if the policy is owned by a business) <i>DIRECTOR</i> | Signature of witness |
| Signature of policy owner (if not Person A or B) <i>Manulife</i> | Title (if the policy is owned by a business) <i>DIRECTOR</i> | 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)

How we resolve complaints

We're delighted that you are interested in purchasing an insurance product from us and we're committed to continually affirming your confidence in us in the years to come. If you have any concerns with the product itself or with the service you receive, you can rest assured that we will handle all of your questions and concerns fairly and efficiently. To discuss any questions or concerns you may have, please contact your insurance advisor or our head office at:

1-888-626-8543, outside Quebec;
1-888-626-8843, in Quebec.

More information about our complaint resolution process is available on the Internet at www.manulife.ca under *Contact Us > Customer Satisfaction*.

*Please print clearly.***1 General information**

Application number

Name of policy owner(s) (first, middle initial, last)

LF 52593

Canam Software Labs Inc.

Premium quoted
on illustration \$ 1,336.92**2 Coverage details****For amounts over \$1,000,000, please complete NN0781E Confidential Financial Questionnaire.**

| | | | | |
|---------------------------------|----------|---------------------------------------------|-----------------------------------|---------------------|
| Insurance coverages for: | 1 | Insured person (people) under this coverage | Illustrated Healthstyle™ category | Amount of insurance |
|---------------------------------|----------|---------------------------------------------|-----------------------------------|---------------------|

Peter Prager

3 \$ 1,000,000

Illustrated
Healthstyle™
category _____**Coverage type
(check one only)****Coverage option**

Term-10 Term-20 Term-Life

- Single-life
 Combined
 First-to-die Last-to-die

2 Insured person (people) under this coverageIllustrated
Healthstyle™
category _____

\$

Illustrated
Healthstyle™
category _____**Coverage type
(check one only)****Coverage option**

Term-10 Term-20 Term-Life

- Single-life
 Combined
 First-to-die Last-to-die

3 Insured person (people) under this coverageIllustrated
Healthstyle™
category _____

\$

Illustrated
Healthstyle™
category _____**Coverage type
(check one only)****Coverage option**

Term-10 Term-20 Term-Life

- Single-life
 Combined
 First-to-die Last-to-die

4 Insured person (people) under this coverageIllustrated
Healthstyle™
category _____

\$

Illustrated
Healthstyle™
category _____**Coverage type
(check one only)****Coverage option**

Term-10 Term-20 Term-Life

- Single-life
 Combined
 First-to-die Last-to-die

3 Additional protection

Child protection

| | |
|----------------------------|----------------------------|
| <p>A</p> <p>B</p> <p>C</p> | <p>D</p> <p>E</p> <p>F</p> |
|----------------------------|----------------------------|

Name of insured child(ren)

- * Please provide:**
- financial statements for this business for at least the current year and the previous year and
 - documentation showing the current equity position of each insured person in this business

| Name of insured person | Total disability waiver | Business value protector | |
|------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------|
| | | Name of business * | Amount |
| A Peter Prager | <input checked="" type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |
| B | <input type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |
| C | <input type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |
| D | <input type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |
| E | <input type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |
| F | <input type="radio"/> Yes <input type="radio"/> No | () Business owner's share of fair market value or () Lesser of \$ _____ and business owner's share of fair market value. | |

Total disability waiver on the payor

Name of payor (if other than an insured person named above).

4 Statement of disclosure

I understand that:

- guaranteed premiums will be established during the underwriting process and show in my contract when issued
- this product page will form a part of the application to The Manufacturers Life Insurance Company for life insurance
- if I've applied for the Business value protector coverage, the fair market value of the business and the business owner's share of it are determined solely by the Manufacturers Life Insurance Company based on information required by the company

Signed at Mississauga

Signature of policy owner (NAME)

Signature of insurance advisor

on

dd/mmm/yyyy
15 Sept 2005

Signature of additional policy owner (if applicable)



BUSINESS
Term™

Coverage and premium details

| | Coverage and rider summary | Initial annual premium |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------|
| Peter Prager <i>Male, 43, Healthstyle 3</i> | Term-10 coverage of \$1,000,000 for 37 years Total Disability waiver rider for 22 years | \$1,128.24 \$151.68 |
| Policy fee | | \$57.00 |
| Total initial premium | | \$1,336.92 |

Notes:

- Coverage(s) and premiums are guaranteed at policy issue.
- Term-10 premiums increase at each renewal.
- Term-10 coverages can be converted to age 75 and can remain in effect to age 80.
- Total disability waiver premiums renew every 10 years.

Helping You Make Better Financial Decisions.™

The Manufacturers Life Insurance Company

Designed for: Peter Prager

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: July 11, 2005

Reference #: 7.0.0.B - 110705152443

Page 4 of 8

Plan Details

| Year | Total Coverage (\$) | Total annual insurance premium (\$) | Total annual rider premium (\$) | Policy fee (\$) | Total annual plan premium (\$) |
|-------------|----------------------------|--------------------------------------------|----------------------------------------|------------------------|---------------------------------------|
| 1 | 1,000,000 | 1,128.24 | 151.68 | 57.00 | 1,336.92 |
| 2 | 1,000,000 | 1,128.24 | 151.68 | 57.00 | 1,336.92 |
| 3 | 1,000,000 | 1,128.24 | 151.68 | 57.00 | 1,336.92 |
| 4 | 1,000,000 | 1,128.24 | 151.68 | 57.00 | 1,336.92 |
| 5 | 1,000,000 | 1,128.24 | 151.68 | 57.00 | 1,336.92 |
| 6 | 1,000,000 | 1,128.24 | 151.68 | 57.00 | 1,336.92 |
| 7 | 1,000,000 | 1,128.24 | 151.68 | 57.00 | 1,336.92 |
| 8 | 1,000,000 | 1,128.24 | 151.68 | 57.00 | 1,336.92 |
| 9 | 1,000,000 | 1,128.24 | 151.68 | 57.00 | 1,336.92 |
| 10 | 1,000,000 | 1,128.24 | 151.68 | 57.00 | 1,336.92 |
| 11 | 1,000,000 | 6,187.56 | 1,467.36 | 57.00 | 7,711.92 |
| 12 | 1,000,000 | 6,187.56 | 1,467.36 | 57.00 | 7,711.92 |
| 13 | 1,000,000 | 6,187.56 | 1,467.36 | 57.00 | 7,711.92 |
| 14 | 1,000,000 | 6,187.56 | 1,467.36 | 57.00 | 7,711.92 |
| 15 | 1,000,000 | 6,187.56 | 1,467.36 | 57.00 | 7,711.92 |
| 16 | 1,000,000 | 6,187.56 | 1,467.36 | 57.00 | 7,711.92 |
| 17 | 1,000,000 | 6,187.56 | 1,467.36 | 57.00 | 7,711.92 |
| 18 | 1,000,000 | 6,187.56 | 1,467.36 | 57.00 | 7,711.92 |
| 19 | 1,000,000 | 6,187.56 | 1,467.36 | 57.00 | 7,711.92 |
| 20 | 1,000,000 | 6,187.56 | 1,467.36 | 57.00 | 7,711.92 |
| 21 | 1,000,000 | 16,492.08 | 2,134.80 | 57.00 | 18,683.88 |
| 22 | 1,000,000 | 16,492.08 | 2,134.80 | 57.00 | 18,683.88 |
| 23 | 1,000,000 | 16,492.08 | 0.00 | 57.00 | 16,549.08 |
| 24 | 1,000,000 | 16,492.08 | 0.00 | 57.00 | 16,549.08 |
| 25 | 1,000,000 | 16,492.08 | 0.00 | 57.00 | 16,549.08 |
| 26 | 1,000,000 | 16,492.08 | 0.00 | 57.00 | 16,549.08 |
| 27 | 1,000,000 | 16,492.08 | 0.00 | 57.00 | 16,549.08 |
| 28 | 1,000,000 | 16,492.08 | 0.00 | 57.00 | 16,549.08 |
| 29 | 1,000,000 | 16,492.08 | 0.00 | 57.00 | 16,549.08 |
| 30 | 1,000,000 | 16,492.08 | 0.00 | 57.00 | 16,549.08 |
| 31 | 1,000,000 | 45,135.36 | 0.00 | 57.00 | 45,192.36 |
| 32 | 1,000,000 | 45,135.36 | 0.00 | 57.00 | 45,192.36 |
| 33 | 1,000,000 | 45,135.36 | 0.00 | 57.00 | 45,192.36 |
| 34 | 1,000,000 | 45,135.36 | 0.00 | 57.00 | 45,192.36 |
| 35 | 1,000,000 | 45,135.36 | 0.00 | 57.00 | 45,192.36 |
| 36 | 1,000,000 | 45,135.36 | 0.00 | 57.00 | 45,192.36 |
| 37 | 1,000,000 | 45,135.36 | 0.00 | 57.00 | 45,192.36 |

Helping You Make Better Financial Decisions.™

The Manufacturers Life Insurance Company

Designed for: Peter Prager

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

Coverage details for Peter Prager

Peter Prager
 Male, 43, Healthstyle 3

Term-10 coverage of \$1,000,000 for 37 years
 Total Disability waiver rider for 22 years

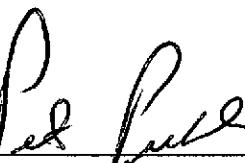
\$1,128.24
 \$151.68

| At Year | Total coverage (\$) | Annual insurance premium (\$) | Annual rider premium (\$) | Annual total premium (\$) |
|----------------|---------------------|-------------------------------|---------------------------|---------------------------|
| 1 | 1,000,000 | 1,128.24 | 151.68 | 1,279.92 |
| 11 | 1,000,000 | 6,187.56 | 1,467.36 | 7,654.92 |
| 21 | 1,000,000 | 16,492.08 | 2,134.80 | 18,626.88 |
| 23 | 1,000,000 | 16,492.08 | 0.00 | 16,492.08 |
| 31 | 1,000,000 | 45,135.36 | 0.00 | 45,135.36 |
| At end of year | | | | |

Important events

- Renewal of Term-10 coverage 10, 20, 30
- Expiry of Term-10 premium payment 37
- Expiry of Total Disability Waiver 22

Notes: The policy fee is not included in the premiums shown in this section.



 Policy Owner (CANAM)



 Policy Owner

Helping You Make Better Financial Decisions.TM

The Manufacturers Life Insurance Company

Designed for: Peter Prager

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: July 11, 2005

Reference #: 7.0.0.0B - 110705152443

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CANAM SOFTWARE LABS, INC.
90 MATHESON BLVD. WEST, SUITE 101
MISSISSAUGA, ONTARIO L5R 3R3
(905) 712-3840 FAX (905) 712-0043

Canam Software

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE REVERSE
ROYAL BANK OF CANADA
YONGE & DAWSON MANOR BRANCH
17770 YONGE STREET
NEWMARKET, ONTARIO L3Y 4V8

4532

9/15/2005

PAY
TO THE
ORDER OF

Manulife Financial

\$ **5,577.12

Five Thousand Five Hundred Seventy-Seven and 12/100*****

DOLLARS

Manulife Financial

CANAM SOFTWARE LABS, INC.

PER

MEMO

1000453210103314200310 103188910

CANAM SOFTWARE LABS, INC.

Manulife Financial

9/15/2005

Can\$5,577.12

4532

Royal Bank - \$CDN

Can\$5,577.12



Temporary life insurance certificate

In this certificate, *we*, *us* and *our* mean the companies as defined in Section 1 of this application. *You* and *your* refer to the policy owner.

Conditions

We agree to insure the lives of the people to be insured under this application and any child named on a child rider, if the conditions below are met and your bank honours your cheque when we first present it for payment. No person may change this certificate in any way.

1. You pay your first premium when this application is completed.
2. Your first premium payment is at least 1/12th of the annual premium for your basic policy and any additional benefits or riders.
3. All of the people to be insured, except any child who is only to be insured under a child rider, answered *no* to questions a and b in section 11, and no information has been misrepresented or left out of this application, including information about children to be insured under a child rider, that would affect our decision to provide insurance or the terms under which we provide it.
4. The age of each of the people to be insured under this temporary life insurance agreement is from 15 days to 75 years inclusive.

Temporary life insurance agreement

1. Temporary life insurance coverage takes effect when the application for life insurance has been completed and you pay your first premium, assuming all other conditions are met.
2. The terms of this temporary insurance agreement do not apply if you have applied for any of the following:
 - insurance through a "portability" or "conversion" provision of an existing policy
 - insurance through a "purchase of new policy" or "conversion" option of a supplemental benefit or rider, including a survivor's benefit.
 In these cases, the terms of the provision, benefit or rider apply.
3. The combined maximum benefit payable for any person to be insured under all temporary insurance agreements with us is the amount of insurance, including accidental death benefits, applied for on that person or \$1,000,000, whichever is less.

continued on the back



Temporary critical illness insurance certificate

In this certificate, *we*, *us* and *our* mean the companies as defined in Section 1 of this application. *You* and *your* refer to the policy owner.

Conditions

We agree to provide temporary critical illness insurance for the people to be insured under this application, if the conditions below are met and your bank honours your cheque when we first present it for payment. No person may change this certificate in any way.

1. You pay your first premium when this application is completed.
2. Your first premium payment is at least 1/12th of the annual premium for your basic policy and any additional benefits or riders.
3. All of the people to be insured answered *no* to questions a to d in section 11, and no information has been misrepresented or left out of this application that would affect our decision to provide insurance or the terms on which we provide it.
4. The age of each of the people to be insured under this temporary insurance agreement is from 18 years to 65 years inclusive.

Temporary critical illness insurance agreement

If a temporary critical illness insurance agreement is in effect when a person to be insured is diagnosed with a Covered Condition, we will pay you the benefit:

- if the terms of this temporary critical illness insurance agreement are met and
- once the person to be insured has satisfied the waiting period described in the *Exclusions and limitations* section on page 18.

Diagnosis or *diagnosed* means the written statement by a physician, supported by the appropriate investigation and medical evidence, that the insured person meets the definition of a Covered Condition in this certificate.

Physician means a person legally licensed to practice medicine in Canada or the United States or other jurisdictions that we may approve. This physician must not be a relative or business associate of the owner, the insured person or any claimant.

1. The maximum benefit for any person to be insured under all temporary critical illness insurance agreements with us is the total amount of critical illness insurance coverage applied for on that person or \$500,000, whichever is less.

2. The combined maximum benefit for any person to be insured under all temporary insurance agreements with us is the amount of insurance applied for on that person, including accidental death benefits, or \$1,000,000, whichever is less.
3. If we pay a benefit to you under this agreement, we will return any premium collected for insurance coverage that exceeds our maximum benefit payable under this temporary agreement for that insured person.
4. With respect to the maximum benefit payable for a person to be insured, the benefit payable under this temporary critical illness insurance agreement will take precedence over any benefit payable under a temporary life insurance agreement.
5. Temporary critical illness insurance coverage begins when this application is completed and you pay your first premium, assuming all other conditions are met.
6. Temporary critical illness insurance coverage on the person to be insured ends on the earliest of:
 - the date we deliver a critical illness insurance policy as a result of this application
 - the date we mail you a notice telling you that we have declined your application for critical illness insurance
 - the date when a benefit is payable under this agreement
 - 90 days from the date of your application for insurance, unless the person to be insured has been diagnosed with a Covered Condition and is in the waiting period for that Covered Condition, in which case it will end on the date the person to be insured is no longer satisfying the waiting period for that condition.
7. If we issue a critical illness policy to you based on the terms of this application, we will apply your first premium payment to the premiums due under the policy. If we decline your application, or if we offer you a policy based on terms other than those outlined in your application and you do not accept the policy, we will refund your first premium payment.

continued on the back

Temporary life insurance certificate (continued)

4. With respect to the maximum benefit payable for a person to be insured, the benefit payable under any temporary critical illness insurance agreement will take precedence over any benefit payable under this temporary life insurance agreement.
5. If the total amount of life insurance you've applied for on any person to be insured is greater than the maximum allowable under this temporary life insurance agreement and one of the people to be insured dies while covered under this temporary insurance agreement, we will refund the portion of any premium you've paid for coverage for that person over their allowable maximum.
6. The beneficiary under this temporary life insurance agreement will be the same as the beneficiary named for that person to be insured in this application.
7. The temporary life insurance outlined in this agreement will end on the earliest of:
 - the date we deliver a life insurance policy as a result of this application
 - the date we mail you a notice telling you that the insurance under this agreement has been cancelled, or
 - 90 days from the date of your application for life insurance.

Exclusions and limitations

If one of the people to be insured commits suicide, whether sane or insane, we will not pay a death benefit. We will refund the premium you paid for life insurance coverage for that person and all coverage under this temporary insurance agreement will end.

Temporary critical illness insurance certificate (continued)

Additional provisions for temporary coverage

The following provisions describe the temporary critical illness insurance that we will provide.

The conditions covered under this temporary critical illness insurance, and the amount of any benefit payable with respect to these conditions, depends on the amount and type of Lifecheque coverage you have applied for on each person to be insured, subject to the maximum benefit amounts established by this agreement.

If you have applied for Lifecheque (Primary) coverage for the person to be insured, the associated temporary critical illness insurance under this agreement covers only heart attack (myocardial infarction) and stroke (cerebrovascular incident) as defined in the list of *Covered Conditions* below. If you have applied for any other type of Lifecheque coverage (Renewable, Level or Permanent) for the person to be insured, the associated temporary critical illness insurance under this agreement covers all of the *Covered Conditions* described below.

Covered Conditions

Heart attack (myocardial infarction)

The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be based on:

- i. new electrocardiographic changes indicative of a myocardial infarction, and
- ii. elevation of cardiac biochemical markers to levels considered diagnostic for infarction.

Exclusion - We will not pay a Covered Condition Benefit for heart attack if it is diagnosed by any other method, unless the diagnosis is confirmed as described above.

Stroke (cerebrovascular incident)

Any cerebrovascular incident producing neurological sequelae lasting more than 30 days and caused by intracranial thrombosis or hemorrhage, or embolism from an extra-cranial source.

Exclusion - We will not pay a Covered Condition Benefit for stroke unless there is evidence of measurable, objective neurological deficit lasting longer than 30 days.

Transient ischemic attacks are specifically excluded.

Blindness

Total and irreversible loss of vision in both eyes as diagnosed by an ophthalmologist. The corrected visual acuity must be 20/200 or less in each eye, or the field of vision must be less than 20 degrees in both eyes.

Deafness

Total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or more within the speech threshold of 500 to 3,000 cycles per second.

Loss of speech

The total and irreversible loss of the ability to speak as the result of physical injury or disease which must be established for a continuous period of at least 180 days.

Exclusion - All psychiatric related causes are specifically excluded.

Paralysis

Complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating event, during which time there has been no sign of improvement.

Exclusion - All psychiatric related causes are specifically excluded.

Loss of limbs

The irreversible severance of two or more limbs above the wrist or ankle joint as the result of an accident or medically required amputation.

Coma

A state of unconsciousness, with no reaction to external stimuli or response to internal needs, continuing for at least four days.

Severe burns

The diagnosis by a physician that the insured person has sustained third-degree burns covering at least 20 per cent of the surface area of the body.

Exclusions and limitations

We will not pay a benefit if the person to be insured under this temporary critical illness insurance agreement suffers a Covered Condition as a result of any of the following causes, while sane or insane:

- intentionally self-inflicted injury
- the intentional use or intake of any drug, poisonous substance, intoxicant or narcotic by the insured person, other than as instructed by a physician or, in the case of non-prescribed medication, by the manufacturer
- committing or attempting to commit a crime
- operating a motor vehicle with a blood alcohol level that is greater than 80 milligrams of alcohol per 100 millilitres of blood.

The waiting period

We pay a benefit if the person to be insured satisfies a waiting period that is the longer of:

- 30 days following the diagnosis of a Covered Condition, or
- the period of time stated for a specific condition under *Covered Conditions*.

| |
|-------------------------------|
| Amount received \$ 1336.72 |
|-------------------------------|

The 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) <i>Peter Parker</i> | Name of Person "B" to be insured (first, middle initial, last) |
| Total amount of insurance coverage applied for \$ 1,000,000 | Date (dd/mmm/yyyy) 30/07/05 |
| Signature of insurance advisor | |

Detach and leave with client

LF 52593

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, 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 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 people to be insured.

Eryn Beintema

From: <Amy_Phinney@qus.ca>
To: <eryn@ardillfinancial.com>
Sent: Tuesday, September 13, 2005 2:08 PM
Subject: QUEST ORDER #1722474 - CLIENT: Prager, P.

ATTN: JOHN ARDILL

PLEASE BE ADVISED THAT YOUR REQUEST FOR SERVICES CONDUCTED ON APPLICANT Peter Prager WERE COMPLETED ON TUESDAY, SEPTEMBER 13, 2005.

THIS IS IN CONNECTION TO THE APPLICATION WITH MANULIFE FINANCIAL.

THE SERVICE(S) COMPLETED INCLUDE:

(160) PARAMEDICAL
(500) ECG
(543) LABONE BLOOD KIT (Barcode: 0103467610)
(560) FASTING BLOOD PROFILE

THANK YOU.

<https://www.ourapp.com/quest/orderSummary.asp?OrderID=1464304&SubOrderID=1722474>



Designed for

BOB

FAMILY TermTM

Family Term is an affordable and flexible term insurance plan with a guaranteed death benefit and guaranteed premiums. The death benefit could provide replacement income, pay off mortgage and debt, provide funds for your children's education or cover final expenses.

Helping You Make Better Financial Decisions.TM

The Manufacturers Life Insurance Company

Presented by:

Designed for: BOB
Male, 35, Healthstyle 3

Tel:
Fax:
E-mail:

Effective date: March 21, 2005
Reference #: 6.2.1.0B - 210305102532

Page 1 of 9

Eryn Beintema

From: "Peter Prager" <prager@canamsoftware.com>
To: "John Ardill" <john@ardillfinancial.com>
Sent: Thursday, September 29, 2005 11:09 AM
Subject: RE: Insurance application

John,

I travel all the time to Europe (4-5 times a year) and to the USA (3-5 times a year).

Hope that helps.

Peter Prager
Director, Software Marketing and Sales
Canam Software Labs, Inc.
Tel: (905) 712-3840 x115
Fax: (905) 712-0043
Web site: www.canamsoftware.com

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

From: John Ardill [mailto:john@ardillfinancial.com]
Sent: Thursday, September 29, 2005 11:05 AM
To: Peter Prager
Subject: Insurance application

Peter,

In reviewing your insurance application and the responses you gave to Eryn, you indicated that you will be travelling outside of North America within the next 12 months. We will need details of these expected travels (location, length of stay) before we can submit your application.

There are many dangerous places in the world and the insurance company needs to know if you plan to travel to any of these locations.

Your cooperation would be appreciated.

Eryn Beintema

From: "Peter Prager" <prager@canamsoftware.com>
To: "John Ardill" <john@ardillfinancial.com>
Cc: "Pete Puhl-CANAM" <puhl@canamsoftware.com>; "Dave Woodburn" <woodburn@canamsoftware.com>
Sent: Monday, September 19, 2005 1:51 AM
Subject: Insurance

Hi John,

thanks for coming in and walking us through some of scenarios. I found it interesting if not totally convincing.

As far as your offer to prepare a personal economic model, personally I am not interested. Thanks for the offer anyway.

Regarding the company insurance we need to yet have a discussion. Can you please provide the data you mentioned we would need to be able to compare our available alternatives? These would include guaranteed rate of return, admin costs, commission costs and anything else that is relevant information to be able to perform effective analysis.

Thanks again and kind regards,

Peter Prager
Director, Software Marketing and Sales
Canam Software Labs, Inc.
Tel: (905) 712-3840 x115
Fax: (905) 712-0043
Web site: www.canamsoftware.com

Eryn Beintema

From: "John Ardill" <john@ardillfinancial.com>
To: "Peter Prager" <prager@canamsoftware.com>
Sent: Friday, September 16, 2005 3:47 PM
Subject: Meeting follow up

Peter,

In regards to our meeting yesterday, thank you for your input.

Regarding the comments on your personal planning, I would like to offer my services to prepare a personal economic model for you using the Protection, Savings and Growth components. I believe that you would find this extremely constructive and worthwhile. It would also allow you to be able to make more factual based decisions regarding the possibility of converting term insurance to cash value insurance or any other options or opportunities that are presented to you at this time.

I can assure you that our discussions will lead to greater efficiency within your economic world, provide greater money supply in retirement with the same or lower risk than you have today, and ideally do this with no additional out of pocket dollars.

Please let me know if this is something that you would like to pursue.

**Regards,
John**

~ Helping clients discover the true worth of their assets ~

BUY TERM & INVEST

| | | |
|------------------------|-----------------------|------------------------|
| Present Val.: | Dividend Inc.: 15.00% | Inc. Tax Brkt.: 35.00% |
| Cost Basis: | Realized CG: | CG Tax Brkt.: 17.50% |
| Payment: 66,168 | Unrealized CG: | C.O.M. |
| Years: 25 | Div. Growth: | |

Average Yield: 15.00%

Actual Yield: 10.94%

| YR. | BOY | BOY Int. Rate | Annual Payment | EOY Mgt. Fee | BOY Misc. Fee | Annual Term | Annual Tax | Account Val. End Of Year |
|-----|-----|---------------------|-------------------|-----------------|---------------------|----------------|---------------|-----------------------------|
| 1 | | 15.00% | | | | | | |
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| 22 | | 15.00% | | | | | | |
| 23 | | 15.00% | | | | | | |
| 24 | | 15.00% | | | | | | |
| 25 | | 15.00% | | | | | | |

TOTALS:

POLICY INFORMATION
Policy Number: 1376776 [LIFETRAX]
Client Name: CANAM SOFTWARE LABS INC.

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