Canada Life™

Term Assurance Application Form

Please take care to complete all relevant sections as incomplete forms will delay the process of your application.

To be completed by Broker/Agent (a copy of this application form is available on request).

Proposal No. | IFSRA Ref No. | Commencement Date

Broker/Agent | % | Agency Code

Broker/Agent | % | Agency Code

E-Mail Address | New Client | Existing Client

Other Instructions

A Personal Details

Please complete in block capitals. For questions marked * delete as applicable

First Life Details	**Second Life Details** (if applicable)
Mr/Mrs/Ms/Other*	Mr/Mrs/Ms/Other*
First Name	First Name
Surname	Surname
Previous name (if different)	Previous name (if different)
Date of Birth	Date of Birth
Age next birthday ☐ Male ☐ Female	Age next birthday ☐ Male ☐ Female
Address	Address
Contact Tel. No.	Contact Tel. No.
Email Address	Email Address
Precise Occupation and Duties**	Precise Occupation and Duties**
Marital Status	Marital Status
Tobacco smoker+ Yes ☐ No ☐	Tobacco smoker+ Yes ☐ No ☐

***In order to speedily process your application, please provide as much detail as possible concerning your occupation. For company director - advise nature of business. If you work at heights, please give maximum & average heights worked at and percentage of time spent at each. If manual work is involved in your occupation, please give a brief description.*

+A non-smoker is a person who has not smoked tobacco in any form over the last 12 months and has no intention of smoking in the future.

Please state relationship to the First Life and nature of insurable interest

B Applicant Details (life of another)

Name in full (surname first) Mr/Mrs/Ms/Other *

Please state relationship to life assured or nature of insurable interest

C Correspondence Address

To be completed if correspondence concerning this application is to be sent to an address other than that listed overleaf.

Address

Where the application is being made by a person or persons other than the life assured, then this section should be completed.

Special Instructions

Hold for Risk Commencement Date

Yes ☐ No ☐

If no commencement date is given, then we will assume the 1st of the following month. For Mortgage cases please ensure you provide the Risk Commencement Date.

Canada Life™

Term Assurance Application Form

D Purpose of Policy

Personal ☐ Personal Loan ☐ Business Loan ☐ Keyperson ☐ Share Protection ☐

Does this policy replace an existing policy, in whole or in part? Yes ☐ No ☐

Purpose of the replacement

Policy number to be replaced (if a Canada Life policy)

E Choice of policy

If you require a Mortgage Term Plan, please complete Section 1 only.
If you require a Flexible Term Plan, please complete Section 2 only.

SECTION 1 - MORTGAGE TERM PLAN

Premium €

per month/quarter/half year/year (delete as appropriate).
direct debit/payroll deduction/cash
(delete as appropriate: please note cash payment is acceptable for annually paid premiums only)

Term years

Maximum term is 80 minus age next birthday for life cover or 75 minus age next birthday for Accelerated Life & Specified Illness Cover but cannot be longer than 40 years in either case. The minimum term allowed is 5 years.

Basis of Cover: Single Life ☐ Joint Life First Event* ☐

**Where there are 2 lives assured, the Mortgage Term Plan pays claims on a joint life first event basis. This means that the policy ceases on payment of the first specified illness or death claim (depending on what benefits are covered under the policy) and only one payment will ever be paid unless there is no claimable event before the expiry date of the policy in which case the policy expires without payment of any benefit.*

(A) Life Cover Only €

(eligible ages – 19 next birthday to 70 next birthday)

(B) Accelerated Life & Specified Illness Cover* €

(eligible ages – 19 next birthday to 65 next birthday)

**Specified Illness cover, if selected, is applicable on an accelerated basis only. For Mortgage Term Plans, the amount of specified illness cover must be the same as the life cover amount. In the event of specified illness benefit becoming payable the policy will automatically cease so that life cover ceases also. There can only ever be one claimable event with regard to specified illness cover and life cover: the policy pays out only once and in respect of whichever event occurs first, ie., specified illness or death.*

If the level of cover you have chosen is between €750,000 and €1 million, please confirm:

(i) loan amount € and,

(ii) name of lending institution

(C) Optional Rider Benefit

Mortgage Repayment Benefit (benefit expires at age 60 or the date the mortgage is fully paid up - whichever occurs first)

	First Life ☐	**Second Life** ☐
Occupation Class	1 ☐ 2 ☐ 3 ☐ 4 ☐	1 ☐ 2 ☐ 3 ☐ 4 ☐
Mortgage Repayment Amount	€ per month	€ per month

Please note that if both lives select this benefit, the amount selected must be equal for both lives. The mortgage repayment benefit amount cannot exceed 50% of gross salary or 50% of combined gross salary for joint life applications.

Name of lender

Are you currently availing of Mortgage Repayment Benefit from your mortgage provider?

Yes ☐ No ☐ Yes ☐ No ☐

Additional Questions to be completed for Mortgage Repayment Benefit:

Do any of the following form an essential part of your occupation?

	Yes	**No**	**% of time**		**Yes**	**No**	**% of time**	
1.Manual or physical activity	☐	☐	%		☐	☐	%	
2.Use of machinery or tools	☐	☐	%		☐	☐	%	
3.Driving	☐	☐	%	Miles per week	☐	☐	%	Miles per week
4.Working at heights	☐	☐	%	Average height(ft)	☐	☐	%	Average height(ft)
				Maximum height(ft)				Maximum height(ft)

E Choice of policy continued

SECTION 2 - FLEXIBLE TERM PLAN

Premium € per month/quarter/half year/year (delete as appropriate).
direct debit/payroll deduction/cash
(delete as appropriate: please note cash payment is acceptable for annually paid premiums only)

Term years

Maximum term is 80 minus age next birthday for life cover or 75 minus age next birthday for Specified Illness Cover but cannot be longer than 40 years in either case. The minimum term allowed is 1 year.

Inflation Protector Yes ☐ No ☐ *(Benefits inflate at 5% p.a., premium inflates at a varying rate as illustrated in your quotation.)*

Conversion Option Yes ☐ No ☐ *(The Conversion option applies to both life and specified illness cover. It can be exercised at any time before the earlier of the expiry date of your policy or when you attain the age of 65).*

Basis of Cover: **Single Life** ☐ **Dual Life*** ☐

**Dual life cover means that the benefits on each life are independent of each other. Therefore if a claim is paid in respect of one life assured, cover remains in force in respect of the other life assured until the expiry date of the policy provided premium payments are maintained.*

	First Life	Second Life
(A) Life Cover	€	€
(eligible ages – 19 next birthday to 70 next birthday)		
(B) Specified Illness Cover	€	€
(eligible ages – 19 next birthday to 65 next birthday)		

Please confirm the basis on which Specified illness Cover is required:

	First Life	Second Life
Accelerated	☐	☐

(If you select Accelerated Specified illness Cover, the amount selected MUST be lower than or equal to the life cover amount. In the event of an Accelerated Specified Illness claim, the life cover is automatically reduced by the amount of the Specified Illness cover paid out)

Stand Alone	☐	☐

(If you have selected stand alone Specified Illness Cover, the amount selected can be greater than, equal to or less than the Life Cover amount – or you can select Specified Illness Cover only with no Life Cover at all. If you select stand alone Specified Illness Cover with Life Cover, any claim paid in respect of Specified Illness Cover will have no effect on the Life Cover).

(C) Optional Rider Benefits

	First Life	Second Life
(1) Hospital Cash	€ daily	€ daily
(eligible ages – 19 next birthday to 65 next birthday)		
(2) Personal Accident Benefit	€ weekly	€ weekly

(eligible ages – 19 next birthday to 60 next birthday. The maximum amount payable per policyholder, irrespective of the number of policies held with Canada Life Ireland shall not exceed the lesser of €400 per week, or 50% of gross weekly earnings)

Additional Questions to be completed for Personal Accident Benefit:

Do any of the following form an essential part of your occupation?

	First Life Yes	First Life No	First Life % of time	First Life	Second Life Yes	Second Life No	Second Life % of time	Second Life
1.Manual or physical activity	☐	☐	%		☐	☐	%	
2.Use of machinery or tools	☐	☐	%		☐	☐	%	
3.Driving	☐	☐	%	Miles per week	☐	☐	%	Miles per week
4.Working at heights	☐	☐	%	Average height(ft)	☐	☐	%	Average height(ft)
				Maximum height(ft)				Maximum height(ft)

F Health Questionnaire

Your legal obligation to disclose all relevant information:

When you apply for life assurance cover and/or specified illness cover or any of the rider benefits available, you are under a legal obligation to disclose all relevant details (commonly referred to as "material facts") about your health. If it subsequently transpires that you did not disclose on your application something which was relevant and which you knew about, then Canada Life may cancel the cover under the policy and no claim will be paid. When you are in doubt as to whether or not some information is material, you should disclose it and allow Canada Life's Underwriting Dept decide. Canada Life relies on the information given by you on the application form and you should not assume that information given by you will be clarified or confirmed by any third party such as a doctor.
Your duty to disclose applies until the date when the policy comes into force. Therefore, you must make Canada Life aware of any changes which may happen after you sign the application form but before the policy is in force.

Material Facts:

A material fact is one that will influence whether and upon what terms Canada Life accepts this application. All material facts must be disclosed to Canada Life at the time of application. Failure to give complete and true answers and disclose all material facts could result in the contract being void. If there is any doubt whether a certain fact is material it must be disclosed. Please note exemption in relation to Genetic Tests outlined below.
You should inform Canada Life of any change to any Material Fact occurring after you have completed this application but before the policy commences. Failure to do so may result in the proposed contract becoming void.

Material Facts Exemption in Relation to Genetic Tests:

In accordance with the Provisions of the Disability Act 2005, Canada Life will not ask, and you do not need to tell us, about any genetic test which you may have had. If you do disclose the results of such tests, we are not permitted to take these into account when assessing your application.

You are required to disclose a diagnosis of a genetic disease if you are experiencing symptoms of a genetic disease or receiving treatment for a genetic disease. It is also necessary for you to disclose any family history of a genetic disease.

WARNING - Failure to disclose relevant information may result in non payment of a claim

F Health Questionnaire continued

Further Information

Please answer each question below "yes" or "no" as appropriate. If you have answered "yes" please ensure that you provide full details in the space provided across. If further space is required this is available in section L.

Should we require you to attend for an independent medical examination either due to our non medical limits or your medical history, please advise a preferred location for this examination:

If no preference is given, we will select a doctor based on your home address.

	First Life	Second Life
1. Name and address of your doctor *(if registered less than 6 months please give details of your previous doctor. Do not assume that Canada Life will write to your GP for information as cover may be granted solely on the basis of your answers to the questions below.)*		
2. What is your height/weight?	**Height** ft ins **Weight** st lbs	**Height** ft ins **Weight** st lbs
Have you had any unexplained weight loss of 7lbs or more in the last 3 months? (if so please give full details In Section L)	Yes ☐ No ☐	Yes ☐ No ☐
3. a. What is your average (i.e., over 1 year) weekly consumption of alcohol (in units)? (One pint = 3 units, one bottle of beer = 1.5 units, one glass wine/one single measure of spirit = 1 unit)		
b. Has your weekly alcohol consumption varied from this in the past or have you ever been advised to reduce or cease your alcohol intake for medical reasons?	Yes ☐ No ☐	Yes ☐ No ☐
If so, please state your maximum previous consumption.		
c. Have you smoked in the last 12 months – cigars, cigarettes or tobacco (including nicotine replacement products)?	Yes ☐ No ☐	Yes ☐ No ☐
If yes, how much do smoke per day?		
d. If you currently smoke has your consumption exceeded the levels stated above in the last 5 years?	Yes ☐ No ☐	Yes ☐ No ☐
If so, please state your maximum previous consumption		
e. If you are currently a non-smoker have you ever smoked in the past 5 years?	Yes ☐ No ☐	Yes ☐ No ☐
If so when did you cease smoking and	Date	Date
what was your daily consumption?	Amount	Amount
Non-smokers may be requested to undergo a saliva-based cotinine test.		
4. Have you ever taken drugs other than for medical purposes?	Yes ☐ No ☐	Yes ☐ No ☐
5. (a) Have you ever suffered from or received medical advice or treatment or are you currently awaiting medical consultations or intending to consult a medical professional for drug abuse or addiction (prescribed or non-prescribed drugs)?	Yes ☐ No ☐	Yes ☐ No ☐
(b) Have you ever injected non-prescription drugs?	Yes ☐ No ☐	Yes ☐ No ☐

WARNING - Failure to disclose relevant information may result in non payment of a claim

F Health Questionnaire continued

Further Information

	First Life		Second Life	
6. Please answer each question below "yes" or "no" as appropriate. If you have answered "yes" please ensure that you provide full details (e.g., nature of illness/accident, date, duration, doctor or hospital and extent of recovery) in the space provided across. If further space is required this is available in section L.				
Have you ever suffered from or received medical advice or treatment or had medical investigations for any of the following:				
(i) Any form of cancer or tumour, leukaemia, lymphoma, Hodgkin's disease, brain or spinal tumour?	Yes ☐	No ☐	Yes ☐	No ☐
(ii) Disease of the heart or circulatory system (including heart attack, angina, cardiomyopathy, heart valve disorder)?	Yes ☐	No ☐	Yes ☐	No ☐
(iii) Any disease or disorder of the arteries (including disease in the legs or of the aorta)?	Yes ☐	No ☐	Yes ☐	No ☐
(iv) Stroke, brain haemorrhage or permanent brain injury?	Yes ☐	No ☐	Yes ☐	No ☐
(v) Multiple Sclerosis, Parkinson's disease, Paralysis, Alzheimer's disease or Dementia, Epilepsy, Cerebral Palsy or any other disorder of the central nervous system (brain, spinal cord or nerves)?	Yes ☐	No ☐	Yes ☐	No ☐
(vi) Diabetes or sugar in the urine?	Yes ☐	No ☐	Yes ☐	No ☐
(vii) Mental Illness that has required hospital treatment or referral to a psychiatrist?	Yes ☐	No ☐	Yes ☐	No ☐

7. In the last 5 years, have you suffered from or received medical advice or treatment or had medical investigations for any of the following:	**First Life**		**Second Life**	
(i) A tumour, cyst, lump or growth of any kind; or any mole or freckle that has bled, become painful, changed colour or increased in size, whether seen by a doctor or not?	Yes ☐	No ☐	Yes ☐	No ☐
(ii) Chest pain, irregular heartbeat, raised blood pressure or raised cholesterol?	Yes ☐	No ☐	Yes ☐	No ☐
(iii) Asthma, bronchitis, emphysema or any other respiratory disorder?	Yes ☐	No ☐	Yes ☐	No ☐
(iv) Any form of numbness, tingling, loss of feeling, tremor, pins and needles or temporary loss of muscle power?	Yes ☐	No ☐	Yes ☐	No ☐
(v) Seizures, fits, fainting, dizziness, blackouts or severe headaches?	Yes ☐	No ☐	Yes ☐	No ☐
(vi) Any disorder of the eyes (other than sight problems corrected by glasses/lenses) including optic neuritis, blurred or double vision?	Yes ☐	No ☐	Yes ☐	No ☐
(vii) Disorders of the ears or throat, including hearing and balance problems?	Yes ☐	No ☐	Yes ☐	No ☐
(viii) Any back, neck, shoulder or knee pain, arthritis, slipped disc, sciatica, gout, recurrent or disabling muscular pain?	Yes ☐	No ☐	Yes ☐	No ☐
(ix) Any disorder of the digestive system, liver, stomach, pancreas or bowel (including but not restricted to ulcer, hepatitis, Crohn's Disease or Ulcerative Colitis?)	Yes ☐	No ☐	Yes ☐	No ☐
(x) Any blood disorder or anaemia?	Yes ☐	No ☐	Yes ☐	No ☐
(xi) Any thyroid disorder?	Yes ☐	No ☐	Yes ☐	No ☐
(xii) Any kidney, bladder or other disorder of the genito-urinary system (including blood or protein in the urine or urinary tract infections or kidney cysts)	Yes ☐	No ☐	Yes ☐	No ☐

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F Health Questionnaire continued

Further Information

	First Life	Second Life
(xiii) Depression, anxiety, stress, nervous breakdown or insomnia and tiredness?	Yes ☐ No ☐	Yes ☐ No ☐
(xiv) Male lives – prostate disorders Female lives – abnormal cervical smears or abnormal mammograms?	Yes ☐ No ☐	Yes ☐ No ☐
8. In the last 5 years, have you received or been advised to have any investigations, scans or blood tests in connection with any medical condition not already mentioned or referral for further treatment or investigations?	Yes ☐ No ☐	Yes ☐ No ☐
9. Have you received any form of medical attention at a hospital as in in-patient or out-patient or had any surgical operation?	Yes ☐ No ☐	Yes ☐ No ☐
10.(i) Are you due to have any check up in the next 12 months in connection with any medical condition or symptoms, or are you waiting for the result of any medical investigation?	Yes ☐ No ☐	Yes ☐ No ☐
(ii) Have you any expectation of seeking medical advice or treatment in the near future?	Yes ☐ No ☐	Yes ☐ No ☐
11. Are you currently taking prescribed drugs, medicines, tablets or any other treatment?	Yes ☐ No ☐	Yes ☐ No ☐
12. Have you tested positive for HIV/AIDS or Hepatitis B or C or have you been tested/treated for any other sexually transmitted diseases or are you awaiting the results of any such tests?	Yes ☐ No ☐	Yes ☐ No ☐

If yes, please provide details - for confidentiality purposes these may be sent directly to the Chief Medical Officer at Canada Life House, Temple Road, Blackrock. Please note that sending such details does not relieve you of your obligation to answer this question truthfully

13. Have your natural parents, or your brothers or sisters, living or dead, suffered from the following or any other hereditary disorder before age 65:

(please specify relative and age at diagnosis)

Bowel or colon cancer or familial polyposis of the colon?	Yes ☐ No ☐	Yes ☐ No ☐
Breast or ovarian cancer?	Yes ☐ No ☐	Yes ☐ No ☐
Cancer of any other type (please state site of cancer)?	Yes ☐ No ☐	Yes ☐ No ☐
Heart Disease (including Cardiomyopathy), High Blood Pressure, Stroke or High Cholesterol	Yes ☐ No ☐	Yes ☐ No ☐
Multiple Sclerosis, Motor Neurone Disease or Parkinson's Disease?	Yes ☐ No ☐	Yes ☐ No ☐
Huntington's Disease or Alzheimer's Disease?	Yes ☐ No ☐	Yes ☐ No ☐
Kidney disease (including polycystic kidney disease) or Diabetes?	Yes ☐ No ☐	Yes ☐ No ☐
Have your natural parents, or your brothers or sisters, living or dead, suffered from any other hereditary disorder before age 65	Yes ☐ No ☐	Yes ☐ No ☐
14. Has any proposal for life assurance, serious illness, specified illness, critical illness, sickness, personal accident or permanent health insurance on your life ever been declined, postponed or accepted on special terms?	Yes ☐ No ☐	Yes ☐ No ☐

WARNING - Failure to disclose relevant information may result in non payment of a claim

G General Information

Further Information

	First Life	Second Life
1. a. Are you effecting, or have you effected within the last 12 months assurance cover with any other company? If 'yes' please give details of the cover and the name of the company involved.	Yes ☐ No ☐	Yes ☐ No ☐
b. Do you have any existing Serious illness, Critical illness or Specified illness Insurance in force?	Yes ☐ No ☐	Yes ☐ No ☐
c. Do you have any existing permanent health insurance, income protection, sickness or personal accident insurance in force? If so, give details.	Yes ☐ No ☐	Yes ☐ No ☐
2. a. Have you any prospect or intention of residing or travelling abroad, or have you done so in the past, other than on normal holidays? If yes please provide full details.	Yes ☐ No ☐	Yes ☐ No ☐
b. Have you resided anywhere outside of the Republic of Ireland for more than 3 months within the past 5 years? If so please give details including the duration of your stay and the country visited (Residence in Australia, Canada, European Union, New Zealand and USA can be ignored)	Yes ☐ No ☐	Yes ☐ No ☐
3. Do you or are you likely to engage in an occupation or any activity (such as aviation or motor racing) which could be considered hazardous?	Yes ☐ No ☐	Yes ☐ No ☐
4. Have you ever previously applied for Insurance to Canada Life. If yes, please quote Policy No.	Yes ☐ No ☐	Yes ☐ No ☐
5. Have you ever attempted (successfully or unsuccessfully) to claim under any benefit covered by a Canada Life policy? If so please give full details including policy number, date of claim, nature of illness and benefit claimed under in Section L.	Yes ☐ No ☐	Yes ☐ No ☐

You should inform Canada Life of any change to any Material Fact occurring after you have completed this application but before the policy commences. Failure to do so may result in the proposed contract becoming void.

Correction fluid should not be used on this form, if you need to make an alteration to your answer, please put a line through the incorrect answer and sign beside the alteration.

The life assured must provide the answers personally. If the answers are filled in by anyone else, the completed form must be read over and agreed by the life assured before the declaration is signed.

If you answered 'yes' to any question but attended a doctor other than the GP listed, please ensure that you give the names and addresses of any other doctor attended.

H Tele-Interviews

What is a Tele-Interview?

Tele-Interviewing is the use of a telephone interview as the primary means of gathering information to assess a customer's application for life assurance.

Experienced nurses carry out the interviews, on Canada Life's behalf. All interviews are recorded and the information gathered will form part of the application process.

The interviews can be done in lieu of obtaining a report from a doctor or to clarify some details disclosed on the application form.

These interviews evolved in the US where it is now established business practice with over one million Tele-Interviews being performed every year.

How long do Tele-Interviews take?

Typically a Tele-Interview can take 20 - 30 minutes.

When will the Tele-Interview be made?

The nurse will normally contact you within a few days of receiving your application. You should provide all available phone numbers, indicate the best time to call, and times or dates when you are not available.

Is any preparation required for the interview?

While it is not essential, a little preparation will help speed up the interview and generally makes it more productive. It is recommended therefore that you should familiarise yourself with:

- Any medication you are taking, or have taken; that is, it would be helpful if you had the name of the medication, the dose and why you are taking it
- Details of any past or present medical conditions suffered, (other than very minor ailments such as a common cold), this should include any visits to a doctor, the reason for the visit and what medication you received.
- Names and addresses of doctors and specialists
- Any family history of medical conditions
- You will also be asked to confirm your height and weight, so if you do not know your weight accurately, you should try and weigh yourself prior to the interview.

Duty of Disclosure

You are under the same obligation to disclose all known facts during the Tele-Interview process as you are when completing the application form. The nurse will carefully explain how the process works. The Tele-Interviewers are trained professionals and will explain in clear and simple terms what information needs to be given and why.

Material Facts Exemption in Relation to Genetic Tests

In accordance with the Provisions of the Disability Act 2005, Canada Life will not ask, and you do not need to tell us, about any genetic test which you may have had. If you do disclose the results of such tests, we are not permitted to take these into account when assessing your application.

You are required to disclose a diagnosis of a genetic disease if you are experiencing symptoms of a genetic disease or receiving treatment for a genetic disease. It is also necessary for you to disclose any family history of a genetic disease.

Your application may be selected for the Tele-Interview process, so please indicate the following preferred contact times and all appropriate telephone numbers.

Life 1

Name

Date of Birth

Home Phone No.

Mobile Phone No.

Work No.

Life 2

Name

Date of Birth

Home Phone No.

Mobile Phone No.

Work No.

Please state your preferred contact time (tick as appropriate)

Life 1			Life 2		
Office Hours	Yes ☐	No ☐	Office Hours	Yes ☐	No ☐
Early Evening	Yes ☐	No ☐	Early Evening	Yes ☐	No ☐
Early Morning	Yes ☐	No ☐	Early Morning	Yes ☐	No ☐

I will not be available on the following dates

I am not available at the following times

I will not be available on the following dates

I am not available at the following times

I Declaration by the Applicant

I/We have read through the replies to all questions in this application and declare that to the best of my/our knowledge and belief all the information given, including any not filled in myself/ourselves in my/our handwriting are true and complete.

Where in doubt about whether certain facts are relevant, I/we have disclosed them. A non-smoker is a person who has not smoked tobacco in any form over the last 12 months and has no intention of smoking in the future. Canada Life reserves the right to test declared non-smokers for cotinine.

I/We agree that this application form shall form the basis of the contract(s) between me/us and Canada Life. I/We have read and understand the explanation of Material Facts and understand that failure to give true and complete answers to all questions may be grounds for rejecting a claim. I/We declare that I/we will inform the Company of any change to any material fact occurring before the commencement date of the policy shown in the policy schedule and understand that failure to do so may result in the proposed contract becoming void. I/We have read and understand the Material Facts Exemption in relation to Genetic Tests.

I/We consent to Canada Life seeking medical information from any doctor who at any time has attended me/us concerning anything which affects my/our physical or mental health or seeking information from any insurance office to which a proposal has been made on my/our lives and I/we authorise the giving of such information. I consent to the passing of personal and medical information to reinsurance companies, with whom Canada Life has a relationship, for the purposes of assessment of my application.

I/we have received an illustration in writing which complies with the Life Assurance (Provision of Information) Regulations, 2001 and understand that a copy of the policy conditions/completed application form is available on request. I/we have read through the illustration and fully understand its contents and I am/we are fully satisfied that this policy suits my/our particular needs.

I/We understand that the Company will not assume risk, until the earlier of issue by the Company of the Policy Document(s) relating to this application or issue by the Company of its formal notification of acceptance and that pending assumption of risk any payment made will be provisional only. If the initial premium cheque or debit instrument is not met or payroll deductions are not implemented I/we acknowledge that the Company will not be on risk notwithstanding the happening of either of the events referred to in the previous sentence.

I/We understand that Hospital Cash charges and Permanent and Total Disability charges are dependant on age, sex and occupation. I/We understand that Personal Accident Benefit charges are based on occupation.

I understand that information given to either of the companies The Canada Life Assurance Company or Canada Life Assurance (Ireland) Limited (herein collectively called "Canada Life") will be deemed to be given to each and every one of the two. I understand that, if my/our proposal is declined or if I am/we are offered insurance on special terms then, whether or not my application proceeds, this fact will be noted on a central registry, administered by the Irish Insurance Federation, and may be shared with other insurance companies as a protection against non-disclosure of material facts. I understand that in the event of my application not proceeding, information provided in connection with my application will be retained by Canada Life for a period of six years to facilitate any future application by me and as a protection against non-disclosure of material facts.

I/We acknowledge that Canada Life incurs fees, costs and expenses in setting up policies and administering the voiding of policies in cases of nondisclosure of material facts. I/we declare that I/we agree and consent that Canada Life shall be able at its discretion to deduct and set-off any such fees, costs and expenses incurred by it from premiums refunded or owing to me/us in the case of any policy becoming void.

Material Facts:

A material fact is one that will influence whether and upon what terms Canada Life accepts this application. All material facts must be disclosed to Canada Life at the time of application. Failure to give complete and true answers and disclose all material facts could result in the contract(s) being void. If there is any doubt whether a certain fact is material it must be disclosed. Please note exemption in relation to Genetic Tests outlined in Section G.

Data Protection Acts 1988 and 2003 - Consent

I/we consent to Canada Life (meaning in this context Canada Life Assurance (Ireland) Limited, the Canada Life Assurance Company and any other companies forming part of the world-wide Canada Life group) and organisations with whom it has a relationship (including its reinsurer(s)) receiving and processing my/our personal data, including medical information, for the following purposes: to decide upon my/our application for life assurance, the administration of any policy taken out by me/us with Canada Life, administration, risk assessment, research, statistical analysis and marketing. I/we consent to Canada Life using my/our data to inform me/us of other products and services offered by it unless the following box is ticked. I/we do not wish to be contacted in this way. ☐

I/we consent to Canada Life processing sensitive personal data about me/us including: my/our racial or ethnic origin; my/our physical or mental health; and my/our sexual life. I/we consent to Canada Life transferring my/our personal data within the Canada Life Group where necessary and appropriate and I/we understand that this may involve the transfer of my/our personal data, including sensitive personal data, to countries outside of the European Economic Area. I/We am/are aware that I/we have a right to apply for a copy of the information held by Canada Life about me/us (for which a small charge may be made) and that I/we have the right to have any inaccuracies corrected. I/We am/are aware that Canada Life will take all reasonable measures to ensure the security and integrity of my/our personal information.

IMPORTANT: PLEASE READ THE DECLARATION BEFORE SIGNING

Signature of First Life Assured

Signature of Second Life Assured

Signature of Applicant (if different from Life Assured)* Date

For corporate applicant, please state name of company that authorised signatory is signing for and on behalf of

*For keyman policies applications require a signatory for and on behalf of the company and their title/position noted

Warning: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this please contact your insurer or insurance intermediary.

Declaration of Insurer or Insurance Intermediary

I hereby declare that in accordance with Regulation 6(1) of the Life assurance (Provision of Information) Regulations 2001*

has/have been provided with information specified in Schedule 1 to those regulations and that I have advised the client(s) as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such a replacement.

Signature of insurer or insurance intermediary Date

Declaration of Client

Declaration of client(s): I/We confirm that I/we have received in writing the information specified in the above declaration.

Signature(s) of client(s) Date

Date

L Space for further information if required

First Life	Second Life

Please note - if you answered yes to any of the questions in Section F Health Questionnaire or Section G General Information, please supply full details in this section.

Canada Life™

Term Assurance Application Form

J Direct Debiting Mandate

Instructions to your Bank/Building Society to pay Direct Debit

Please complete parts 1 to 5 in BLOCK CAPITALS (except signatures) to instruct your bank/building society to make payments directly from your account. **Please return to: Canada Life, Canada Life House, Temple Road, Blackrock, Co. Dublin.**

1. Please write the full postal address of your bank/building society branch in the box below.

To: The Manager

2. Name of account holder(s)

3. Type of Account *

*Some Account types are not acceptable for Direct Debit. If you are not operating the Debit from a Current Account you should confirm with the bank/building society prior to submitting the mandate.

4. Account Number

5. Sort Code

For Office Use Only

Sent by

Date

Canada Life DD Number

Originator Code 9 9 2 9 7 1

Premium Due Date

Policy No(s)

I/We instruct you to pay direct debits from my/our account at the request of Canada Life Assurance (Ireland) Limited. The amounts are variable and may be debited on various dates. I/We understand that Canada Life may change the amounts and dates only after giving me/us prior notice. I/We will inform the bank/building society in writing if I/we wish to cancel this instruction. I/We will understand that if any direct debit is paid which breaks the terms of this instruction, the bank/building society will make a refund.

These are your instructions to the bank/building society, please read them carefully.

Signature

Date

Signature

Date

K Canada Life Payroll Moneymanager – Where premiums are to be paid by 'Payroll MoneyManager' please complete this Authority Form.

Please note: This option applies to qualifying schemes only

Name of employer

Scheme No.

Policy No.

Employee/Registered. No.

How paid? ☐ Weekly ☐ Fortnightly ☐ Monthly

Office from which paid

Please deduct from the remuneration payable to me the installment of premiums as set out on the Application form and as will be set out in the adjoining box and remit the amount so deducted to Canada Life. This also permits the deduction of further additional amounts in respect of any future index linking of my policy. Details of each amount will be notified to me by Canada Life.

I recognise that these deductions will be made solely for my convenience and may be discontinued by you at any time.

I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rests with me and that apart from ensuring that such deductions are paid to Canada Life you have no further responsibility in the matter.

Signature

Date

Employee Name in full (in Irish if registered as such) (block letters please)

Address

Section/Group No.

Occupation

Station/Depot/Office/District at which employed

Deduction details (Office use only)

The above figures will be confirmed at Canada Life Head Office.

Canada Life House
Temple Road
Blackrock
Co. Dublin

Telephone 1850 203 203
Facsimile 01 210 2020
email customerservices@canadalife.ie
internet www.canadalife.ie

Canada Life Assurance (Ireland) Limited and The Canada Life Assurance Company are regulated by the Central Bank of Ireland.

CANMU1166 11/10