

ScotiaLife® Term 1 Insurance Application

Group Policy Number: 50133

Simply **complete, sign** and **return** this Application Form. **NO NEED TO SEND MONEY NOW.** If approved for coverage, premiums will be conveniently processed using the payment information you provide. In this Application Form, *you* and *your* refer to the person applying for insurance except where the context indicates a contrary intention. *ScotiaLife* Term 1 Insurance is underwritten by Scotia Life Insurance Company ("Scotia Life") under a group insurance policy issued to The Bank of Nova Scotia.

1 Informa	tion ab	out you	l					Inform	nati	ion about	your spo	ouse	e (if applying)
Last Name		☐ Ma	- 1	Former Name	e			Last Name					Former Name
First Name		Date of Bi		YYYY	Birth Co	untry		First Name					
Residence address (str	eet numbe	r and name,	apartn	nent or suite)				Date of Birth		YYYY	Birth Cour	ntry	
City	Provinc	ce Cou	intry		Postal Co	ode		Telephone (R	Resid	lence)		Tele	phone (Other)
Telephone (Residence)	,	Telep	ohone (Other)				☐ Non-Smo	oker*	s Smoker			Male
E-mail Address**		Occ	upatio	n		☐ Non-Smoker ³	-	E-mail Addre	ess**			Occi	upation
	* Non			-		ed any tobacco on the event we			-				
2 Amount	of insu	ırance c	over	rage appl	ied for	(minimum	\$50,0	000, sold i	in ι	units of \$2	5,000 to	a n	maximum of \$1 Million)
FOR YOU	\$50,000		\$100	0,000	<u>\$250,</u>	,000	\$500,00	00 🗆	\$75	50,000	\$1,000,0	000	Other \$
FOR YOUR SPOUSE	\$50,000	[\$100	0,000	<u>\$250,</u>	.000	\$500,00	00 🗆] \$75	50,000	<u> </u>	000	Other \$
Do you or your	spouse h	ave any exi	isting l	ife insurance	coverage	e with Scotia Lif	e or an	y other comp	oany	? YES] NO II	f "Yes	s", please complete the following:
Nam	e of Appl	icant			Company	y Name	Persor	nal or Busines	ss	Coverage A	Amount	Do	you intend to replace this coverage?
									\rightarrow	\$			YES NO
										\$			YES NO
If you intend to	replace	coverage, o	do not	cancel your	r existing	coverage until :	ou rec	eive and revi	iew ː	your Certificat	te of Insura	nce.	
3 Financia	l inforr	nation (com	plete onl	ly if ap	plying for n	nore '	than \$250),00	00 of cove	rage)		
YOU S	nnual Net	Income: afte	er expe	enses (if any) b	ut before t	axes		YOUR SPOUSE (if applying)	An \$_	nual Net Income	e: after expe	nses (i	if any) but before taxes
4 Benefici	ary des	ignatio	n										
				ne age of 18,	please na	ıme a Trustee to	receiv	e the monies	s in 1	trust for the b	eneficiary.		
YOU	eneficiary (name in full	l)				Relatio	onship to you			Name (of Tru	stee for any Minor Beneficiary
				of spouse as l as a revocab		ry on this applic	ation i	s irrevocable	unle	ess otherwise	stated.		
YOUR SPOUSE*	eneficiary (name in full	l)				Relatio	onship to you			Name (of Tru	stee for any Minor Beneficiary
I h	ereby app	oint my sp	ouse	as a revocab	le benefi	ry on this applic ciary. your Spouse's c						iting.	

5	H	low	would you like to	pay your mor	nthly premium?											
] A.	Pre-A	Authorized Chequing				Name	on Credi	it Card					Date of Ex	piry	
_			se attach a personal blank o	_										N	/M / Y	YYY
Ц] B.	Crec	lit Card (choose one):	lasterCard Visa			Card N	lumber	ı							
			tion and Agreement:	or the group policy	administrator, Sun Life A	ssuran	nce Com	npany of	f Canada	a, to de	ebit you	ur chequ	uing accou	nt or char	ge your cre	edit
			count (identified above) e ledge that your financial												You	
	Yo	u wa	rrant and guarantee that		· · · · · · · · · · · · · · · · · · ·						_				icable) hav	/e
•	0		below. ree and authorize Scotia I	Life to automatically	cancel this agreement a	nd ter	minate	coverag	ge if Sco	tia Life	or the	group	oolicy adm	ninistrator,	Sun Life	
			nce Company of Canada,									0				
			Signature(s) of Cardhold	ler or Accountholder(s) X								Date	DD N	MM Y	ſΥΥ
Sc	cotic	ıLife	L Term 1 Insurance is admini	stered by Sun Life As	surance Company of Cana	ada, a r	member	of the S	Sun Life F	inancia	al group	of com	panies.			
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6	Ų	Ind	erwriting question													
Your Ph	vsic	ian (N		n is not valid unless th Telephone	e Underwriting questionnair	e is pro 7	_		and the a	• •	ion is sig	gned by a	Il applicants Telephon			
Tour Fil	iysic	iaii (i	varie)	retepriorie			Spouse	es riiysic	Liaii (INaiii	iej			retephon	ie		
Physicia	an's /	Addre	ess				Physic	ian's Add	dress							
Date an	nd re	ason	of last consultation			-	Date a	nd reaso	on of last	consult	ation					
Your He	eigh ft.	t	in. m cm	Your Weight	☐ lbs.		Spouse	e's Heigh ft.	it in.	J m		cm S	Spouse's We	- =	lbs. kg	
-		-	t in the last 12 months	<u> </u>	☐ lbs.		Spouse	e's chang	ge in weig	ht in th	e last 12	months			lbs.	
			oss No Change		☐ kg	-			Loss						kg	
Keason	for	weigr	nt change				Spouse	es reasoi	n for weig	gnt chai	nge					
						_								YOU	YOUR	SPOUSE
1.		Hav	e you (or your spouse) ha	nd a life insurance ap	plication declined, rated	or mo	odified i	n any w	ay?				☐ YES	5 NC	YES	□ NO
2	<u>.</u> .		hin the past 5 years, have ad more than 3 driving vi										g			
		licer	nse no. and licensing prov	rince.									☐ YES	5 NC	YES	□ NO
3	b.		you (or your spouse) inter ctivity (e.g. auto or moto											5 NC	YES	□ NO
4	l.	Doy	you (or your spouse) expe USA within the next 12 m	ect to change your o	country of residence or h	_								S NC	□YES	□ NO
5	ò.		e you (or your spouse) ev			of alco	ohol or	drugs?						5 NO		□ NO
6	5 .	Hav	e you (or your spouse) ev	er used cocaine, nai	rcotics, hallucinogens, he	roin, a	mpheta	mines c	or barbitı	urates?	,		☐ YES	5 NC	YES	□ NO
7	' .		e you (or your spouse) fo dical exam or follow-up, s							nal, und	dergone	e a				
		a)	Chest pain, angina, hear	t attack, heart diseas	se or abnormal electroca	rdiogr	am (ECC	3), high		lood p	ressure	e, high				П не
		b)			k (TIA) or circulatory or b ancer or moles, other gro				the skin?	,			☐ YES			□ NO
		c)	Respiratory problems or	r any lung disease, ki	dney or urinary tract pro	blems	or dise	ase, live	er proble	ms or		:	_			
		n	. ,), intestinal, colon, stoma	ch or	digestive	e proble	ems or d	isease	?		☐ YES			□ NO
		d)	Breast, prostate or genit	·	ase? e brain or nervous syster	?							☐ YES			□ NO
		e) f)	Depression, anxiety, or a		•	11:							☐ YES			□ NO
		g)	Diabetes or high blood		c p. 56.c(5).								☐ YES	_		□ NO
		h)	•	ū	, joints, back, bones or pa	aralysis	s?						☐ YES	5 NC	YES	□ NO
		i)	Any other condition no	t listed above?									☐ YES	5 NC	YES	□ NO
8			e you (or your spouse) ev									1	☐ YES	5 NC	YES	□ NO
9).	a ph	e you (or your spouse) ev nysician or been advised t ever had any abnormal to	o have any test or s									☐ YES	S NO	YES	□ NO

ii you (o	r vour spousal answard "V	es" to any of the cur	stions 1.0.	المعدد منايح ا	etails bolow 15	additional space is required	USA 2 CODOVATA	a nago sign	ad and da	-od
			<u> </u>			· · ·				
Ques. No.	Name of Applicant	Nature	of Disorder	Date	e and Duration	Treatment & Current	Status A	Attending P	nysician or	Hospita
Scotia Li	fo reconves the right to requ	ast additional modic	al informatio	n in order te	2 30000 VOUR 2DI	 plication and also reserves th	o right to acco	ant or docli	200	
	ons. You may receive a tele					plication and also reserves ti	ie right to acce	ept of decil	ile	
7 Fan	nily history									
		mmediate family me	mbers (pare	nts or sibling	s) had cancer (sp	pecify type), heart disease, st	roke,	YOU	YOUR	SPOUS
	s, polycystic kidney disease, please complete the chart (s		heimer's, Pa	rkinson's, Hu	ntington's Chore	ea or any other hereditary di	sease?	is 🗆 NO		
	nily history	,	Current		Yours	spouse's family history			Current	Age at
	hich condition(s)	Age a onset	age (if living)	death (if applicable)		Which condition(s)		Age at onset	age (if living)	death (if applica
Father					Father					
Mother					Mother					
Brother(s)					Brother(s)					
Sister(s)			i		Sister(s)					
		l								
You dec	lare that all of the informat	ion vou have provide	d in this An	olication For	m or in any othe	er statement or answer subm	nitted in conne	ction with	thic	
						erial misrepresentation or de				
Form or	in any other statement or a									
			Jillection w	itii tiis App	ication Form ma	ly cause any insurance cover	age issued as a	result of th	iis applicat	ion
	ll and void.						age issued as a	result or ti	пѕ аррпсат	ion
You ack	nowledge that you have rea	ad and fully understa	nd the conte	ent of the M	IB INC. Notificat	ion displayed below.				ion
You ack You autl or invest	nowledge that you have rea horize MIB INC, to give Scor igation of any claim. A phor	ad and fully understa tia Life, or its reinsure tocopy or electronic	nd the conte er(s), any info version of t	ent of the M ormation it n his authoriza	IB INC. Notificat hay have about y tion is as valid a	ion displayed below. you necessary for the risk ass s the original, and shall rema	sessment relati in in effect for	ng to this a	pplication on of your	ion
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You ack: You auth or invest insurance whom you You und (some of of which authoriz for unde informat Your Signature X	howledge that you have rea horize MIB INC, to give Sco- tigation of any claim. A pho- e coverage. You further aut- ou may apply for life or heal lerstand and agree: (i) that if which may be located outs is available at www.scotiables Scotia Life, and its agents, erwriting, administration and cion about you including hea	ad and fully understal tia Life, or its reinsure tocopy or electronic horize Scotia Life or th insurance, as may n order to administe ide of Canada and su ank.com/privacy and service providers an adjudicating claims u lth professionals, inst	er(s), any info version of t its reinsurer be contract r any covera bject to loc which will a d its plan ad nder the Sc itutions, MII	ent of the Mormation it nhis authoriza (s) to share in ually require ge issued to al law); (ii) to Iso be sent to ministrator, obtiaLife Term 3 INC., investi	IB INC. Notificate hay have about yetion is as valid a information it mad by MIB INC. you, Scotia Life be be bound by the oyou with the osund it is a life assurant linear and Insurance Greetigative agencies Your Spouse's	rion displayed below. you necessary for the risk as: s the original, and shall remand the state of the state of the state of the state of the scotiabank of	sessment relati in in effect for with other insul- formation to the Group Privacy A is application is use and exchan- or organization s and reinsurer	ing to this a the duratic rance comp hird party a agreement, s approved ge informa who has re	pplication on of your panies to administrate a copy You tion neede levant	ors d
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