

Complete only if applying for permanent life insurance.

Are you a U.S. Resident for tax purposes, or a U.S. citizen, and/or a resident of another country for tax purposes? ☐ Yes ☐ No

If YES, provide ..... and/or ..... and .....  
 U.S. Tax Identification Number Name of Country(ies) Tax Identification Number(s)

## 03 Eligibility Questions

For all Eligibility Questions, "You" and "Your" refer to the Insured.

Complete these questions for all applications. Then continue to the next section.

1 | Within the last 12 months have you, a. used tobacco or nicotine in any form (excluding 12 cigars or less) or b. vaped or used an electronic cigarette in any form or c. used, more than 6 times per week, marijuana in any form (excluding cbd oil or edibles)? ☐ Yes ☐ No  
 If YES, smoker rates apply: .....

2 | Will premiums be stopped, or coverage be reduced or discontinued, on existing life insurance coverage or an annuity if the insurance applied for in this application is issued?  
 If YES, state insurer, amount and plan, and complete the Comparison Disclosure Statement or Life Insurance Replacement Declaration required in your province. ☐ Yes ☐ No

Insurer ..... Amount ..... Plan .....

A

NO MEDICAL REQUIRED

YES If a question is answered YES in this section, apply for

**Guaranteed  
Acceptance Life  
Maximum \$50,000**

NO If ALL NO answers are provided, continue to section B

### Height and Weight Table (Section A, Question 7)

Height	Weight
4'8" — 4'10" 142 cm — 147 cm	230 lbs 104 kg
4'11" — 5'1" 148 cm — 155 cm	247 lbs 112 kg
5'2" — 5'4" 156 cm — 163 cm	273 lbs 124 kg
5'5" — 5'7" 164 cm — 170 cm	300 lbs 136 kg
5'8" — 5'10" 171 cm — 178 cm	328 lbs 149 kg
5'11" — 6'1" 179 cm — 185 cm	358 lbs 162 kg
6'2" — 6'4" 186 cm — 193 cm	389 lbs 176 kg
6'5" — 6'7" 194 cm — 201 cm	420 lbs 191 kg

1 | Do you require assistance with 2 or more of the activities of daily living, such as, but not limited to, getting up, walking, bathing, showering, washing, toileting, taking medication, dressing or feeding? ☐ Yes ☐ No

2 | Are you a resident of a long-term care facility, nursing home, nursing facility or assisted living residence? ☐ Yes ☐ No

3 | Are you bedridden or wheelchair bound, regardless of your place of residence? ☐ Yes ☐ No

4 | Have you ever been advised to receive, or are you on a waiting list for, or are you the recipient of, an organ or bone marrow transplant (excluding corneal transplant)? ☐ Yes ☐ No

5 | Within the last 60 days, have you been admitted to a hospital for more than 48 consecutive hours (excluding pregnancy)? ☐ Yes ☐ No

6 | a. Have you ever been advised to have surgery or a procedure, or an investigation or diagnostic test of any type (excluding annual tests with normal results), or to consult with a medical professional or facility, that has not yet started or been completed or the result of which is not yet known, or ☐ Yes ☐ No  
 b. have you ever not followed treatment or not taken medication advised or prescribed by a medical professional, or ☐ Yes ☐ No  
 c. within the last 60 days have you had or been advised of an abnormal test result that changed existing treatment or resulted in new treatment for an ongoing condition? ☐ Yes ☐ No

7 | Referring to the Height and Weight table for this question, is your weight greater than that indicated for your height? ☐ Yes ☐ No

8 | Have you ever tested positive for Human Immunodeficiency Virus (HIV) or had or been told you have, or been treated for, Acquired Immunodeficiency Syndrome (AIDS), Aids Related Complex (ARC), or a disease or disorder of the immune system excluding lupus, rheumatoid arthritis or type 1 diabetes? ☐ Yes ☐ No

9 | Have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for:  
 a. metastatic cancer, a recurrence of cancer, or a second diagnosis of cancer (excluding basal cell carcinoma) or ☐ Yes ☐ No  
 b. a chronic lung or respiratory condition (excluding sleep apnea), such as, but not limited to, Chronic Obstructive Pulmonary Disease (COPD), emphysema, or pulmonary fibrosis, which requires or required the periodic use of oxygen, or the use of a steroid (excluding steroid treatment for asthma) or ☐ Yes ☐ No  
 c. dementia, Alzheimer's, memory loss, Muscular Dystrophy, myotonic dystrophy, Parkinson's disease, Huntington's Chorea or Amyotrophic Lateral Sclerosis (ALS) or ☐ Yes ☐ No  
 d. congestive heart failure, systolic or diastolic heart failure or cardiomyopathy? ☐ Yes ☐ No

10 | Prior to age 40, have you had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for cardiac chest pain (angina), heart attack (myocardial infarction), coronary artery disease, atherosclerosis, stroke (CVA), transient ischemic attack (TIA), chronic kidney disease, an aneurysm anywhere in your body or had heart bypass surgery, angioplasty or stent insertion? ☐ Yes ☐ No

- 11** | Within the last 12 months, have you:
- a. used (except as prescribed by a medical professional) a narcotic or barbiturate or ..... ☐ Yes ☐ No
  - b. used (whether prescribed by a medical professional or not) heroin, a psychoactive drug, cocaine, crack, methadone, fentanyl or another similar agent or ..... ☐ Yes ☐ No
  - c. been in a hospital or facility for drug or alcohol treatment? ..... ☐ Yes ☐ No
- 12** | Within the last 24 months, have you been convicted, incarcerated, on probation or parole, or is a charge pending or are you awaiting sentencing, for a criminal offence? ..... ☐ Yes ☐ No
- 13** | Have you ever been diagnosed with a life threatening, critical, or terminal condition for which a medical professional has estimated that you have a reduced life expectancy? ..... ☐ Yes ☐ No

**B**
**NO MEDICAL REQUIRED**
**YES**

If a question is answered YES in this section, apply for

**Deferred Life**

Maximum \$75,000

**NO**

If ALL NO answers are provided, continue to section C

- 1** | Within the last 3 years, have you had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication, or had surgery or a procedure for:
- a. cardiac chest pain (angina), heart attack (myocardial infarction), cardiac disease, valvular disease or disorder, heart rhythm disorder, coronary artery disease, atherosclerosis or disorder of a blood vessel, an aneurysm anywhere in your body, stroke (CVA) or transient ischemic attack (TIA) or a pacemaker or defibrillator, or had heart bypass surgery, angioplasty, stent insertion or valve surgery or ..... ☐ Yes ☐ No
  - b. circulatory problems in the legs and/or feet (peripheral vascular, arterial and/or neuropathy)? ..... ☐ Yes ☐ No
- 2** | Within the last 12 months, have you had or been told you have, or been investigated (with a positive or unknown result) or treated for, cancer (of any type excluding basal cell carcinoma), an abnormal growth or a malignant tumour? ..... ☐ Yes ☐ No
- 3** | Have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for:
- a. chronic kidney disease such as, but not limited to, diabetic nephropathy, polycystic kidney disease (PKD), chronic renal failure at any stage, or been advised to be investigated for PKD or ..... ☐ Yes ☐ No
  - b. have a parental family history of PKD and you have not yet been investigated for PKD or ..... ☐ Yes ☐ No
  - c. liver disease such as, but not limited to, cirrhosis or hepatitis (excluding hepatitis a and b) or ..... ☐ Yes ☐ No
  - d. chronic or hereditary pancreatitis? ..... ☐ Yes ☐ No
- 4** | Within the last 12 months, have you been in a hospital or other facility for more than 24 consecutive hours for a mental health condition such as, but not limited to, depression, anxiety or psychosis? ..... ☐ Yes ☐ No
- 5** | Are you age 29 or under and have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for diabetes or your blood sugar level (excluding gestational diabetes)? ..... ☐ Yes ☐ No
- 6** | Have you ever had or been told you have, or been investigated (with a positive or unknown result), or treated, or taken medication, or advised to take or prescribed medication for diabetes and any of the following: coronary artery disease, cardiac chest pain (angina), heart attack (myocardial infarction), stroke (CVA), tingling or burning or loss of sensation in an extremity (neuropathy), peripheral vascular or arterial disease, loss of vision (retinopathy), kidney disease (nephropathy), or had heart bypass surgery, angioplasty, stent insertion or amputation? ..... ☐ Yes ☐ No
- 7** | Do you have a congenital development disorder such as, but not limited to, Down's Syndrome or Autism? ..... ☐ Yes ☐ No

**C**
**NO MEDICAL REQUIRED**
**YES**

If a question is answered YES in this section, apply for

**Deferred Elite Plans**

Maximum \$350,000

**NO**

If ALL NO answers are provided, continue to section D

- 1** | Have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for bipolar disorder, schizophrenia, manic-depression or psychosis? ..... ☐ Yes ☐ No
- 2** | Within the last 5 years, have you been treated or received medical advice or counseling for, or been advised to seek treatment for, or to cease or reduce, the use of alcohol or drugs? ..... ☐ Yes ☐ No
- 3** | Within the last 5 years, have you:
- a. used (except as prescribed by a medical professional) a narcotic or barbiturate or ..... ☐ Yes ☐ No
  - b. used (whether prescribed by a medical professional or not) heroin, psychoactive drug, cocaine, crack, methadone, fentanyl or another similar agent or ..... ☐ Yes ☐ No
  - c. been in a hospital or facility for drug or alcohol treatment? ..... ☐ Yes ☐ No
- 4** | Within the last 5 years, have you had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for a chronic lung or respiratory condition (excluding asthma) such as, but not limited to, chronic obstructive pulmonary disease (COPD), emphysema or pulmonary fibrosis? ..... ☐ Yes ☐ No
- 5** | Within the last 5 years, have you been convicted, incarcerated, on probation or parole, or are you awaiting sentencing, for a criminal offence? ..... ☐ Yes ☐ No

### Height and Weight Table (Section C, Question 14)

Height	Weight
4'8" — 4'10" 142 cm — 147 cm	79 — 185 lbs 36 — 84 kg
4'11" — 5'1" 148 cm — 155 cm	87 — 199 lbs 39 — 90 kg
5'2" — 5'4" 156 cm — 163 cm	94 — 215 lbs 43 — 98 kg
5'5" — 5'7" 164 cm — 170 cm	104 — 235 lbs 47 — 107 kg
5'8" — 5'10" 171 cm — 178 cm	115 — 260 lbs 52 — 118 kg
5'11" — 6'1" 179 cm — 185 cm	125 — 282 lbs 57 — 128 kg
6'2" — 6'4" 186 cm — 193 cm	139 — 305 lbs 63 — 138 kg
6'5" — 6'7" 194 cm — 201 cm	149 — 333 lbs 68 — 151 kg

- 6** | After the age of 40, have you had or been told you have, or been investigated (without a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for a neurological condition such as, but not limited to, a. epilepsy or b. multiple sclerosis or c. seizures with loss of consciousness? ..... ☐ Yes ☐ No
- 7** | Within the last 5 years, have you had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication, or had surgery or a procedure for:  
a. cardiac chest pain (angina), heart attack (myocardial infarction), cardiac disease, valvular disease or disorder, heart rhythm disorder, coronary artery disease, atherosclerosis or disorder of a blood vessel, an aneurysm anywhere in your body, stroke (CVA) or transient ischemic attack (TIA) or a pacemaker or defibrillator, or had heart bypass surgery, angioplasty, stent insertion or valve surgery or ..... ☐ Yes ☐ No  
b. circulatory problems in the legs and/or feet (peripheral vascular, arterial and/or neuropathy)? ..... ☐ Yes ☐ No
- 8** | Do you have diabetes that was diagnosed 20 or more years ago and within the last 12 months have you taken insulin or been advised to take or prescribed insulin? ..... ☐ Yes ☐ No
- 9** | Do you have diabetes and within the last 6 months:  
a. has insulin been taken, advised or prescribed as a new treatment or ..... ☐ Yes ☐ No  
b. has the prescribed dosage of insulin been increased or ..... ☐ Yes ☐ No  
c. has another form of insulin been added to the treatment plan? ..... ☐ Yes ☐ No
- 10** | Do you plan to travel outside North America, the Caribbean, Australia, the United Kingdom, New Zealand or the European Union countries for more than 12 consecutive weeks in the next 12 months? ..... ☐ Yes ☐ No
- 11** | Within the last 12 months, have you had a weight loss of 10% or more of your body weight, other than due to intentional dieting? ..... ☐ Yes ☐ No
- 12** | Within the last 12 months, have you had unexplained blood in your urine or stool? ..... ☐ Yes ☐ No
- 13** | Within the last 10 years, have you had or been told you have, or been investigated (with a positive or unknown result) or treated for, cancer (of any type excluding basal cell carcinoma), an abnormal growth or a malignant tumour? ..... ☐ Yes ☐ No
- 14** | Referring to the Height and Weight table for this question, is your weight outside the range indicated for your height? (For females, deduct 5 lbs. or 3 kg from the lower range for the given height) ..... ☐ Yes ☐ No

D

**NO MEDICAL  
REQUIRED**

YES

If a question is answered YES  
in this section, apply for

**Simplified Elite Plans**  
Maximum \$500,000

NO

If ALL NO answers are provided,  
**continue to section E ONLY**  
if you wish to apply for

**Preferred Plans\***  
**Preferred Elite Plans\***

\* You may qualify for one of these  
plans subject to underwriting  
requirements and approvals.

- 1** | Within the last 12 months, have you had or been told you have, or been investigated (with a positive or unknown result) or treated for, multiple sclerosis? ..... ☐ Yes ☐ No
- 2** | Have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated for, cancer (of any type, excluding basal cell carcinoma), an abnormal growth or a malignant tumour? ..... ☐ Yes ☐ No
- 3** | Have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated for, diabetes (excluding gestational diabetes) or within the last 6 months had an A1c greater than 8.5? ..... ☐ Yes ☐ No
- 4** | Within the last 12 months, has there been a change in your medication (increased or decreased), or have you been advised to take or prescribed a new medication for an ongoing condition? ..... ☐ Yes ☐ No
- 5** | Within the last 10 years, have you been convicted, incarcerated, on probation or parole, or are you awaiting sentencing for, a criminal offense, or within the last 2 years have you been charged with driving under the influence or impaired driving? ..... ☐ Yes ☐ No
- 6** | Within the last 2 years, have you been involved in, or do you plan to do so within the next year, the operation of an aircraft as a pilot or student pilot (scheduled commercial pilots excluded), or a hazardous sport such as, but not limited to, scuba diving, motor vehicle racing, mountain climbing, back country skiing or sky diving? ..... ☐ Yes ☐ No
- 7** | Within the last 2 years, has your driver's license been suspended or revoked, or within the last 12 months have you had more than 3 moving violations? ..... ☐ Yes ☐ No
- 8** | Have 2 or more members of your immediate family (father, mother, brothers, sisters) ever had, or been treated for, or diagnosed with, cancer, heart disease, stroke (CVA) or transient ischemic attack (TIA), or has any member of your immediate family, before the age of 60, been treated for or diagnosed with polycystic kidney disease, Huntington's Chorea, or a hereditary disease or disorder? ..... ☐ Yes ☐ No

E

**MAY BE  
SUBJECT TO  
UNDERWRITING****Preferred Plans**

Minimum \$50,000

Maximum \$1,000,000

The plan you may be eligible  
for will be determined by our  
underwriting department.

1 | Have you ever been prescribed a medication that was for more than 30 days for a medical condition? ☐ Yes ☐ No

If YES, please advise the name of the prescription(s) and the nature of the medical condition they were prescribed for.

Details

2 | Date you last consulted a physician .....

Reason for consult .....

F

**SUBJECT TO  
UNDERWRITING****Preferred Elite Plans**

Minimum \$500,000

Maximum \$1,000,000

The plan you may be eligible  
for will be determined by our  
underwriting department.

1 | What is your current height and weight?

Imperial ..... ft/in / ..... lbs      Metric ..... cm / ..... kg

2 | Within the past 24 months, have you used by any means (including electronic vaporizer or "vaping"), a substance or product containing tobacco, nicotine or marijuana? If YES, smoker rates applicable. .... ☐ Yes ☐ No

**04 Coverage Details****1 Maximum two term insurance riders**

>> Riders can only be added if base is longer than rider term period (not equal).

>> Term insurance riders are not available with Guaranteed Acceptance Life, Deferred Life or any 20 Pay plans.

**2 Complete Child Term Benefit questions on page 5**

Not available with:

>> Guaranteed Acceptance Life  
>> Deferred Life

**3 Not available with:**

>> Guaranteed Acceptance Life  
>> Deferred Life  
>> Deferred Elite Life  
>> Deferred Elite Term

Permanent Insurance Plan	Premium Payment Period	Amount of Insurance
<input type="radio"/> Guaranteed Acceptance Life (Ages 18–75) <input type="radio"/> Deferred Life (Ages 18–80) <input type="radio"/> Deferred Elite Life (Ages 18–80) <input type="radio"/> Simplified Elite Life (Ages 18–80) <input type="radio"/> Preferred Life (Ages 18–80) <input type="radio"/> Preferred Elite Life (Ages 18–80)	<input type="radio"/> Pay to Age 100 <input type="radio"/> 20 Pay Not available for: >> Guaranteed Acceptance Life >> Deferred Life	\$ .....
Term Insurance Plan	Term Period	Amount of Insurance
<input type="radio"/> Deferred Elite Term <input type="radio"/> Simplified Elite Term <input type="radio"/> Preferred Term <input type="radio"/> Preferred Elite Term	<input type="radio"/> 10 Year (Ages 18–70) <input type="radio"/> 20 Year (Ages 18–60) <input type="radio"/> 25 Year (Ages 18–55) <input type="radio"/> 25 Year Decreasing (Ages 18–60)	\$ .....
Optional Riders	Amount	
<input type="checkbox"/> 10 Year Term <sup>1</sup> (Ages 18–70)	\$ .....	
<input type="checkbox"/> 20 Year Term <sup>1</sup> (Ages 18–60)	\$ .....	
<input type="checkbox"/> 25 Year Term <sup>1</sup> (Ages 18–55)	\$ .....	
<input type="checkbox"/> 25 Year Decreasing Term <sup>1</sup> (Ages 18–60)	\$ .....	
<input type="checkbox"/> Accidental Death Benefit (Ages 18–65)	\$ .....	
<input type="checkbox"/> Child Term Benefit <sup>2</sup> (Ages 18–60)	<input type="radio"/> \$5,000 <input type="radio"/> \$10,000 <input type="radio"/> \$15,000	
<input type="checkbox"/> Hospital Cash Benefit <sup>3</sup> (Ages 18–65)	<input type="radio"/> \$25/day <input type="radio"/> \$50/day <input type="radio"/> \$100/day	