SPECIALTY LIFE INSURANCE

Accidental Death & Dismemberment Insurance

Provided by: Specialty Life Insurance

Underwritten by: Chubb Life Insurance Company of Canada ("Chubb Life")

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Accidental Death & Dismemberment Insurance

Specialty Life Insurance - 8000 Jane Street, Tower A, Suite 101, Concord ON, L4K 5B8

Proposed Insured

Title ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss. ◯ Rev. ◯ Dr.

First Name | Middle Initial | Last Name

Date of Birth (DD/MM/YYYY) | Sex at Birth ◯ Male ◯ Female

Age of Eligibility: 18 to 69 inclusively

Street Address | City | Province | Postal Code

Home Telephone | Work Telephone | Mobile Telephone

Email address | Occupation

◯ I consent to Specialty Life Insurance and Chubb Life using this contact information to provide me with updates about my insurance coverage. I understand that I may withdraw my consent at any time.

◯ I consent to Specialty Life Insurance and Chubb Life sending me information to the email address listed above to promote products and services offered by Chubb Life. I understand that I may withdraw my consent at any time.

Beneficiary

Please indicate the percentage of the benefit to be received by each beneficiary listed where multiple primary beneficiaries are named.

Beneficiaries (other than a spouse under a Quebec policy) are revocable unless you write the word "irrevocable" after that Beneficiary's name. If you have an irrevocable beneficiary, your rights in the policy will be limited. The beneficiary must give written consent before you make changes, such as future beneficiary changes or changes to your policy (e.g. to decrease coverage). Note: Minor children cannot give written consent to these changes.

I hereby name the following revocable beneficiary(ies) for any benefits payable as a result of my coverage. If I have named a minor as a beneficiary, I understand that I may wish to appoint a trustee.

Full Legal Name of Beneficiary	Relationship to Insured	Date of birth (DD/MM/YYYY)	% share (must =100%)	Primary (P) Contingent (C)
				P ◯ C ◯
				P ◯ C ◯
				P ◯ C ◯
				P ◯ C ◯
				P ◯ C ◯
				P ◯ C ◯

For policies issued in Quebec only: If I have named my married or civil union spouse as a beneficiary, the designation is irrevocable unless I select ◯ revocable here.

Appointment of Trustee (only complete if applicable)

Complete this section if a beneficiary named on this form is a minor.

I 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 Trustee	Relationship to Minor Beneficiary	Contact Information

Coverage Details

$ Benefit amount being applied for | $ Premium amount | ◯ Monthly ◯ Annually

Is this insurance policy intended to replace an existing in-force life insurance policy? ◯ Yes ◯ No

If Yes, please provide details in Special Instructions and attach the applicable Replacement/Comparison Disclosure forms, LIRD forms.

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Payment Details

Specialty Life Inc. uses compliant encryption to protect the confidentiality of your personal and banking information.

Payment Method ◯ Credit Card ◯ PAD (preauthorized debit) Billing Frequency ◯ Monthly ◯ Annually

Transit Number | Financial Institution | Account number

Withdrawal date requested (1st - 28th)

Following the initial premiums withdrawal, all subsequent premiums will be withdrawn on the date identified above. If no date is selected, the withdrawal date will be the same as the effective date of the policy.

Withdrawals from my account may be for variable premium amounts, as these amounts may change in accordance with my insurance contract. I waive the right to pre-notification at least 10 days before my first PAD. I hereby authorize Specialty Life Inc. and the financial institution designated to make monthly (or annually if selected) automatic withdrawals from my bank account on or about the requested withdrawal date of each month for monthly insurance premiums (or annually if selected) due on or after the date of authorization. The financial institution designated by the payor(s) is authorized now or at any subsequent time to honour any requests made by Specialty Life Inc. to withdraw premium or fees which may include a redraw within 30 days should any withdrawal not clear the account. I waive the right to receive further notice of the amount and date of each automatic withdrawal from my account. I acknowledge that my financial institution may treat any withdrawal pursuant to this authorization as a personal withdrawal as defined by the Canadian Payments Association in Rule H-1. This authorization is to remain in effect until Specialty Life Inc. receives written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address of Specialty Life Inc., Head Office. To obtain a sample cancellation form, or to obtain more information on your right to cancel a PAD agreement, contact your financial institution or visit cdnpay.ca. You have certain recourse rights if any PAD does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit cdnpay.ca

Print name of Payor (as it appears on bank records) | Signature of Payor | Date signed (DD/MM/YYYY)

Advisor Disclosure

I declare that I am acting as a licensed advisor to sell this product underwritten by Chubb Life and offered by Specialty Life Insurance. It is my duty to disclose any potential conflict of interest to you should any exist. I am remunerated by commissions, either directly or indirectly, by Specialty Life Insurance. Should you require any information regarding my business practices or relationships, please feel free to contact me at:

Agent Phone Number/Email Address

Advisor Report

Is the Advisor related to the Insured? ◯ Yes ◯ No If Yes, please explain relation:

Commission split: (Please print names)

Agent 1 ____ % Code: ____ Signature: ____

Agent 2 ____ % Code: ____ Signature: ____

Special Instructions

Acceptance Agreements and Declarations

In undertaking this insurance agreement, you agree to and authorize the following:

I confirm that I read and understand English and/or French.

I declare that to the best of my knowledge the answers that I have provided in this application for insurance are true and accurate, and have been correctly recorded and, together with any other forms signed by me in connection with this application for insurance form the basis for any insurance policy being issued.

I understand that any insurance coverage arising from this application for insurance may not be valid if there are any incorrect answers or misrepresentations in the application.

I hereby designate the person or persons named as beneficiary(ies) to receive the proceeds of my insurance upon my death.

I understand that all benefits payable are subject to all the terms, conditions, exclusions and limitations outlined in the policy.

PRIVACY NOTICE: I understand that the information provided by me on this application for insurance and otherwise in respect of my application, is required by Chubb Life Insurance Company of Canada (the "insurer"), its reinsurers and authorized administrators to assess my entitlement to benefits, including but not limited to determining if coverage is in effect, investigating the applicability of exclusions, limitations and co-ordinating coverage with other insurers. For these purposes, the Insurer will also consult its existing insurance files about me, collect additional information about and from me, and where required, collect information from, and exchange information with third parties. The Insurer will establish a file to which access will be restricted to authorized employees and agents of the insurer and to persons authorized by law. If I have the right to access the information, access will be given to me or such persons as I may authorize. I understand that, in some instances, the employees, service providers, agents, reinsurers and any of their providers of Chubb Life may be located in jurisdictions outside Canada and my personal information may be subject to the laws of those foreign jurisdictions. I consent to the collection, use, and distribution of my personal information as may be required for these purposes as of the the date of signing of this application for insurance and understand that such consent will remain in place until such time as I may revoke it.

EFFECTIVE DATE OF COVERAGE: I understand that my insurance coverage becomes effective immediately once my policy is approved/issued and premiums are deducted either annually or on a monthly basis, and the application has been received by Specialty Life Insurance and is honored by me.

I understand that no insurance agent, person, or entity other than Chubb Life is authorized to modify, cancel, or waive a question or provision of this applicattion for insurance, nor a provision of the policy contract or other document that is part of the policy contract. I understand that any notice to, or knowledge of, an insurance agent is not notice to, or knowledge of, Chubb Life unless stated in writing and made part of this application for insurance.

Insured's Name

Signature of Insured

Signed at _____ (City) in _____ (Province) on _____ (Date Signed (DD/MM/YYYY))

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