

Contact Sheets
- To Do's & Action Accelerator

Correspondence

Models
- Intro Questions & Questionnaire

Moves

Policies with Corresponding Quotes

Policy Statements

Policy Service

Contact : **Ms. Tamara Scearce**

Home Address: P.O. Box 972
Stn Main
Barrie, ON
L4M 5E1

March 21, 2006 @ 12 pm

At Aurora office

Directions:

Home Directions:

Title: Pilot

Home Phone: [1] 705-835-5985

Company: Air Canada

Home Fax:

Phone:

Cottage Phone:

Alt Phone:

Chalet Phone:

Fax:

Birthday: 7/5/1967
SIN: 482 204 500
Style:
Smoker:

Cell Phone: [1] 416-697-5985

Spouse: Jan Novak
Spouse Birthday: 11/27/1955
Spouse SIN:
Spouse Style:
Spouse Smoker: — — —

E-mail: tscearce@sympatico.ca

Assistant:

Assistant Phone:

Anniversary:

Asst. E-mail:

Children:

Status: Active Client

Service Level: None

Sold to Date:

Income:

Spouses Inc:

Insurance: No

Lawyer:

Investments: No

Accountant:

CI: No
DI: No

Mortgage:

Mortgage Date:

Wills:

Notes:

not Win art...

C ^{Illustration} today projection do 905.9 sent.
- give jacket

M meeting with Kevin Cott.

April 5.-20.

C order leap box.

C need more things for delivery
idea plan.

C when doing plan. P5+6 set up dates
from Peter

C change to working Brooks

Contact : Ms. Tamara Scearce

Wednesday December 14 @ 10:00am

EEAP, here

Directions:

Home Address: P.O. Box 972
Stn Main
Barrie, ON
L4M 5E1

Title: Pilot

Home Directions:

Company: Air Canada

Home Phone: 705-835-5985

Phone:

Home Fax:

Alt Phone:

Cottage Phone:

Fax:

Chalet Phone:

Cell Phone: 416-697-5985

Birthday: 05/Jul/1967

E-mail: tamara-jan@sympatico.ca

SIN: 482 204 500

Style:

Smoker:

Assistant:

Spouse: Jan Novak

Assistant Phone:

Spouse Birthday: 27/Nov/1955

Test. E-mail:

Spouse SIN: _____

ID/Status: Farm

Spouse Style: _____

Service Level: None

Spouse Smoker: _____

Income:

Anniversary:

Spouses Inc:

Children:

Lawyer:

Sold to Date:

Accountant:

Insurance: No

Mortgage:

Investments: No

Mortgage Date:

CI: No

DI: No

Wills:

Notes:

250K 5,854 250,000 60 >56,319 250,684 5.45
7.31
85. 1,869,000 1,328,000 6.38

- put in verbal plan & print off money proposal

Name: Ms. Tamara Scearce

Meeting Date: Wednesday December 14, 2005

Time: 10:00am

Notes:

- agenda.
 - Donation.
 - T deal plan.
 - Financial strategy.
- > 53 9.56
- Give Jan ^{cooper} gear info
- A & B
- when does home ownership date calendar year or Feb.
- ask Morion (Moo) on Feb. send to her.



JDN PHOTOGRAPHY CANADA

TAMARA SCEARCE

PO Box 972 Main Station Barrie, Ontario, Canada L4M 5E1

Email: JDN.Photography@sympatico.ca
www.jdnphotographycanada.com
705-835-5985

The Action Accelerator

Name:

Date: Nov 9/08

What are your three biggest insights from today?

1. CONSIDERING FINANCIAL MANAGEMENT MACRO From MICRO
2. CONSIDERATION OF NUMEROUS AVENUES FOR FINANCES
3. SECURING FORMS OF EQUITY WHERE OTHER AREAS
ARE DYNAMIC AND REASSESSING TO PROTECT EQUITY

Date: Dec 14/08

What are your three biggest insights from today?

1. BETTER UNDERSTANDING On How To MOVE FORWARD WITH
WEALTH MANAGEMENT
2. MINIMIZE RISK STILL ENABLE GROWTH
3. BETTER USE Of AFTER TAX DOLLARS

Date:

What are your three biggest insights from today?

1. _____
2. _____
3. _____



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Date: November 18, 2005

Name: Tamara Scearce & Jan Novak

TO DO

1. Pics of property, items, art etc.
2. Real Estate - Service find bayers
3. Change of ownership form - House
↳ website
4. Took insurance - coverage now. Everett J.A.
5. Mortg. Pay down. - ASAP
↳ credit line as high as possible.
6. To set up Mortg. at 2 yrs.
↳ monthly payments
7. 15% gross. to invest - done pension / Ac Steel.
8. W.H. & Power of Attorney form. sign
↳ Safety Deposit Box. (Seaweed)
9. Who. leg. has. 210K.?
- 10.



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ARDILL

Dream List

Name:

Date: 7 Nov 05

If we were meeting here _____ from today, looking back, what has to have
(Timeframe e.g. 3 Years)

happened during that time for you to feel happy with your progress?

PAY OFF MORTGAGE

DEBT FREE

REDUCE / RECOVER INCOME TAX



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ARDILL

The D.O.S. Worksheet*

D	Three biggest dangers to be eliminated.	Loss OF INCOME
O	Three biggest opportunities to be focused on and captured.	ILLNESS
S	Three biggest strengths to be reinforced and maximized.	

*The D.O.S. Worksheet™ is a trademark term and exercise from The Strategic Coach Program™ and is used in this modified format with written permission from The Strategic Coach Inc. TM & © 2004. All rights reserved.
www.strategiccoach.com

Contact : Ms. Tamara Scearce

Tuesday November 15 @10:00am

S&G Phone meeting

Directions:

Home Address: P.O. Box 972
Stn Main
Barrie, ON
L4M 5E1

Title: Pilot

Company: Air Canada

Home Directions:

Home Phone: 705-835-5985

Phone:

Home Fax:

Alt Phone:

Cottage Phone:

Fax:

Chalet Phone:

Cell Phone: 416-697-5985

Birthday: 05/Jul/1967

E-mail: tamara-jan@sympatico.ca

SIN: 482 204 500

Style:

Smoker:

Assistant:

Spouse: Jan Novak

Assistant Phone:

27/Nov/1955

Spouse Birthday:

Spouse SIN:

Spouse Style:

Spouse Smoker:

Asst. E-mail:

ID/Status: Farm

Service Level: None

Anniversary:

Income:

Children:

Spouses Inc:

Lawyer:

Accountant:

Sold to Date:

Mortgage:

Insurance: No

Mortgage Date:

Investments: No

CI: No

DI: No

Wills:

Notes:

Name: Tamara Scearce & Jan Novak

Meeting Date: Tuesday November 15, 2005

Time: 10:00am

Notes:

✓ *ops - ca.*
✓ *turn myself back*
- 00792.

✓ *password: 0101675.*

life side man +0101675.

Service Centre

✓ She will give dates in late Nov for

Dec.

E. / contact our real estate in Barrie
from Mark Deager / money going
✓ talked about / in to air &

- how I get paid / person's only
- money / self stock & material
- ins. / put into NY
- do my Tini

Contact : **Ms. Tamara Scearce**

Wednesday November 9 @ 9:30am

CEAP meeting, here

Directions:

Home Address: P.O. Box 972
Stn Main
Barrie, ON
L4M 5E1

Title: Pilot

Home Directions:
Home Phone: 705-835-5985

Phone:

Home Fax:

Alt Phone:

Cottage Phone:

Fax:

Chalet Phone:

Cell Phone: 416-697-5985

Birthday:

E-mail:

SIN:

Assistant:

Style:

Assistant Phone:

Smoker:

Asst. E-mail:

Spouse: Jan Novak

ID>Status: Farm

Spouse Birthday:

Service Level: None

Spouse SIN:

Income:

Spouse Style:

Spouses Inc:

Spouse Smoker:

Lawyer:

Anniversary:

Accountant:

Children:

Mortgage:

Sold to Date:

Mortgage Date:

Insurance: No

Investments: No

CI: No

DI: No

Wills:

Notes:

Name: Tamara Scearce

Meeting Date: Wednesday November 9, 2005

Time: 9:30am

Notes:

- ✓ - RR's p. contribution
- ✓ - equity in home
- ✓ look at 100% limit
- ✓ - leaving year
- ✓ Capital Gain
- ✓ Mark contact in Barrie
- ✓ Next meeting early Dec. to be set at phone meeting

Date: November 9, 2005

Name: Tamara Scearce

TO DO

- Pension → 100% Survivor Confirm Death Benefit
1. 60% Survivor
 0% Survivor
2. Life Insurance - Breakdown
 Beneficiary
 Disability Insurance
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.



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ARDILL

Eryn Beintema

From: "Peter Ardill" <pardill@ardillfinancial.com>
To: <eryn@ardillfinancial.com>
Sent: December 21, 2005 12:02 PM
Subject: Fw: homebuyers

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

From: Peter Ardill
To: tscearce@sympatico.ca
Sent: Tuesday, December 20, 2005 2:58 PM
Subject: homebuyers

Hello Tamara

Want to provide a response to your home buyers question. From your email you are correct.

Firstly, the required repayment is based an a calandar year. The required amount is noted on the tax return.

The repayment amount is identified with a rrsp receipt. This means you have the first 60 days. You do not need to make a deposit until Mar 1/06. When you receive your rrsp receipts you allocate necessary amount as a homebuyers repayment on the tax return.

If you need anything else please let me know.

Peter

Eryn Beintema

From: "Tamara" <tscearce@sympatico.ca>
To: <john@ardillfinancial.com>
Sent: December 20, 2005 12:01 PM
Subject: Home Buyers' Plan Repayment Requirements

Good afternoon John,

Just checking to see whether or not you were able to confirm with Peter whether the annual repayment for the Home HBP is the 2005 calendar year or if it follows the same calendar as RRSP contributions which would mean March 1, 2006. In addition, if I am required to repay this amount by Dec 31, 2005 where will be allocating these funds?

Thank you in advance for your assistance. Enjoy the holiday celebrations.

Tamara Scearce



ARDILL

solving the lifecycle puzzle™

December 20, 2005

Tamara Scearce & Jan Novak
P.O. Box 972
Barrie, Ontario
L4M 5E1

Dear Tamara and Jan,

It was a pleasure seeing you on December 14, 2005. It was a delight to be able to highlight some areas on your present plan that would allow you to have greater efficiency and wealth in the future with less tax and greater protection.

I thought your insights from the meeting were very appropriate. To recap, they were:

- better understanding on how to move forward with wealth management
- minimize risk but still enable growth
- better use of after tax dollars

We reviewed the present plan, and I must congratulate you as the number of dollars going into your model is very close to the ideal, which is 15% of gross. I'd also like to congratulate you on the umbrella liability policy.

We talked about how you're going to take money out of savings and put it towards your mortgage and restructure your loan with the bank.

I would like to thank you for your confidence and the business. We appreciate you transferring the open money and your RSP to us; we look forward to the final restructuring of that money.

The biggest move we talked about and that you've taken action on is how, if we take some of the earnings from that growth security and move it up into the life insurance drawer, we are able to create an additional 26% improvement by age 60, 14 years away.

What I hope you're most excited about is that with the actions you've taken today you've come closer to the Ideal Financial Plan and specifically to the 3 objectives you highlighted. (You will find the Ideal Financial plan at this document).

We also discussed the Banyan Tree 2005 donation. Please review the information; as I mentioned to you, if you would like to take some action on that we would need to see the paperwork and a cheque by December 22, 2005.

I hope that our meetings so far have met and , hopefully, exceeded your expectations. I would like to invite you , when you're speaking with people on a daily basis, to keep in mind whether a few of them would be interested in our services. Our business only grows when people like you are happy with our services and refer us to others.

Sincerely,

A handwritten signature in black ink, appearing to read "John Ardill".

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

Eryn Beintema

From: "Susan Dicks" <susan@ardillfinancial.com>
To: "Eryn Beintema" <eryn@ardillfinancial.com>
Sent: November 15, 2005 1:03 PM
Subject: Fw: INFO. ON KITCHEN GUY WHO LIVES IN BARRIE--LAST SAW HIM IN 2002.

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

From: MARK DRAPER
To: JOHN ARDILL
Sent: Wednesday, November 09, 2005 2:40 PM
Subject: INFO. ON KITCHEN GUY WHO LIVES IN BARRIE--LAST SAW HIM IN 2002.

KITCHENS + BACKSPLASH INSTALLATIONS: FRED (FEDERICO) SALAZAR--416-706-4668. LIVES IN BARRIE ON 30 DARCEL CRESCENT.

HOME: (705) 737-4850

Hope this will be of some help John. Good to hear that you and Joan are finally going to get settled. Looking forward to seeing your new "Castle" sometime in the near future. Hopefully, Irene & I will also have a better sense of our direction by that time.

*Warm regards,
Mark*

Pension Summary – Tamara Seeare

Background Info:

- Member is an Air Canada Pilot
- Pension Plan is a Defined Benefit Plan and contributions are payroll deducted. Depending upon the employee group employees can retire without penalty as early as age 55 as long as they have worked for 25 years or if their age and years of service equal 80. Normal retirement age for most Air Canada employees (excluding Pilots) is 65.

Current Pension Option	Pension Option (Single Life or Joint Life)	Current Survivor Guarantee Period	Survivor Period Options	Guarantee Income %	Current Survivor Guarantee Income %	Contact Info
• ?	<ul style="list-style-type: none"> • Joint Life is assumed if you have spouse • 	• ?	• ?	• ?	<ul style="list-style-type: none"> • Choices are: <ul style="list-style-type: none"> ○ 50%JL ○ 60%JL with actuarial adjustment (with some exceptions around definition of "Spouse") • Cost Factors for various options: <ul style="list-style-type: none"> ○ ? 	<ul style="list-style-type: none"> • Air Canada Pension Web: <ul style="list-style-type: none"> ● www.myacops.ca ● Login: 00792 ● Password: t010167S (case sensitive)

Eryn Beintema

From: "Michael Lanz" <m-lanz@rogers.com>
To: "Eryn Beintema" <john@ardillfinancial.com>
Cc: "John Ardill" <john@ardillfinancial.com>
Sent: November 22, 2005 4:34 PM
Attach: Scearce - Tamara.zip
Subject: Case Update: Scearce - Tamara

Hi Eryn,

Attached is DRAFT info I have for Tamara Scearce - It is incomplete at this time, pending key information missing.

This is a zipped up folder containing a couple of documents:

1.

Pension Summary (Word Format)

This is the template I'm using to document relevant information. You'll note "?" where info is still missing?

2.

Pension Document (PDF Format)

This is the only document I was able to find using Client web site login. Unlike some other Pension Web Sites, this one is very basic and provides no other general or personal info. No other information was available including any clues about contacting someone to obtain more details. I'm guessing Client has or can obtain a detailed Pension Guide and related current Statement. This would be most helpful, and I'd be glad to sift through any more information that may be obtained. I've tried to find more info on my own via web searches and have had no luck.

Hope this helps... I'll wait until I hear back from you/John with any more info.

Best,

Michael

Michael Lanz E.&O.E.
Qualified Financial Services Inc. (QFS)

Email. leapsupport@qfscanada.com
Ph. 416-630-4000 x348 / Toll Free. 800-263-4570
Cell. 416-464-0019 / Fax. 416-630-4022
Web. www.qfscanada.com / LEAP Licensee. www.leapsystems.com

October 19, 2005

Tamara Scearce & Jan Novak
P.O. Box 972
Barrie, ON
L4M 5E1

Dear Tamara and Jan,

I hope you are as excited as I am talking about your dreams and personal economic world.

Together, we will discover how to recover lost money that is running off your financial model as well as how to have greater money supply in the future.

That alone would create significant improvement.

This process does not stop there.

We believe that it is also possible to create greater protection against factors that can erode wealth:

- Increased taxes
- Inflation
- Market risk
- Death
- Disability
- Creditor claims & Lawsuits

We will be prepared to receive the enclosed Questionnaire and your documents, and look forward to a jam-packed meeting in November.

Sincerely,

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

PS&G
Personal Financial
Engineering
Worksheet

Present Plan

Client

Engineering

Worksheet

Last Name

SCEARCE

Date MAR 20, 06

Page

First Name Age

TAMARA 38

Client JAN 49

Spouse

Child

Child

Child

Child

Occupation Income

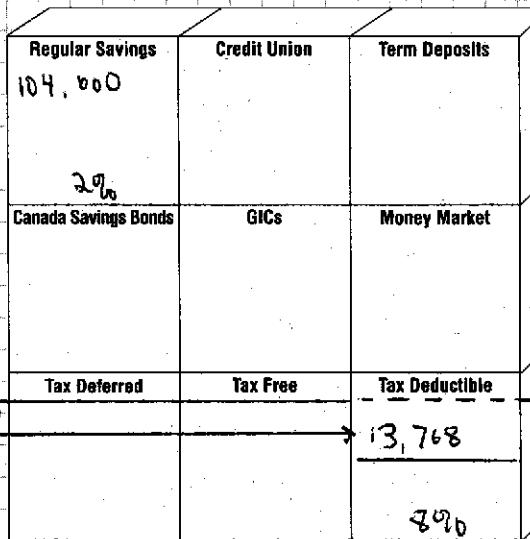
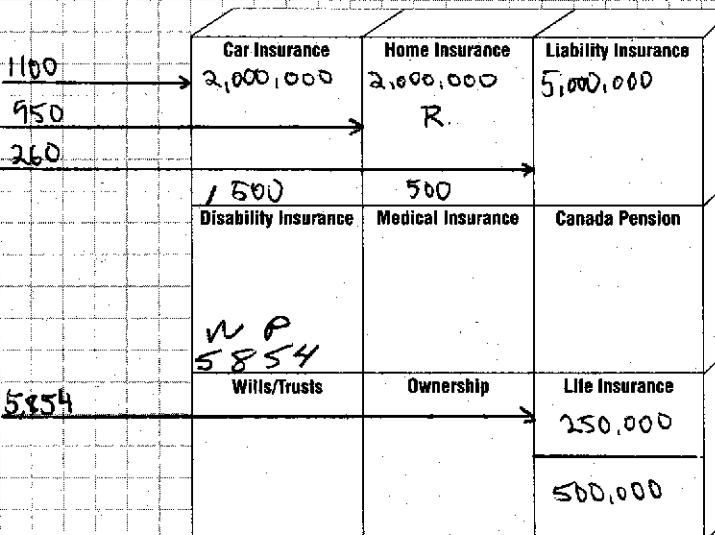
Pilot 98,400

Client

SELF EMPLOYED 24 K

Spouse

Additional Information

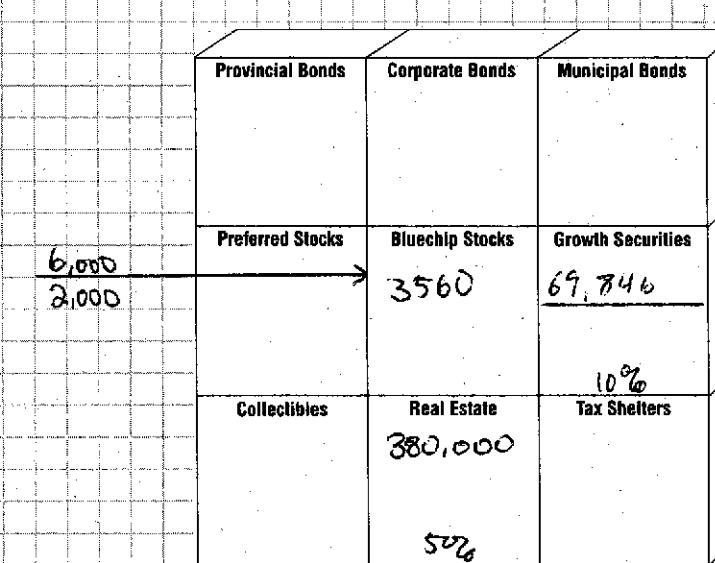


Debt Window

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

MTG 1658 283,560 4.49 237

LLOC 180 50,000 50,000



The PS&G Present Plan

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

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

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

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

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

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

PS&G
Personal Financial
Engineering
Worksheet

Present Plan

Last Name SCEARCE INDIVIDUAL Date 12/20/05

Page 1

First Name TANIA Age 38

Client JAN Age 49
Spouse

Child

Child

Child

Child

Occupation Pilot Income \$78,400

Client SELF EMPLOYED Income \$24,000
Spouse

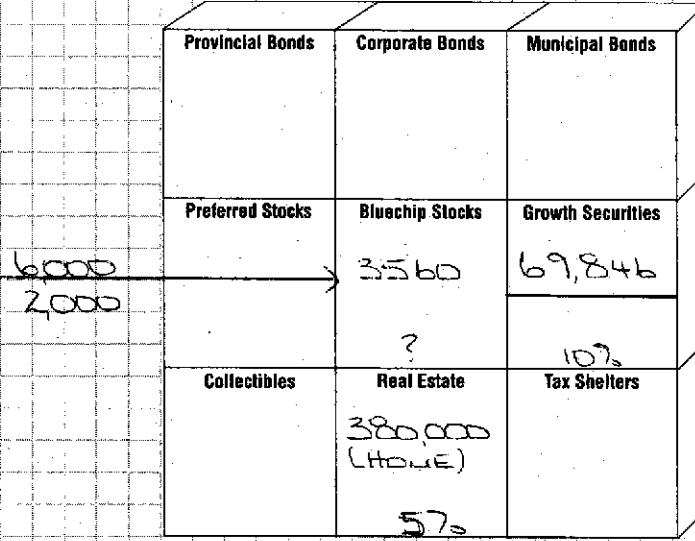
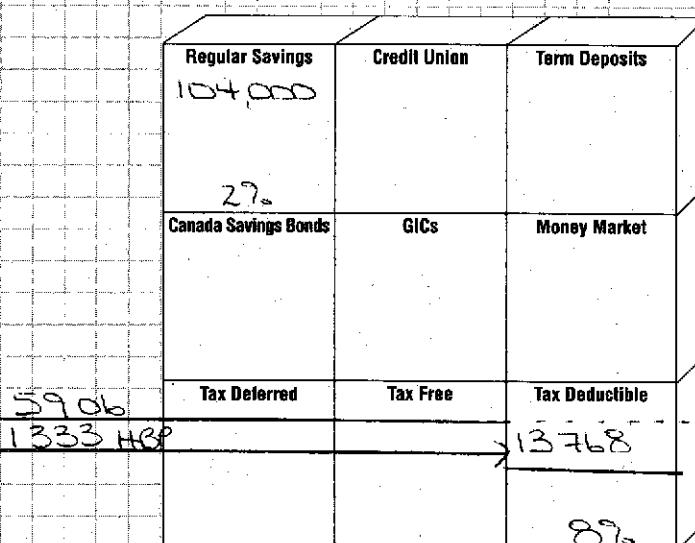
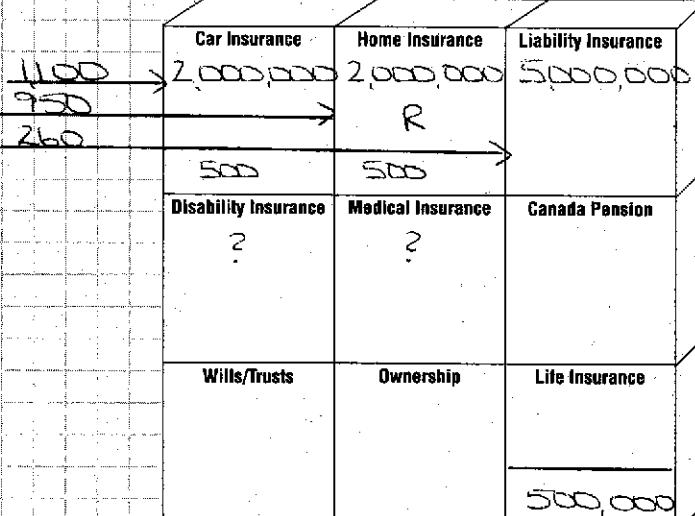
Additional Information

Debt Window

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

NTB 1658 283,560 4.4% 237

LOC 180 39,000 5.0000



The PS&G Present Plan

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2 Orchard Heights Blvd., Unit 27
Aurora, Ontario L4G 3W3
info@ardillfinancial.com

Tel: 416-657-2057 / 905-713-3795
Toll Free Number: 866-527-3455
Facsimile: 905-841-0782



Ideal Financial Plan

Overall objectives:

Achieved

- | | |
|---|--------------------------|
| 1. Be better off no matter what happens in the future | <input type="checkbox"/> |
| 2. Seek to keep the same or similar risk tolerance | <input type="checkbox"/> |
| 3. Greater abundance | <input type="checkbox"/> |
| 4. Create greater effectiveness | <input type="checkbox"/> |
| 5. Fewer locked assets | <input type="checkbox"/> |
| 6. Investments that produce more than one benefit | <input type="checkbox"/> |
| 7. Greater money supply and pay less taxes in retirement | <input type="checkbox"/> |
| 8. Recover lost opportunity cost | <input type="checkbox"/> |
| 9. Simple to maintain | <input type="checkbox"/> |
| 10. More protection against factors that can erode wealth | <input type="checkbox"/> |
| ❖ Increased taxes | <input type="checkbox"/> |
| ❖ Inflation | <input type="checkbox"/> |
| ❖ Fluctuating interest rates | <input type="checkbox"/> |
| ❖ Market risk | <input type="checkbox"/> |
| ❖ Dreams are self completing if dead or disabled | <input type="checkbox"/> |
| ❖ Creditor claims & lawsuits | <input type="checkbox"/> |

Worksheet

Last Name

SCARCE / NOWAK

Date 11/14/05

Page 1

First Name Age

TANALA 38

Client JAN

Spouse 49

Child

Child

Child

Child

Occupation Income

PILOT *78,400

Client SELF EMPLOYED *24,000

Spouse

15% goes.
(14,700)

Additional Information

1100	2,000,000	2,000,000
260	R	
950	500	500
	?	?
374		
125		

Regular Savings	Credit Union	Term Deposits
104,000		
270		
Canada Savings Bonds	GICs	Money Market

5906
1333 HBP
12768
1,680,000
8%

Provincial Bonds	Corporate Bonds	Municipal Bonds

6000
2000

3560
69,846
?

380,000
(Home)

10%

570

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

Problem Identification Worksheet

Problem Identified

P1 No policyP2 No policy

P3 _____

P4 _____

P5 _____

P6 _____

P7 _____

P8 _____

P9 Great west policy? Life /Pilot ins?

S1 _____

S2 _____

S3 _____

S4 _____

S5 _____

S6 _____

S7 _____

S8 _____

S9 \$4,300 of 13,716.3 is located in pension projected \$4k/yr/.05 = value
783 Home buy program \$20,000 2024

G1 _____

G2 _____

G3 _____

G4 _____

G5 _____

G6 67,600 - combine TOTAL OF 2 Accounts

G7 _____

G8 _____

G9 _____

Miscellaneous

ACE AVIATION: *3,500
 (ESPO) > *3700/lys

PENSION > 3000/lys

6 To 10 Air

Canada

33-1/2% Co part

in

was on you

where is control
in Banks

Discovery Questions

Name:

Date: Nov 9/05

1. Are you happy with your net worth at this time? Good
2. If you could start again would you do anything differently? If yes, what?

3. What do you like about your present advisors?

4. If you were retiring today what would that look like? Stay in Canada
but go to other places, debt free
net worth enough.
5. What money messages did you get growing up?
like to save taxes

6. Before I came along what was your financial game plan?

7. When are you going to die?

8. What would you like your family and others to say about you?
least amount of Tax as possible
come from a legacy

9. If I were to do a great job for you, what would that look like a year from now?

10. Would you like to be saving more money on a regular basis? good Yes _____ No _____



solving the lifecycle puzzle™

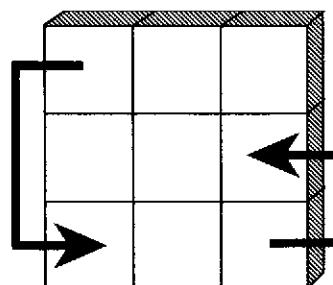
ARDILL

The confidential...

Questionnaire

... for Personal Financial Engineering™

CLIENT





The Questionnaire

Please read before you begin...

This Questionnaire is the first step in the Personal Financial Engineering™ process. This Questionnaire is designed to be easy to complete. The confidentiality of your information will be respected and your cooperation is appreciated.

Instructions for this Questionnaire:

Please fill in the information requested, being as complete and accurate in your answers as possible. Throughout the Questionnaire certain spaces have been set aside for use by your advisor. Please do not write in these areas. If you need additional space for your responses, please use the blank pages at the end of the Questionnaire. Please call if any item needs clarification or if you have any questions.

Documents to bring to the next Interview:

Your advisor will be able to work more effectively when you provide documents along with this completed Questionnaire. You can be assured that your documents will be professionally safeguarded under strict, confidential control during the analysis period. If you prefer, copies of your financial papers are acceptable. Your documents will be returned to you in the same condition as when provided.

Please check off each box as you gather each document:

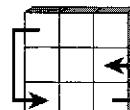
- Personal income tax returns - 2 years
- Notice of Assessment
- Paycheck stub(s) for you and your spouse showing deductions from gross income
- Wills and Trust documents
- All Personal Insurance Policies
 - Automobile Policies
(include declarations of coverage)
 - Homeowner's or Renter's Policy
(include declarations of coverage)
 - Life Insurance Policies
(for all members of your family)
 - Dividend Statements
 - Policy Loan Statements
 - Disability Policies
 - Hospitalization and Major Medical Policies
 - Any other types of insurance policies

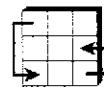
- Company-provided group benefits for you and your spouse
(if a print-out of specific coverages is available, please include)
- Current evaluation statements for each investment, and prospectus where applicable
- Canada Pension Plan Statement

For business owners only:

- Business life insurance policies
- Business income tax returns - 2 years
- Business financial statements - 2 years
- Buy - Sell Agreements
- Business Agreements
(i.e. key man, deferred compensation, etc.)

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Background Information

Family Data:

	Date of Birth	Birth Place	Social Insurance Number
Your Full Name	JULY 5, 1967	HAMILTON, ON	182 204 500
Spouse's Full Name	NOV 27, 1955	PRAGUE, CZ	
Child			

Residence:

Street Address PO Box 972 STATION MAIN

City BARRIE Province ON Postal Code L4M 5E1
 Telephone 705 835 5985 Fax 705 835 5985 E-Mail Address tamara-jan@sympatico.ca

Employment Data:

Occupation PILOT Employer AIR CANADA How Long 1999

You	PILOT	AIR CANADA	1999
Spouse	SELF EMPLOYED		1991

Your Employer's Address City Province Postal Code Phone #

Spouse's Employer's Address City Province Postal Code Phone #

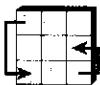
Your Work E-Mail Address Spouse's Work E-Mail Address

	Base Salary	Estimated Bonus	Estimated Commissions	Estimated Stock Options
Your Primary Income	\$8200/month			
Spouse's Primary Income	\$2000/month			

	Source 1 Amount	Source 2 Amount	Source 3 Amount	Source 4 Amount
Rentals				
Royalties				
Fees or Commissions				
Trust Income				

Secondary Business Income \$ Sole Proprietor Partnership Corporation

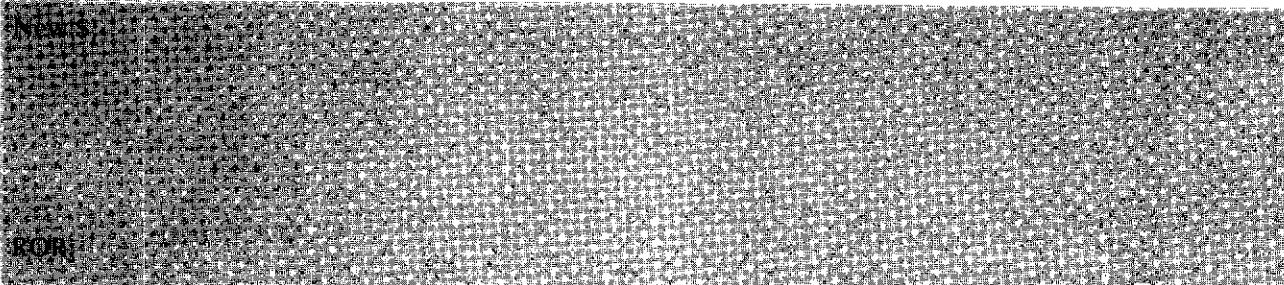
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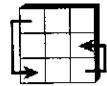


Savings Type Assets List each account separately, by ownership and amount

Item	Institution	Jointly Held	Yourself	Spouse	Children
Savings Account	ING	\$	\$ 104,000	\$	\$
Savings Account	CIBC	\$	\$ 4,200	\$	\$
Savings Account	PC FINANCIAL	\$	\$ 250	\$	\$
Credit Union	TEACHERS CREDIT UNION	\$	\$ 125	\$	\$
Savings Bonds (Type)		\$	\$	\$	\$
GIC, Term Deposit		\$	\$	\$	\$
GIC, Term Deposit		\$	\$	\$	\$
Money Market Fund		\$	\$	\$	\$
Money Market Fund		\$	\$	\$	\$
Single Premium Deferred Annuity		\$	\$	\$	\$
RRSP		\$	\$ 9500	\$	\$
RRSP		\$	\$	\$	\$
RRSP - Spousal					
RRSP - Locked in			\$ 4200		
Vested Pension		\$	\$	\$	\$
Vested Profit Sharing		\$	\$	\$	\$
Chequing Account		\$	\$	\$	\$
Chequing Account		\$	\$	\$	\$
RESP		\$	\$	\$	\$
RESP		\$	\$	\$	\$
Other		\$	\$	\$	\$
Other		\$	\$	\$	\$
Other		\$	\$	\$	\$

Please do not write in this space.





Investment Type Assets Stocks, Bonds, Mutual Funds, etc.

Item Name	# of Shares	Jointly Held	Current Market Value Yourself	Spouse	Children
Government Securities					
T. Bills, Notes, Bonds			\$	\$	\$
Other			\$	\$	\$
Corporate Bonds					
			\$	\$	\$
			\$	\$	\$
Municipal Bonds					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Stocks					
INVESTORS EDGE			\$ 1621 - \$	\$	\$
CASH			\$ 525 - \$	\$	\$
ACE AVIATION			\$ 3560) \$ air Canadian 6% / 50% match		
Mutual Funds					
AIC, AGF, DYNAMIC, TEMPLETON			\$ 49,000 ✓ \$	\$ step down	
AIC, DYNAMIC, TEMPLETON			\$ 18,700 ✓ \$	\$	33.3 %
			\$	\$	\$
Partnerships					
			\$	\$	\$
Other					
			\$	\$	\$
			\$	\$	\$

Please do not write in this space.

New \$:

ROR:



Real Estate

Property

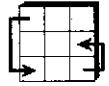
	Purchased Year	Price	Improvements or Capital Expenditures	Current Market Value (Estimated)
1,000 GLO Your Residence	2003	\$ 325,000	\$ 25,000	\$ 380,000
Other Home		\$	\$	\$
Other Home		\$	\$	\$
Land		\$	\$	\$
Land		\$	\$	\$
Land		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$

Please do not write in this space.

Mortgages/Equity Lines of Credit

	Interest Rate	Monthly Payment Net of Real Estate Tax	Months Remaining	Unpaid Balance
Your Residence	4.49 %	\$ 1658 -	19 years 9 months	\$ 283560 -
	%	\$		\$
Second Residence	%	\$		\$
CIBC LINE OF CREDIT	%	\$ 170-190		\$ 50,000
	%	\$		\$
	%	\$		\$
	%	\$		\$
	%	\$		\$

Please do not write in this space.



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?
	\$		\$	<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
	\$		\$	<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	\$ 2500.00
Artwork, Antiques, etc.	\$
Jewelry, Yours	\$ 500
Jewelry, Spouse	\$ 100
Automobile #1	\$ 7000
Automobile #2	\$ 12 000
Automobile #3	\$
Boat, Trailer, etc.	\$
Collections	\$
Other	\$

Please do not write in this space.



Insurance Coverages

Life Insurance

Name of Insurance Company	Family Member Insured	Annual Premium	Annual Dividend	Policy Loan	Amount of Coverage	Date Purchased
GREAT WEST LIFE		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

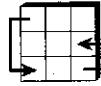
Please do not write in this space.

Disability Insurance (personally owned policies only)

Name of Insurance Company	Family Member Insured	Annual Premium	Amount of Coverage	Date Purchased
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Please do not write in this space.

Premium	Casualty Premium
G.I.	
H.O.	
P.A.	
P.U.	
O.	
O.	



Additional Information

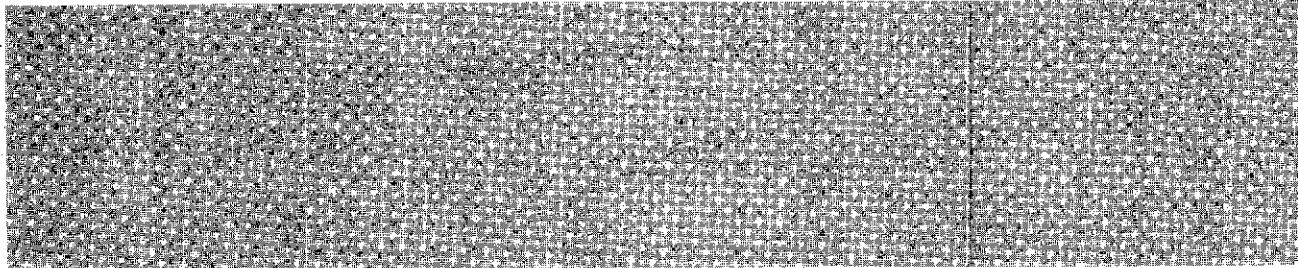
Do you have a Safety Deposit Box? Y N

Do you have Valid, Executed Wills? Y N

Do you have a Lawyer? Y N

Do you have an Accountant? Y N

Please do not write in this space.



Please use this page if additional space is needed for your responses.



Reserved for Your Advisor's Use:

Please do not write in this space.

Standard income tax bracket _____ %

Capital gains rate _____ %

Employer matching rate _____ %

Net investment _____ %

Net savings _____ %

Gross savings (net investment) _____ %

Investment in college education _____ %

Retirement savings _____ %

Real estate _____ %

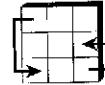
Business interests _____ %

Private planning _____ %

Short term (explain) _____ %

Long term (explain) _____ %

Other (explain) _____ %



Reserved for Your Advisor's Use:

Please do not write in this space.

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Air Canada

P.O. Box 768 Winnipeg, MB R3C 2N2

Pay Group: P01-Cdn Pilots Pay Group
 Pay Begin Date: 2005/08/31
 Pay End Date: 2005/09/29

Advice #: **2613057**

Deposit Date: 2005/10/17

T SCEARCE
 PO BOX 972 STN MAIN
 BARRIE ON L4M 5E1

TAX DATA: **Federal Quebec**

Net Claim Amt.: 8,148
 Spcl. Letters:
 Addl. Pct.:
 Addl. Amt.:

Employee ID: 000792
BALANCES:
 Time Bank Bal: 0.00

Location: YYZ70
Transit #: 001002442

Department: 0206
Acct Number: 7476833

Deposit Amount: 4,194.03

HOURS AND EARNINGS				DEDUCTIONS		
Description	Current Hours	YTD Earnings	Description	Current	YTD	Balance
Pilots Flying Pay	8,202.40	75,084.97	Canadian Income Tax	2,082.74	19,846.77	
Crew Cycle Expenses	731.07	5,700.32	EmpSharePurchasePlan	492.14	3,688.54	✓
Reimburse Medical Fee	55.00	55.00	Pilots Add.Life Ins.	32.80	328.00	✓
Sharing Our Success	75.00	825.00	EMA - ACPA	20.51	187.85	
ACPA MthlyAdv-1stOff	1,500.00-		Personal Insurance	114.00	1,098.00	^
			Parking Toronto [\$1.00]	1.15	11.50	
			Basic Group Life Insurance	10.78	106.53	<i>sponsal</i>
			Union Dues - ACPA	88.18	807.71	
			ACPA - Special Assessment	35.00	350.00	
			A/C Pension Sect 04-ACPA	492.14	3,891.62	✓
Total:	7,563.47		Total:	3,369.44		
NET PAY:				Current	YTD	
Total Taxable Earnings (incl. Taxable Benefits and Allowances) - Fed:				4,194.03	48,777.23	
				6,816.90	76,350.54	

MESSAGE:

MEMBER LIFE COVERAGE

FOR YOU

SUMMARY

(Former active Canadian Airline pilots previously insured under the Airline Pilots Association Plan, Group Policy No. 328515, are insured under this plan for the Air Canada Pilots Association, effective April 4, 2001)

Basic coverage: \$20,000.

Termination: Your basic coverage terminates on the first day of the month following your attainment of age 60 or your retirement, if earlier.

Optional coverage for dues paying members: You may choose units of \$50,000, up to a maximum of \$500,000.

Termination: Your optional coverage terminates on the first day of the month following your attainment of age 60 or your retirement, if earlier.

PART I. DEATH BENEFITS

DEFINITION

Where used in this coverage, "total disability" or "totally disabled" means:

- (1) you are not working for wage or profit; and
- (2) due to bodily injury or disease, you are not able to engage in any and every gainful occupation for which you are reasonably fitted by education, training or experience.

A. DEATH BENEFIT

If you die while covered under this coverage, the amount of your life coverage (shown in the Summary) that is in effect on the date of your death will be paid when Great-West Life receives due written proof of death.

B. EXTENDED DEATH BENEFIT DURING TOTAL DISABILITY

If you become totally disabled while covered under this coverage and are younger than age 60, Great-West Life will, upon receipt of satisfactory proof of total disability, continue the coverage **without payment of premiums** while you are totally disabled, subject to the remainder of this section B.

Notice that total disability exists and has continued without interruption for at least 6 months must be given to Great-West Life within 18 months after commencement of total disability. Satisfactory proof of total disability must be given to Great-West Life within one year of the date of notice and thereafter when and as required by Great-West Life once each year.

The amount of coverage continued is the amount for which you were covered at the date of commencement of total disability. However, if the coverage would normally reduce when you attain a certain age or for any other reason, the amount of coverage continued under this section B. will reduce accordingly.

Upon your death the amount of coverage will be paid provided satisfactory proof is submitted that such total disability continued to the date of death.

If you die before age 60 and within 18 months after the date of commencement of total disability and before any proof has been given, then notice that total disability continued to the date of death must be given to Great-West Life within one year after death. Satisfactory proof must be given to Great-West Life within 6 months of the date the notice is received by Great-West Life.

If an individual policy of life insurance has been issued in accordance with section D. Conversion Privilege, payment will be made only if the individual policy is surrendered without claim.

This extension protection will immediately terminate if you:

- (1) cease to be totally disabled;
- (2) reach age 60;
- (3) retire;
- (4) fail to furnish any required proof that the total disability continues; or
- (5) fail to submit to a medical exam by physicians named by Great-West Life when and as often as Great-West Life requires.

If the extension protection ends after you have given proof of total disability and you have not returned to active work with the employer, you have the same rights and benefits under section D. Conversion Privilege as if you ceased to be covered under this coverage.

C. EXTENSION OF BENEFIT

A death benefit is payable if you die within 61 days after ceasing to be covered under this coverage. The amount of the benefit is equal to the amount of life coverage you were entitled to convert under section D. Conversion Privilege.

D. CONVERSION PRIVILEGE

If you cease to be covered under this coverage prior to age 60, your coverage may be converted to an individual life insurance policy without evidence of insurability. The policy will be issued in accordance with the applicable laws or guidelines in effect in your province of residence. The amount converted must be at least equal to the minimum amount for which Great-West Life will issue an individual policy for the plan of insurance chosen. The maximum amount of optional life coverage to be converted may not exceed \$300,000.

The premium for the individual policy will be based on Great-West Life's premium rate as of the effective date of the individual policy, according to the plan of insurance chosen, the amount of insurance converted and your attained age.

You must apply for the individual policy and pay the first premium within 61 days after ceasing to be covered under this coverage. The individual policy will be effective 61 days after this coverage is terminated.

If you convert all or part of your life coverage under the terms of this section D., you will not be eligible for further coverage under this coverage, unless the individual policy is cancelled.

E. SELF-DESTRUCTION LIMITATION ON OPTIONAL COVERAGE

Benefits will not be payable for optional coverage if you die as a result of suicide or self-inflicted injury within 2 years after the following dates:

- (1) the date you became covered for the first time for optional coverage, or
- (2) the date an increase in the optional coverage became effective.

Instead Great-West Life will refund the amount of premiums paid, with respect to the optional coverage or the amount of the increase in the optional coverage.

F. TO WHOM PAYABLE

Any benefits payable on account of your death will be paid to your beneficiary determined under the beneficiary rules shown on the General Information page.

G. PROOF OF CLAIM

Written proof of a claim must be given to Great-West Life in accordance with the following:

Death claim - not later than 5 years after the date of death.

Disability claim - written notice must be given not later than 18 months after the date of commencement of total disability. Written proof must be given not later than 3 months after the date the notice is received by Great-West Life.

PART II. LIVING BENEFITS

DEFINITIONS

Where used in this coverage, the following phrases have the meanings set forth below:

- (1) "Living benefits" means the amount of life coverage that you may elect to place under this option. The living benefits is a one-time lump sum payment which is equal to 50% of your total amount of life coverage (shown in the Summary) in effect on the date Great-West Life receives proof that you are terminally sick, to a maximum of \$50,000. However, the living benefits may be reduced if, within 6 months after the date Great-West Life receives such proof, a reduction on account of age would have applied to your amount of life coverage. In that case, the amount of living benefits will be 50% of your amount of life coverage after applying the reduction, subject to the living benefits maximum.
- (2) "Terminally sick" means your life expectancy is 12 months or less.

A. OPTION

If you become terminally sick while covered under this coverage or while your coverage is being continued under the Extended Death Benefit During Total Disability section of this coverage, you may elect to have the living benefits option. Such election is subject to the provisions set forth below.

B. PAYMENT OF LIVING BENEFITS

If you elect this option, Great-West Life will pay the living benefits in one sum when it receives proof that you are terminally sick.

C. TO WHOM PAYABLE

The benefit under this option is payable to you.

D. AMOUNT PAYABLE ON YOUR DEATH

Great-West Life will pay to your beneficiary as determined under the beneficiary rules shown on the General Information page, in one sum, the amount of the life coverage proceeds, LESS the total of (1) the amount of the living benefits option you received, and (2) an amount representing interest calculated from the date of the living benefits payment to the date of your death, using an effective annual interest rate as notified by Great-West Life when applying for living benefits.

E. CONDITIONS

Your right to be paid under this option is subject to these terms:

- (1) You must choose this option in writing in a form satisfactory to Great-West Life.
- (2) You must furnish satisfactory proof to Great-West Life that your life expectancy is 12 months or less, including certification by a physician.
- (3) Living benefits will be made available to you on a voluntary basis only.

Therefore:

- (a) If you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this option.
- (b) If you are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement, you are not eligible for this option.

The deduction of the living benefits and its accrued interest take priority over any other demand or claim for benefits payable on your death.

F. EFFECT ON COVERAGE

When you elect this option, the total amount of life coverage payable on your death, including any amount under the Extended Death Benefit During Total Disability section of this coverage, will be reduced by the living benefits. Also, any amount you could otherwise have converted to an individual policy will be reduced by the living benefits.

DEPENDENTS LIFE COVERAGE

FOR YOUR QUALIFIED DEPENDENTS

SUMMARY

Optional coverage for your spouse who is younger than age 65: You may choose units of \$10,000 for your spouse, up to a maximum of \$200,000.

To become covered for optional coverage, your spouse will be required to submit **evidence of insurability** satisfactory to Great-West Life if:

- (1) you enroll your spouse for the first time for optional coverage; or
- (2) you wish to change your spouse's coverage to a higher number of units.

Termination: The optional coverage for your spouse terminates on the first day of the month following your attainment of age 60 or your retirement, if earlier.

Optional coverage for each dependent child who is 15 days of age or older: You may choose units of \$5,000, up to a maximum of \$50,000.

Termination: The optional coverage for each dependent child terminates on the first day of the month following your attainment of age 60 or your retirement, if earlier.

A. DEATH BENEFIT

If a dependent dies while covered under this coverage, the amount of life coverage (shown in the Summary) that is in effect for that dependent on the date of death will be paid when Great-West Life receives due written proof of death.

B. EXTENSION OF BENEFIT

A death benefit is payable if your spouse dies within 31 days after ceasing to be covered under this coverage. The amount of the benefit is equal to the amount your spouse was entitled to convert.

C. CONVERSION PRIVILEGE

If you cease to be covered under this coverage prior to age 60, the coverage on the life of your spouse may be converted to an individual life insurance policy provided your spouse is younger than age 65. Evidence of insurability is not required. The amount converted cannot exceed your spouse's amount of coverage when his or her coverage ends. This amount must be at least equal to the minimum amount for which Great-West Life will issue an individual policy for the plan chosen.

The premium for the individual policy will be based on Great-West Life's premium rate as of the effective date of the individual policy, according to the plan of insurance chosen, the amount of insurance converted and the spouse's attained age.

Your spouse must apply for the individual policy and pay the first premium within 31 days after ceasing to be covered under this coverage. The individual policy will be effective 31 days after this coverage is terminated.

D. SELF-DESTRUCTION LIMITATION

Benefits will not be payable for optional coverage if your dependent dies as a result of suicide or intentionally self-inflicted injury while sane or insane within 2 years of the date your dependent first became covered for the optional coverage. Any increase in your dependent's optional coverage will also be subject to this 2-year self-destruction limitation.

Great-West Life will refund the amount of premiums paid with respect to the optional coverage which is subject to this limitation.

E. TO WHOM PAYABLE

Any benefit becoming payable will be paid to you. If you predecease the dependent, the death benefit will be paid to the estate of the dependent or, at Great-West Life's option, to a surviving relative of the dependent.

F. PROOF OF CLAIM

Written proof of a claim must be given to Great-West Life not later than 5 years after the date of death.

Pension Estimator for Members of the Air Canada Pension Plan - Pilots [Version 1-1]

If you are a member of the *CII Pilots Pension Plan* you are on the *wrong worksheet!* Select the appropriate tab at the bottom left of the screen!

DISCLAIMER -

Although every attempt has been made to provide you with an accurate pension estimate, this should not be considered official in any way!! Most contingencies have been accounted for; however there may be some combinations of input that will yield erroneous results. This spreadsheet contains assumptions which will change from time to time, and therefore its accuracy will degrade over time. MPUs (Maximum Pension Units) reflected in this version increase until 2006 (remaining static thereafter) as outlined in the ACPA collective agreement. For those retiring after 2006 this version will use 2006 MPU values and not reflect future negotiated MPU increases. For 2005 and 2006, YMPE (Yearly Maximum Pensionable Earnings) is assumed to increase at 3% annually, and remain static beyond. Actual increases may vary. Please check for newer versions of this file on the ACPA website. Last modified July 2004, Version 1-1.

Instructions: Ensure you have the correct worksheet for your plan (select proper tab in bottom left of screen). Click on the blue ERIP field and select appropriate option from the pulldown list. Enter your information in the remaining blue fields to estimate your pension. Normal retirement is the first of the month following your 60th birthday. Confirm all of the numbers in the green service areas make sense. Details of the calculation are displayed in the lower portion. Please contact "tuljeong@theplanet.net" with any feedback.

Normal Retirement in 2027 - Air Canada Pension Plan - Pilots

Select an option from the pulldown list below!

Check Early Retirement Incentive Program (ERIP)? Captain's Service and ERIP

Year of MPU used in estimate

Year of Retirement:

Age at Retirement:

Factor 80 (age plus service)

Years

Pre-1990

- Service (excludes buyback)

Years

Post-1989

- Service (excludes buyback)

Years

Total Credited Service (Max 35)

Years

27.86 Years

Final Average Earnings

(5 year, best 60 consecutive months)

\$ 42,966

Total Yearly Pension (includes buyback and early penalty if applicable)

\$ 105,455

ESTIMATE ONLY!
NOT OFFICIAL!!! Joint
& Survivor 50%

The retirement date you entered is outside of the ERIP window. ERIP portion not calculated!!

	Pre-1990	Post-1989
1.5% × \$42,966	\$ 644	\$ 644
plus 2.0% × (\$20,000 - \$42,966)	<u>\$ 3,141</u>	<u>\$ 3,141</u>
Formula Total (unreduced)	<u>\$ 3,785</u>	<u>\$ 3,785</u>
MPU for 2027 (imreduced)	\$ 3,342	D \$ 4,264
Lesser of C or D	\$ 3,342	\$ 3,785
Apply Reduction (27.86 yrs / 27.79 yrs)	\$ 3,342	\$ 3,785
Years of Service	-	27.86
Pension	\$ -	\$ 105,455

Pension Estimator for Members of the Air Canada Pension Plan - Pilots (Version 1.1)

If you are a member of the CAA Pilots Pension Plan you are on the wrong worksheet! Select the appropriate tab at the bottom left of the screen!

DISCLAIMER

Although every attempt has been made to provide you with an accurate pension estimate, this should not be considered official in any way!! Most contingencies have been accounted for, however, there may be some combinations of input that will yield erroneous results. This spreadsheet contains assumptions which will change from time to time and therefore its accuracy will degrade over time. MPUs (Maximum Pension Units) reflected in this version increase until 2006 (remaining static thereafter). As outlined in the ACPA collective agreement, for those retiring after 2005 this version will use 2006 MPU values and not reflect future negotiated MPU increases. For 2005 and 2006, YMPE (Yearly Maximum Pensionable Earnings) is assumed to increase at 3% annually and remain static beyond. Actual increases may vary. Please check for newer versions of this file on the ACPTA website. Last modified July 2004, Version 1.1.

Instructions: Ensure you have the correct worksheet for your plan (select proper tab in buttons left of screen). Click on the blue ERIP field and select appropriate option from the pulldown list. Enter your information in the remaining blue fields to estimate your pension. Normal retirement is the first of the month following your 60th birthday.

Contain all of the numbers in the green service areas (use space bar) and then click on the green button "Estimate" to calculate your pension. You can also click on the green "Feedback" button to send comments to the developer.

Early Retirement in 2024 - Air Canada Pension Plan - Pilots

Select an option from the pulldown list below!

(Check Early Retirement Incentive Program LOA for eligibility requirements)

Year of MPU used in estimate
Year of Retirement :
Age at Retirement :

Factor 80 (age plus service)
Pre-1990 - Service (excluding buyback)
- Buyback Service
Post-1989 - Service (excluding buyback)
- Buyback Service

Total Credited Service (Max 35) 24.87 Years

Date of Birth
Date of hire
Date of Retirement or Early Retirement

\$ 1,041,637
2009-07-09
14-Aug-2024, Early Retirement

Pre-1990 - Layoff LOA
- Buyback (L.O.A.M.C.Connector)
Post-1989 - Layoff LOA
- Buyback (L.O.A.M.C.Connector)

Final Average Earnings
(3 year, best 60 consecutive months):

\$ 200,000

Final Average YMPE (3 yrs):
\$ 42,966

Total Money Pension (includes buyback and early penalty, if applicable) \$ 84,246

ESTIMATE ONLY!
NOT OFFICIAL!! Joint
& Survivor 50%

The retirement date you entered is outside of the ERIP window. ERIP portion not calculated!!

	Pre-1990	Post-1990
1.5% x \$342,966	\$ 644	\$ 644
plus 2.0% x (\$330,000 - \$342,966)	<u>\$ 3,141</u>	<u>\$ 3,141</u>
Formula Total (unrounded)	<u>C</u>	<u>\$ 3,785</u>
MPU for 2024 (unrounded)	\$ 3,342	D \$ 4,264
Lesser of C or D	\$ 3,342	\$ 3,785
Apply Reduction (24.87 yrs / 27.79 yrs)	\$ 2,991	\$ 3,387
Years of Service	-	24.87
Pension	\$ -	\$ 84,246

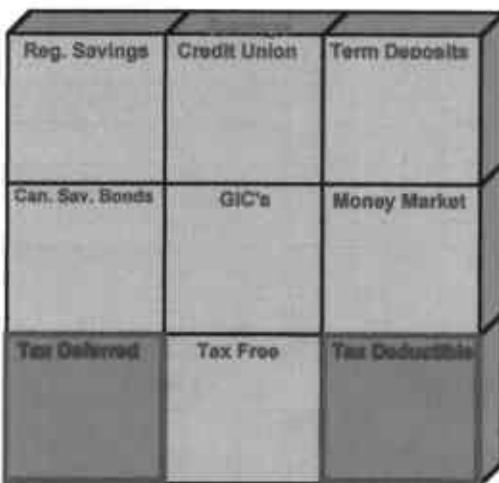
Opportunity Costs

Inputs



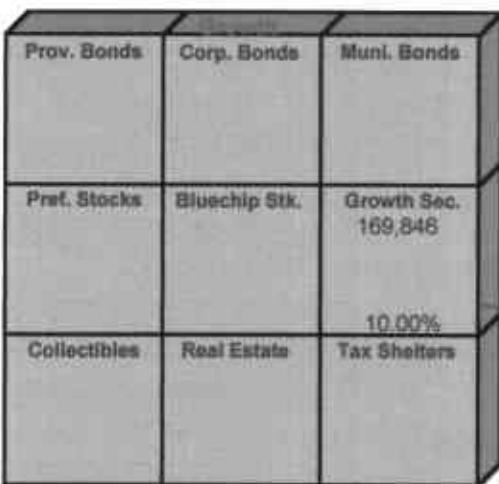
Hypothetical Output

Tamara Scearce
December 13, 2005
G6
Scenario 2
Age 38->60
Tax Brkt. 40, 40, 20
C.O.M. 8.0



(495,987)

→ 1,382,593 (48,510)



<i>Annual Input Growing to Old Money Tax & L.O.C.</i>	<i>Net Hyp. Output Recovered Tax & L.O.C.</i>	<i>Hypothetical Output Debt & Taxes Net Hyp. Output</i>
169,846 (495,987)	1,334,083 (495,987) Effectiveness 7.53%	1,382,593 (48,510) 1,334,083

Opportunity Costs

Inputs

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

Hypothetical Output

Tamara Scearce
December 13, 2005
G6
Scenario 2
Age 38 -> 60
Tax Brkt 40, 40, 20
C.O.M. 8.0

~~IV.C.~~

Reg. Savings	Credit Union	Term Deposits
Can. Sav. Bonds	GIC's	Money Market
Tax Deferred	Tax Free	Tax Deductible

Taxes
 $\times 8\%$
~~(495,987)~~ ← com

Prov. Bonds	Corp. Bonds	Muni. Bonds
Pref. Stocks	Bluechip Stk.	Growth Sec. 169,846 10.00%
Collectibles	Real Estate	Tax Shelters

1,382,593

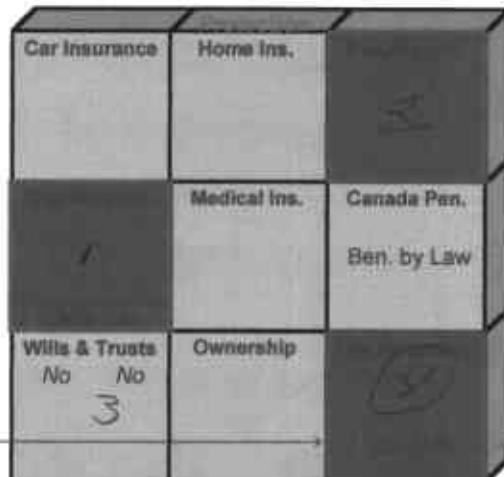
(48,510)

Annual Input Growing to Old Money Tax & L.O.C.	169,846 (495,987)	Net Hyp. Output Recovered Tax & L.O.C.	1,334,083 (495,987) Effectiveness 7.53%	Hypothetical Output Debt & Taxes Net Hyp. Output	1,382,593 (48,510) 1,334,083
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Opportunity Costs

Inputs

Hypothetical Output

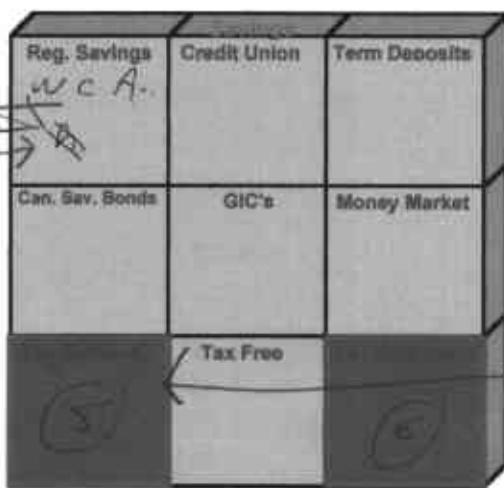


Tamara Scearce
December 13, 2005
G6
Scenario 3
Age 38->60
Tax Brkt. 40, 40, 20
C.O.M. 8.0

5,854

756,319

Old

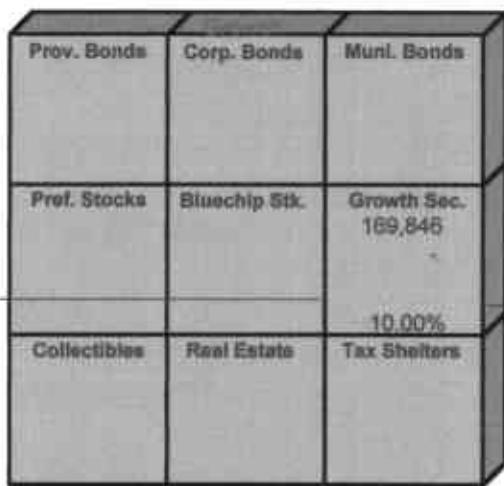


250,684

New C.V.

(378,070)

(5,854)



922,802

(35,270)

117,917

11/92,000

Income Taxes Recovered & Output

Annual Input Growing to Old Money Tax & L.O.C.	Net Hyp. Output Recovered Tax & L.O.C.	Effectiveness	Hypothetical Output Debt & Taxes Net Hyp. Output
169,846 (378,070)	1,761,768 (117,917) (378,070)	9.56%	1,797,038 (35,270) 1,761,768

Present Value:

Annual Payment:

Ann

Future Value:

Beg

Num of Years:

Interest Rate:

Present Value:

Annual Payment:

Future Value:

Num of Years:

Interest Rate:

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) JAN NOVAK	Relationship to Person "A" (in Quebec, relationship to the policy owner) SPOUSE	<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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TRIED WHEN 8 yrs old	<input type="checkbox"/> No <input type="checkbox"/> Yes	
b. Marijuana	<input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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.	<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	Details 5.2 (c) 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.

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 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 type="checkbox"/> No <input checked="" 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 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
<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? Pilot	Employer's name AIR CANADA
Employer's address PO Box 14000 STATION AIRPORT DORVAL, QUEBEC H4Y 1H4 CANADA	Business telephone number (800) 776-3000

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?	\$ 98,400	\$
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?	\$ 240,000	\$
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? No 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? No Yes If yes, please tell us the details.

Please return to: Manulife Financial, 500 King Street North, PO BOX 1602, STN WATERLOO, WATERLOO ON N2L 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	5'2"	110 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

(705)-326-5565

Name of your doctor (first, middle initial, last)

DR. T HARMATTY

Address

210 MEMORIAL AVE.

City or town

OILLIA

Province

ON

Postal code

L3V 7V1

Date last consulted (dd/mm/yy)

DEC 05

Reason last consulted and any treatment or medication prescribed:

CHEST CONGESTION

- INHALER TO LOSEN CHEST - 1 WEEK

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?

Children to be insured

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:

Name of child:

ECG

Reason for it:

AVIATION MED. EVERY 2 YRS

Result:

All OK

Date (dd/mm/yy)

04 OR 05

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

Name of child:

Reason for it:

Result:

Date (dd/mm/yy)

- | | 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 N2L 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
l. Medical tests: Have you had any medical tests, including X-rays or blood tests, during the past five years?		<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
m. Prescribed medication: Are you currently taking any prescribed medication, other than those you have already told us about?		<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
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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

7.6 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:	7.5	(A) ONE DR SAID YES A, NO OTHER CONFIRMATION. AVIATION MEDICAL COMPLETED EVERY 2-4 MONTHS SHOWS NO MURMUR
<input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	7.5 (H)	20 YRS AGO - HEART DURING PERIOD - HOSPITALIZED FOR ONE WEEK ON THE PILL - STILL TAKING - ALL OK
<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:	7.5 K2	BLOOD TRANSFUSION FOR HEART EPISODE TESTED ANNUALLY FOR TEN YEARS FOR HIV YEARS (83-93) - ALL OK
<input checked="" type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	7.5 (L)	BLOOD TEST FOR PHYSICAL (ANNUAL) - ALL OK
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:	(N) 1	BACK FROM AUSTRALIA IN 2002 - STOMACH PAIN - WENT TO HOSPITAL (EMG) NOT ADMITTED FOUND NO PROBLEM / NO MEDICATION
<input type="checkbox"/> Person "A" <input type="checkbox"/> Person "B" <input type="checkbox"/> Name of child:		- URINARY TRACT INFECTION IN 2004 - ALL OK - PRESCRIBED ANTI-BIOTICS
<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 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	\$	\$	
<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

\$ 5854.11

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 \$
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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 \$
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* 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:

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

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

LF 41406

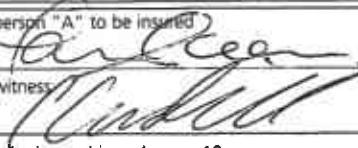
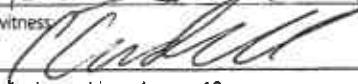
LF 41406

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) AURORA	Date (dd/mmm/yyyy) 14/12/2005
Signature of person "A" 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

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

LF 41406

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

LF 41406

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 MSG 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>AURORA, ONTARIO</i>	Date (dd/mm/yy) <i>14/12/2005</i>	
Signature of Person "A" to be insured <i>Bulce</i>	Signature of witness <i>Maddell</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)	Title (if the policy is owned by a business)	Signature of witness
Signature of policy owner (if not Person A or B)	Title (if the policy is owned by a business)	Signature of witness

If a person to be insured is under age 16 (under age 18 in Quebec), the mother, father or guardian (if they are not also a policy owner) must sign below to consent to this application for insurance.

Relationship to the person to be insured: Mother Father Guardian

Signature of parent or guardian	Signature of witness	Signature of insurance advisor
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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*.



Because every one is different.

APPLICATION NUMBER

NAME OF LIFE INSURED (FIRST, MIDDLE INITIAL, LAST)

LF 44406

TANAKA SCARCE

 Performax, PAR Joint Performax, PAR (Death Benefit payable on first death) Joint Performax, PAR (Death Benefit payable on second death)

Premiums

 first death second death

A) DIVIDEND OPTIONS

 Term Option Accumulation * Term Option Plus Premium reduction * (only available if premiums are paid annually) Paid-up Other (please specify) Cash *

* May be subject to taxation

B) BASIC FACE AMOUNT (Note: For total death benefit amounts over \$1,000,000, please complete NN0781E Confidential Financial Questionnaire).

\$ 250,000

TERM OPTION AMOUNT	TERM OPTION PLUS AMOUNT	TOTAL DEATH BENEFIT
\$ 250,000	\$ 0	\$ 250,000

C) INITIAL DEPOSIT OPTION PAYMENT (DUMP-IN) \$

D) PLANNED DEPOSIT OPTION PAYMENT (DUMP-IN) (Frequency same as billing) \$

E) PLEASE ATTACH ILLUSTRATION OR INDICATE TOTAL PREMIUM QUOTED: \$ 5854.11

F) SUPPLEMENTAL BENEFITS FOR PERFORMAX

i) Applicable to single life plans

 Total Disability Waiver Rider Accidental Death Benefit \$ Guaranteed Regular Special \$ Children's Protection Rider → Number of Units (1 unit = \$ 5,000) Payor Waiver, Death or Disability Spouse Protection Rider 10 Year Term \$ Term Insurance Rider Life Insured 10 Year Term \$ Total Disability Waiver (additional life insured)

ii) Applicable to joint plans with Death Benefit payable on first death

 Total Disability Waiver Rider Accidental Death Benefit \$ Joint Term Insurance Rider (10 Year Term) \$

I understand that this product page will form a part of the application to The Manufacturers Life Insurance Company for life insurance.

Signed at *Barrie, Ont* this *14th* day of *December* *2005*SIGNATURE OF OWNER
[Signature]

SIGNATURE OF JOINT OWNER (if applicable)

SIGNATURE OF AGENT/BROKER
[Signature]



Performax

Your coverage and payment summary

Life insured	Name	t scearce
Sex		Female
Age		38 as of December 13, 2005
Smoking status		Non-Smoker

	Your coverage	Annual premium	Coverage expires at end of
Basic	250,000	5,682.50	
Total death benefit at issue and initial required premium	250,000	5,682.50	
Total disability waiver		171.61	year 27
Total initial required premium		5,854.11	
Premium payment period	Basic premiums stop at age 99.		
Premium payment frequency	Premiums are paid annually.		
Dividend option	Dividends are used to purchase additional paid-up insurance.		
First payment	\$5,854.11		

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

Designed for t. scearce
Female, age 38, non-smoker

Presented by John R. Ardilll, CFP, CLU, CHFC
solving the lifecycle puzzle
Tel: 905-713-3795
Fax: 905-841-0782

D7 | 0-1-131305224032(E7 0 0)(R5 2)
Effective date December 13, 2005
Reference # 131305214942

Detailed values using the current dividend scale

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

Guaranteed		No	No	No	No	No	No
Policy year	Age	Annual payment	Total death benefit	IRR - Total death benefit	Total cash surrender value	IRR - Total cash surrender value	Change in total cash surrender value
1	39	5,854	256,653	4,284.16	735	-87.44	735
2	40	5,854	263,439	522.69	1,563	-78.10	828
3	41	5,854	270,374	219.94	2,495	-69.51	932
4	42	5,854	277,552	129.53	3,553	-61.72	1,058
5	43	5,854	284,890	88.60	4,738	-54.79	1,185
6	44	5,854	293,775	66.05	12,260	-29.53	7,522
7	45	5,854	305,889	52.20	21,665	-16.00	9,404
8	46	5,854	321,366	43.03	32,056	-8.50	10,392
9	47	5,854	340,128	36.61	43,520	-3.85	11,463
10	48	5,854	362,094	31.92	56,139	-0.76	12,619

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

Designed for **t. scarce**
Female, age 38, non-smoker

Presented by **John R. Ardill, CFP, CLU, CHFC**
solving the lifecycle puzzle
Tel: 905-713-3795
Fax: 905-841-0782

D7101-131305224032(E7.0)(R5.2)
Effective date December 13, 2005
Reference # 131305214942



Performax

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

Guaranteed		No	No	No	No	No	No
Policy year	Age	Annual payment	Total death benefit	IRR - Total death benefit	Total cash surrender value	IRR - Total cash surrender value	Change in total cash surrender value
11	49	5,854	387,221	28.39	70,010	1.39	13,871
12	50	5,854	414,743	25.63	81,088	2.19	11,079
13	51	5,854	443,923	23.40	93,072	2.84	11,983
14	52	5,854	474,739	21.56	106,032	3.37	12,960
15	53	5,854	507,151	20.02	120,053	3.82	14,022
16	54	5,854	541,168	18.72	135,485	4.22	15,431
17	55	5,854	576,829	17.61	152,169	4.56	16,685
18	56	5,854	613,833	16.63	169,873	4.83	17,704
19	57	5,854	652,178	15.78	189,195	5.07	19,322
20	58	5,854	691,892	15.03	210,011	5.28	20,816
21	59	5,854	732,980	14.35	232,421	5.47	22,411
22	60	5,854	756,319	13.57	250,684	5.45	18,262
23	61	0	781,209	12.94	270,343	5.61	19,660
24	62	0	807,632	12.38	291,443	5.75	21,100
25	63	0	835,549	11.88	313,808	5.86	22,365
26	64	0	864,958	11.44	337,976	5.97	24,168
27	65	0	896,339	11.04	363,928	6.06	25,952
28	66	0	929,222	10.69	391,302	6.13	27,374
29	67	0	963,605	10.36	420,343	6.19	29,040
30	68	0	999,512	10.07	451,113	6.24	30,770
31	69	0	1,036,953	9.80	483,440	6.28	32,327
32	70	0	1,075,937	9.55	517,720	6.32	34,280
33	71	0	1,116,494	9.32	554,208	6.35	36,488
34	72	0	1,158,642	9.11	592,636	6.37	38,428
35	73	0	1,202,403	8.91	633,368	6.39	40,733

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

Designed for t. scearce
Female, age 38, non-smoker

Presented by John R. Ardilli, CFP, CLU, CHFC
solving the lifecycle puzzle
Tel: 905-713-3795
Fax: 905-841-0782

D7 10 1-131305224032(E7 0 0)(R5 2)
Effective date December 13, 2005
Reference # 131305214942



Performax

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

Guaranteed		No	No	No	No	No	No
Policy year	Age	Annual payment	Total death benefit	IRR - Total death benefit	Total cash surrender value	IRR - Total cash surrender value	Change in total cash surrender value
36	74	0	1,247,801	8.73	676,316	6.40	42,948
37	75	0	1,294,876	8.56	722,307	6.41	45,990
38	76	0	1,343,673	8.40	770,829	6.43	48,523
39	77	0	1,394,233	8.25	821,947	6.43	51,117
40	78	0	1,446,614	8.11	875,690	6.44	53,743
41	79	0	1,500,867	7.97	931,624	6.43	55,934
42	80	0	1,557,046	7.85	990,248	6.43	58,624
43	81	0	1,615,204	7.73	1,051,484	6.42	61,236
44	82	0	1,675,393	7.62	1,115,827	6.41	64,343
45	83	0	1,737,672	7.51	1,183,152	6.40	67,325
46	84	0	1,802,088	7.41	1,253,626	6.39	70,474
47	85	0	1,868,703	7.31	1,327,527	6.38	73,901
48	86	0	1,937,597	7.22	1,404,912	6.37	77,384
49	87	0	2,008,857	7.13	1,485,636	6.35	80,725
50	88	0	2,082,557	7.05	1,569,423	6.33	83,787
51	89	0	2,158,791	6.97	1,656,866	6.32	87,444
52	90	0	2,237,643	6.89	1,748,610	6.30	91,744
53	91	0	2,319,198	6.82	1,845,787	6.28	97,177
54	92	0	2,403,538	6.75	1,949,010	6.27	103,223
55	93	0	2,490,741	6.68	2,060,373	6.25	111,362
56	94	0	2,580,907	6.62	2,180,534	6.25	120,162
57	95	0	2,674,129	6.56	2,310,065	6.24	129,530
58	96	0	2,770,498	6.50	2,453,219	6.24	143,155
59	97	0	2,870,141	6.44	2,606,333	6.24	153,114
60	98	0	2,973,231	6.38	2,761,961	6.23	155,628

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

Designed for **t. scearce**
Female, age 38, non-smoker

Presented by John R. Ardill, CFP, CLU, CHFC
solving the lifecycle puzzle
Tel: 905-713-3795
Fax: 905-841-0782

D7.L0.1-T31305224032(E7.0.0)(R5.2)
Effective date December 13, 2005
Reference # 131305214942



Performax

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

Guaranteed		Yes	No	No
Policy year	Age	Annual required premium	Premium paid by policy values	Tax portion: withdrawals /other dispositions
1	39	5,854	0	0
2	40	5,854	0	0
3	41	5,854	0	0
4	42	5,854	0	0
5	43	5,854	0	0
6	44	5,854	0	0
7	45	5,854	0	0
8	46	5,854	0	0
9	47	5,854	0	0
10	48	5,854	0	0
11	49	5,854	0	0
12	50	5,854	0	0
13	51	5,854	0	0
14	52	5,854	0	0
15	53	5,854	0	0
16	54	5,854	0	0
17	55	5,854	0	0
18	56	5,854	0	0
19	57	5,854	0	0
20	58	5,854	0	0
21	59	5,854	0	0
22	60	5,854	0	0
23	61	5,854	5,854	105
24	62	5,854	5,854	116
25	63	5,854	5,854	125

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

Designed for t. scearce
Female, age 38, non-smoker

Presented by John R. Ardilll, CFP, CLU, CHFC
solving the lifecycle puzzle
Tel: 905-713-3795
Fax: 905-841-0782

D7.1.0.1-131305224032(E7.0.0)(R5.2)
Effective date December 13, 2005
Reference # 131305214942



Performax

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

Guaranteed		Yes	No	No
Policy year	Age	Annual required premium	Premium paid by policy values	Tax portion: withdrawals /other dispositions
26	64	5,854	5,854	135
27	65	5,854	5,854	143
28	66	5,683	5,683	0
29	67	5,683	5,683	0
30	68	5,683	5,683	0
31	69	5,683	5,683	0
32	70	5,683	5,683	0
33	71	5,683	5,683	0
34	72	5,683	5,683	0
35	73	5,683	5,683	0
36	74	5,683	5,683	0
37	75	5,683	5,683	0
38	76	5,683	5,683	0
39	77	5,683	5,683	0
40	78	5,683	5,683	0
41	79	5,683	5,683	0
42	80	5,683	5,683	0
43	81	5,683	5,683	0
44	82	5,683	5,683	0
45	83	5,683	5,683	0
46	84	5,683	5,683	0
47	85	5,683	5,683	0
48	86	5,683	5,683	0
49	87	5,683	5,683	0
50	88	5,683	5,683	0

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

Designed for t. scearce
Female, age 38, non-smoker

Presented by John R. Ardill, CFP, CLU, CHFC
solving the lifecycle puzzle
Tel: 905-713-3795
Fax: 905-841-0782

D7.1.0.1-131305224032(E7.0.0)(R5.2)
Effective date December 13, 2005
Reference # 131305214942



Performax

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

Guaranteed		Yes	No	No
Policy year	Age	Annual required premium	Premium paid by policy values	Tax portion: withdrawals /other dispositions
51	89	5,683	5,683	0
52	90	5,683	5,683	0
53	91	5,683	5,683	0
54	92	5,683	5,683	0
55	93	5,683	5,683	0
56	94	5,683	5,683	0
57	95	5,683	5,683	0
58	96	5,683	5,683	0
59	97	5,683	5,683	0
60	98	5,683	5,683	0

Significant event

Policy year

Use of policy values to pay premiums

23 - 61

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

Designed for t. scearce

Female, age 38, non-smoker

Presented by

John R. Ardill, CFP, CLU, CHFC
solving the lifecycle puzzle

Tel: 905-713-3795

Fax: 905-841-0782

D7.1.0.1-131305224032(E7.0.0)(RS.2)

Effective date December 13, 2005

Reference # 131305214942

Important illustration notes

- Non-smoker rates and values illustrated are only available if the person(s) insured has not smoked cigarettes or marijuana within the last 12 months.
- Your choice for the use of dividends resulted in a taxable policy disposition in certain years. Any such dispositions are included in the 'Tax portion: withdrawals/other dispositions' column shown in the Detailed values section.
- There may be tax consequences if any of the following occurs:
 - policy values are used to pay premiums
 - a cash withdrawal or refund is made from the policy
 - a policy owner is changed
 - the insurance coverage of the policy is reduced
 - rider premiums are paid using policy values
- The term 'IRR' when used in a column heading represents the term 'Internal rate of return'.
- When the life insured reaches age 100, any riders in effect will terminate.
- The life expectancy for an individual of the life insured's age, sex and smoking status is 83.
- References within this illustration to tax treatment are based on the current principal Canadian Federal Income Tax laws and regulations, relevant to policy owners resident in Canada. Tax laws are subject to change and as a result, tax treatment of illustrated figures cannot be guaranteed.

Please consult the Performax contract for full plan details.

Designed for t. scearce
Female, age 38, non-smoker

D7.1.0.1-131305224032(E7.0.0)(R5.2)

Effective date December 13, 2005

Reference # 131305214942

Presented by John R. Ardilll, CFP, CLU, CHFC
solving the lifecycle puzzle
Tel: 905-713-3795
Fax: 905-841-0782

Plan summary and comparison of values

Life insured	Tamara Scearce, Age 38
Coverage selected	Single life
Dividend option	Paid up insurance
Basic coverage	\$250,000
Total death benefit	\$250,000
Total annual required premium	\$5,854.11
First payment amount	\$5,854.11
Additional Benefits	
Total disability waiver	

It's important for you to understand

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

- All values are illustrated as of the end of the policy year and include the dividend that is payable at the beginning of the next year, if applicable. Also, if any premium payable at the beginning of the next year is paid using policy values, this premium is deducted from the end-of-year policy values. Premiums are assumed to be paid at the beginning of each year.
- Values shown as guaranteed are contractually guaranteed in your policy and assume that premiums are paid every year.
- Total death benefit and total cash surrender values consist of guaranteed values and values based on dividends which are not guaranteed.
- A portion of the total cash surrender value may be subject to tax upon withdrawal or surrender.
- It's important to note that a change in the dividend scale can affect your policy if you plan to pay premiums over a limited period of time. A reduction in the dividend scale will affect your policy's values and may also require you to make more premium payments than illustrated.

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

Designed for **Tamara Scearce**
Female, age 38, non-smoker

Presented by **John R Ardill**
Manulife Financial

07.1.0.1-90306155259(E7.0.0)(R5.2)

Effective date February 09, 2006

Reference # 90306155259

Plan summary and comparison of values (cont'd)

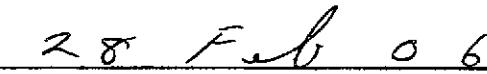
Policy year	Guaranteed values (\$)		Values not guaranteed (\$) at current dividend scale less 1.00%		Values not guaranteed (\$) at current dividend scale	
	Cash value	Death benefit	Total cash surrender value	Total death benefit	Total cash surrender value	Total death benefit
5	0	250,000	4,644	284,193	4,738	284,890
10	36,500	250,000	54,514	352,820	56,139	362,094
20	86,250	250,000	190,746	623,108	210,011	691,892
30	132,750	250,000	440,532	974,602	522,452	1,167,463
40	172,500	250,000	850,263	1,403,345	1,091,787	1,814,345

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

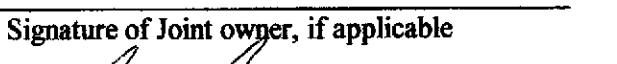
- the portion of the policy's death benefit and cash value that is not guaranteed, and
- the years when policy values could pay premiums, if I chose premium offset.



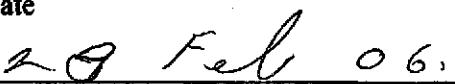
Signature



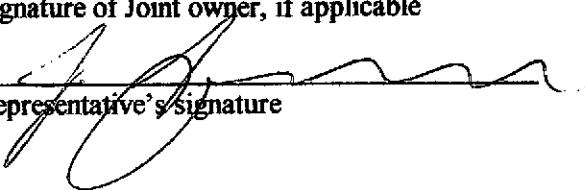
Date



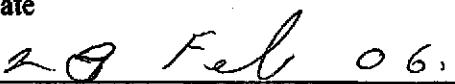
Signature of Joint owner, if applicable



Date



Representative's signature



Date

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

Designed for **Tamara Seearce**
Female, age 38, non-smoker

Presented by **John R Ardill**
Manulife Financial

D7.1.0.1-90306155259(E7.0.0)(R5.2)
Effective date February 09, 2006
Reference # 90306155259

Page 2 of 2

Policy delivery receipt

Policy owner: TAMARA SCEARCE

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

- I received the policy described above on 28 FEB 06
day month year
- I received and reviewed a copy of the application and agree that the information in it is accurate.
- If I am an insured person, I affirm that since the application date there has been neither a detrimental change to my health nor a change to my occupation or lifestyle that could increase the risk to my health or life.
- I understand that the insurance coverage provided by the policy will not take effect until the later of
 - the Policy date shown on the policy summary or policy specification pages of the policy, or
 - the date the first payment is made.
- I understand that the policy will not be in effect if, since the application date,
 - there has been a detrimental change to the health of any of the insured people, or
 - any of the insured people have made a change to their occupation or healthstyle that could increase the risk to their life or health
- I have reviewed and understood the policy illustration I received, including the fact that some values in the policy are guaranteed and some aren't. (*I understand that this statement does not apply if the policy I purchased is a Signet, Lifecheque, LivingCare, Life Wise or Term policy because all of the values in those policies are, in fact, guaranteed.*)


Signature of TAMARA SCEARCE

TAMARA SCEARCE
506 FALCONWOOD HOLLOW
AURORA ON L4G 7M1

057

DATE 27 Feb 2006

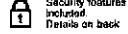
PAY TO THE
ORDER OF

MANULIFE FINANCIAL

\$ 5854.11

CIBC CANADIAN IMPERIAL BANK OF COMMERCE
SOUTH HILL SHOPPING CENTRE
9335 YONGE ST.
RICHMOND HILL, ONT. L4C 1V4

MEMO POLICY8810211

100 DOLLARS 

Security features
included.
Details on back.



1057 1024420101 24 76838



ARDILL
Solving the lifecycle puzzle.

SUMMARY INFORMATION

FOR

TAMARA SCEARCE

Policy # 8810211

INSURED: TAMARA SCEARCE
OWNER: Tamara Scearce
BENEFICIARY: JAN NOVAK
CLASS: NON-SMOKER
PLAN TYPE: PROFORMAX
CARRIER: MANULIFE
SUM INSURED: \$250,000
PREMIUM: \$5,854.11
CURRENT METHOD: ANNUAL
CONTRACT ISSUE DATE: FEB. 02, 2006

Date: 09-Feb-06

Policy Number 8810211
Policy Owner(s) TAMARA SCEARCE
Life Insured TAMARA SCEARCE
Age at Policy Date 38
Beneficiary As designated on the application, unless changed by the owner
Plan Performax, Whole Life, Participating,
Total Disability Waiver - TDW
Class of Risk Non-Smoker
Policy Date January 05, 2006
Issue Date February 02, 2006
Face Amount \$250,000

Premium Schedule

Premiums are payable at annual intervals, as shown below:

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

05 Jan 2006 5,682.50 171.61 5,854.11

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

Premium Schedule (Continued)

On each date shown below, the premium will change.

Some of the reasons your premium can change include:

- scheduled increases on renewable coverages based on the age of the Life or Lives Insured at that time;
- the expiry of a temporary rating; and,
- the expiry of a rider.

By paying the new premium, you renew the policy.

Beginning On Day Mon Year	Basic Policy(\$)	Rider TDW (\$)	Total Premium(\$)
05 Jan 2006	5,682.50	171.61	5,854.11
05 Jan 2033	5,682.50		5,682.50

Table Of Values Per \$1,000 Face Amount

End of Policy Year	Age Nearest Birthday	Guaranteed Basic Cash Value	Guaranteed Reduced Paid-up Amount
31	69	\$ 548	\$ 784
32	70	\$ 565	\$ 795
33	71	\$ 582	\$ 806
34	72	\$ 598	\$ 816
35	73	\$ 614	\$ 826
36	74	\$ 629	\$ 835
37	75	\$ 645	\$ 844
38	76	\$ 660	\$ 853
39	77	\$ 675	\$ 861
40	78	\$ 690	\$ 869
41	79	\$ 704	\$ 877
42	80	\$ 718	\$ 884
43	81	\$ 731	\$ 890
44	82	\$ 744	\$ 897
45	83	\$ 756	\$ 903
46	84	\$ 767	\$ 908
47	85	\$ 778	\$ 913
48	86	\$ 789	\$ 918
49	87	\$ 800	\$ 923
50	88	\$ 810	\$ 927
51	89	\$ 821	\$ 932
52	90	\$ 831	\$ 936
53	91	\$ 842	\$ 941
54	92	\$ 852	\$ 945
55	93	\$ 863	\$ 950
56	94	\$ 875	\$ 955
57	95	\$ 887	\$ 959
58	96	\$ 901	\$ 965
59	97	\$ 916	\$ 970
60	98	\$ 933	\$ 977

Policy Number 8810211
Life Insured TAMARA SCEARCE
Age at Policy Date 38
Policy Date January 05, 2006
Face Amount \$250,000

End of Policy Year	Age Nearest Birthday	Guaranteed Basic Cash Value	Guaranteed Reduced Paid-up Amount
1	39		
2	40		
3	41		
4	42		
5	43		
6	44	\$ 24	\$ 60
7	45	\$ 53	\$ 130
8	46	\$ 83	\$ 198
9	47	\$ 114	\$ 264
10	48	\$ 146	\$ 330
11	49	\$ 179	\$ 394
12	50	\$ 197	\$ 423
13	51	\$ 215	\$ 450
14	52	\$ 233	\$ 475
15	53	\$ 251	\$ 500
16	54	\$ 270	\$ 525
17	55	\$ 289	\$ 548
18	56	\$ 307	\$ 569
19	57	\$ 326	\$ 591
20	58	\$ 345	\$ 611
21	59	\$ 364	\$ 631
22	60	\$ 383	\$ 649
23	61	\$ 402	\$ 667
24	62	\$ 421	\$ 685
25	63	\$ 439	\$ 700
26	64	\$ 458	\$ 716
27	65	\$ 477	\$ 732
28	66	\$ 495	\$ 745
29	67	\$ 513	\$ 759
30	68	\$ 531	\$ 772

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

From: New Business
Date: February 02, 2006
Subject: Policy Issue Check List For:
Policy - 8810211
Policy Owner - TAMARA SCEARCE

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 OUTSTANDING PREMIUM \$5854.11
- 2) PLEASE OBTAIN A DELIVERY RECEIPT
- 3) PLEASE OBTAIN SIGNED ILLUSTRATION

We need to receive the forms by MAR 05 2006.

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.

Aviation Questionnaire

Manulife Financial, Individual Insurance
500 KING STREET NORTH, PO BOX 1669, WATERLOO ON N2J 4Z6

1 Person to be insured information

Application/Policy number	Name (first, middle initial, last)	Date of birth (dd/mmm/yyyy)
---------------------------	------------------------------------	-----------------------------

2 Details

To be completed by pilot.

What type(s) of pilot's licence do you currently hold and do you have your instrument rating?

Airline Transport license - Yes (1988)

When issued

Total number of solo hours flown as a pilot

First license to commercial since 1988

9000 hrs

Describe type(s) of aircraft you normally pilot. If more than one type, percentage of time in each

Airbus A320

Do you fly from a private airstrip? How long is your average trip?

Yes No

4 hrs

Describe type of terrain and area you usually fly over

Not over sea

Have you ever had an aviation accident, been grounded, fined or warned for violation of air regulations?

Yes No If "Yes," provide details including dates:

Purposes of your flights

Business (Hours per annum) _____

Pleasure (Hours per annum) _____

To be completed by pilot or passenger.

Type of flying (specify aircraft if varied)

Anticipated hours (next 12 months)	Hours flown in past 12 months	Hours flown between 13 and 24 months ago
------------------------------------	-------------------------------	--

Nonscheduled air carriers

Employer owned planes

Crop dusting

Water bombing

Mapping

Pipeline inspection

Advertising

Commercial photography

Instruction

Private (separate from above)

Military (specify type of craft)

Test/Experimental (specify type of craft)

Other (explain)

Concurrent flight to Europe

Do you have any operational limitations on your FAA/DOT medical certificate?

Yes No If "Yes," explain:

Cannot wear glasses while flying

Have you engaged in or do you contemplate engaging in any type of flying not already indicated?

Yes No If "Yes," explain:

3 Authorization

I certify that all the information in this form is complete, current and accurate to the best of my knowledge and belief and that the above information will form part of my application for insurance.

Date (dd/mmm/yyyy) Signature of witness Signature of person to be insured

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 - On Delivery

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 not Scheduled - Ordered Dec 21/05

Aviation questionnaire to come

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
3 months	Years

b. Which underwriting requirements have you requested for the people being insured? Please check all that apply.

Person "A" to be insured	Person "B" to be insured	Person "A" to be insured	Person "B" to be insured
Paramedical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical by physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical by internist or cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance blood profile	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height, weight, blood pressure	<input checked="" 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"/>

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)		
<i>JOHN R ARDILL</i>	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.

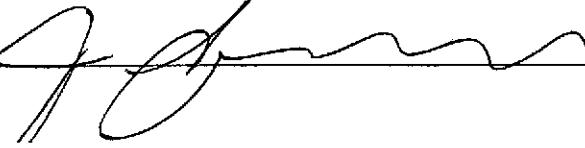
Name of insurance specialist (first, middle initial, last)	Advisor code	Business phone number ()
--	--------------	------------------------------

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) <i>JOHN R. ARDILL</i>	Advisor code 52313
Signature 	



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:

Personal

1.5 What language would you like your policy in?

- Issue the policy in English
 Établir le contrat en français

Section 2 – Information about the people to be insured

In this section, *you* and *your* refer to the people to be insured. The questions must be answered by the people to be insured. If a person to be insured is a minor, the minor's parent or guardian must provide the information on their behalf.

Important notice

We use the information you provide in this application to determine whether or not you are eligible for coverage and to establish the premium rates for the coverage you're applying for. If you misrepresent any facts or do not answer questions truthfully, we can cancel any policy we have issued on the basis of the information you provided.

2.1 Person "A" to be insured

a. Name (first, middle initial, last)	Date of birth (dd/mmm/yyyy)		
<i>TANIA SCARCE</i>			<i>5-JULY 1967</i>
Address (street and number)	Apt.	City or town	Sex <input type="checkbox"/> male <input checked="" type="checkbox"/> female
<i>P.O Box 972 SW NIN</i>		<i>BARRIE</i>	Province <i>ONT.</i>
Postal code	Number of years at this address	Home phone number	Place of birth
<i>L4M 5E1</i>	<i>2 1/2</i>	<i>218 835-5985</i>	<i>ONT.</i>
			Social insurance number <i>482 204 500</i>
b. Are you either a Canadian citizen or landed immigrant?	Previous country of residence		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please tell us:			
c. Do you expect to change your country of residence?	Details		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us the details.			
d. Do you expect to travel outside North America within the next 12 months?	Countries you will visit Length of stay		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please tell us:	<i>PILOT - DEPENDS ON WHERE FLYING</i>		

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?	Previous country of residence		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please tell us:			
c. Do you expect to change your country of residence?	Details		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please tell us the details.			
d. Do you expect to travel outside North America within the next 12 months?	Countries you will visit Length of stay		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please tell us:			

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
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Date of birth (dd/mmm/yyyy)	Social insurance number	Relationship to person to be insured
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Owner #2

Name (first, middle initial, last)	Sex <input type="checkbox"/> male <input type="checkbox"/> female
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Date of birth (dd/mmm/yyyy)	Social insurance number	Relationship to person to be insured
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- A legal entity such as a company or trust

Full legal name (including "Company," "Limited," "Inc." etc.)	Business number
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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) <i>Dion Boer</i>	Address (street and number) <i>P.O. Box 977 Stn. N.W.</i>	City or town <i>Battlef</i>	Province <i>ON</i>	Postal code <i>L4M 5E1</i>
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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
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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

QUEST

Order Summary

Create Order

Edit My Profile

Help

E-MAIL

BACK

ORDER#: 1839207**ORDER DATE:** 21-Dec-2005**BRANCH:** TORONTO EAST**USER:** JARDILL**Applicant Info****NAME:** Scearce, Tamara **SEX:** Female **DOB:** 5-Jul-1967**HOME:** P.O. Box 972
Stn. Main
Barrie, ON, L4M 5E1
Ph: (705)835-5985**PRODUCT:** Life - Standard - Non- **POLICY#:** **AMOUNT:** \$250,000
Smoker

SUBORDER#	1839207	APPOINTMENT			
STATUS	ASSIGNED	DATE	TIME	CREATED	COMPLETED
Unassigned				21-Dec-2005	
(150) VITAL STATISTICS					
(523) MILEAGE SUPPLEMENTAL					
(543) LABONE BLOOD KIT					
(560) FASTING BLOOD PROFILE					

Requirement BLOOD- 2hr fasting recommended, URINE, VITALS - HEIGHT, WEIGHT, 2 B.P. IF ELEVATED 3RD READING

Comments VIP Case**Customer Info****NAME:** MANULIFE FINANCIAL**CONTACT:** Barbara Rose **ADDRESS:** 25 WATER STREET SOUTH
Ph: (519)747-7000
P.O. BOX 800, STATION C**LAB:** LAB ONE

KITCHENER, ON, N2G 4Y5

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