



Application for Insurance

# Specialty Life Protection

Offered by Specialty Life Insurance  
Underwritten by ivari

# Important instructions for the advisor

This insurance application is available online with **Specialty Life Inc.** (hereafter referred to as "**Specialty Life**") underwritten by **ivari** for contracted advisors. Applying online for Specialty Life Protection coverage allows individuals to have their insurance application reviewed and processed in as little as one (1) business day.

## HOW TO APPLY ONLINE

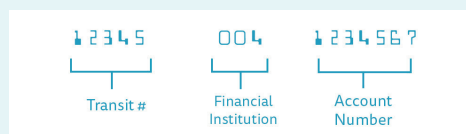
1. Visit [www.iapplication.ca](http://www.iapplication.ca) and log on with your iApplication broker credentials
2. Click "**Add Appointment**" under the Appointments tab on the Main Menu.
3. Enter your client's information and ensure all information is accurate and complete.
4. Complete a Client **Financial Needs Analysis ("FNA")** and have your client sign the form.
5. Select "**Specialty Life Protection**" as your product.
6. For assistance please contact [sales@slinsurance.ca](mailto:sales@slinsurance.ca).
7. Visit [www.slinsurance.ca](http://www.slinsurance.ca) for more information

## Application Checklist

In order to receive priority processing:

- Print legibly in dark ink.
- Do not draw a line through any fields.
- Do not use liquid paper. If you must cross out an error it must be initialled by each person signing the application.
- Ensure that all applicable fields are completed before submitting this application.
- Attach your completed FNA with each insurance application.
- Submit applicable Replacement/ Comparison Disclosure Forms, Life Insurance Replacement Declaration ("LIRD") (where applicable) if this policy is replacing an existing life insurance.
- If the initial premium is to be paid by cheque, ensure the cheque is payable to **Specialty Life Inc.** and dated the same date as the signature date of the insurance application.

- If premium payment is monthly by Pre-Authorized Debit (PAD), include a void cheque **or**
- Complete the banking information on page 5. Please see sample banking information below.



- Each independent insurance advisor must be contracted with **Specialty Life** to distribute its products and must have valid applicable license(s) proof of E&O insurance on file.
- Notify your client(s) that they may receive a verification email or call from **Specialty Life** to confirm the information on this insurance application.
- **Please refer to page 10 for Notices and Disclosures, this page must be given to the Proposed Insured.**

## Disclosure for the Proposed Insured/Owner

**Thank you for applying for insurance with Specialty Life underwritten by ivari.**

Please make sure that you have read this application carefully and review all the questions and your answers. Once we receive your insurance application, we will assess your eligibility for insurance. We base this eligibility on the information you provide to us in this insurance application. Once we determine whether the proposed insured is eligible for the plan applied for, we will let you know if the insurance coverage you applied for can be issued.




**Questions?** Please contact your independent insurance advisor or write to us at:

**Specialty Life Inc.**

8000 Jane Street, Tower A, Suite 101, Concord, ON L4K 5B8

Toll Free Number: 1-844-335-3580 or Fax: 1-888-818-8119

## PRODUCT OVERVIEW

Plan	Issue Ages	Min Sum Insured	Max Sum Insured	Death Benefit
 <b>GuaranteedProtection</b> <small>By Specialty Life Insurance</small>	Ages 40 - 79	\$1,000	\$50,000	<b>Yrs 1-2:</b> Return of premium with <b>3%</b> simple interest per annum. (From the effective date up to second policy anniversary) <b>Yrs 3+:</b> Full Sum Insured. (After the second policy anniversary)
 <b>StandardProtection</b> <small>By Specialty Life Insurance</small>	Ages 18 - 70	\$1,000	\$300,000	<b>Yrs 1-2:</b> Return of premium with <b>10%</b> simple interest per annum. (From the effective date up to second policy anniversary) <b>Yrs 3+:</b> Full Sum Insured. (After the second policy anniversary)
 <b>PreferredProtection</b> <small>By Specialty Life Insurance</small>	Ages 18 - 70	\$1,000	\$300,000	<b>Full Sum Insured from effective date of the policy</b>

# Insured, Owner and Beneficiary

## Application for Insurance

### PROPOSED INSURED (INSURED)

In the application, **Insured** refers to the individual proposed to be insured under the policy.

Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

First Name Middle Initial Last Name

Date of Birth\* (DD/MM/YYYY) \*In between ages 18 and 79 (inclusive) Country of birth Sex at Birth ☐ Male ☐ Female

Street Address Apartment # City Province Postal Code

Home Telephone Work Telephone Mobile Telephone

Canadian Residency Status

☐ Canadian Citizen ☐ Permanent Resident ☐ Landed Immigrant ☐ Student Visa ☐ Work Visa Other:

How long have you been residing in Canada: years months Other:

Identification document Identification Number Province/territory of issue Expiry date (DD/MM/YYYY) (Please refer to an original, non-expired Canadian government issued photo I.D., such as passport, provincial health card (exception in PEI, ON, AB, and MB), driver's license or Age of Majority.)

Occupation Name of Employer

### OWNER

The Owner will be the Proposed Insured unless indicated otherwise:

Legal name (First, middle initial, last) Relationship to Insured

Street Address Apartment # City Province Postal Code

Home Telephone Work Telephone Mobile Telephone

Identification document Identification Number Province/territory of issue Expiry date (DD/MM/YYYY) (Please refer to an original, non-expired Canadian government issued photo I.D., such as passport, provincial health card (exception in PEI, ON, AB, and MB), driver's license or Age of Majority.)

Occupation Name of Employer

### BENEFICIARY

If more than one primary beneficiary is named, then the proceeds are to be equally shared unless otherwise specified; the same applies to contingent beneficiaries. Any breakdown of proceeds MUST be stated in percentages rather than dollar amounts. The total percentage of shares for each of the primary and contingent beneficiaries must equal 100%. For applications signed in Québec, the designation of spouse (married or civil union) of the Owner as Beneficiary is irrevocable unless otherwise specified.

#### Primary/Contingent beneficiaries:

- All beneficiaries are deemed primary unless otherwise specified.
- If all beneficiaries predecease the Insured, the proceeds are payable to the contingent beneficiaries, if any, otherwise to the Owner or the Owner's estate.
- A Contingent Beneficiary is always revocable.\*

#### Irrevocable/Revocable beneficiaries:

- By naming an Irrevocable Beneficiary, you are giving up substantial control over your policy. Once an Irrevocable Beneficiary has been designated, his/her consent will be required for future dealings with the policy (some exceptions apply in Québec).
- If naming a minor as Irrevocable Beneficiary, you should be aware that a minor cannot give consent.

Beneficiary name	Relationship to Insured (to Owner, if in Québec)	Date of Birth (DD/MM/YYYY)	% Share	Revocable (R) Irrevocable (I)	Primary (P) Contingent (C)*
				<input type="checkbox"/> R <input type="checkbox"/> I	<input type="checkbox"/> P <input type="checkbox"/> C
				<input type="checkbox"/> R <input type="checkbox"/> I	<input type="checkbox"/> P <input type="checkbox"/> C
				<input type="checkbox"/> R <input type="checkbox"/> I	<input type="checkbox"/> P <input type="checkbox"/> C
				<input type="checkbox"/> R <input type="checkbox"/> I	<input type="checkbox"/> P <input type="checkbox"/> C

In Quebec, proceeds payable to a minor will be paid to the parent(s), legal guardian (if applicable) or Public Curator

If a beneficiary is a minor: In all provinces except Québec, a trustee should be named to receive their benefit share on the minor's behalf.

### TRUSTEE DESIGNATION

Trustee name Relationship to Insured

# Eligibility Questions

## Application for Insurance

### GUARANTEED PROTECTION, STANDARD PROTECTION AND PREFERRED PROTECTION

For all eligibility questions, "You" and "Your" refers to the Insured.

- 1 Have you smoked or used any of these products in the last twelve (12) months: cigarettes, cigars, pipe, chewing tobacco, shisha/hookah, cigarillos (small cigars), electronic cigarette, nicotine patch, nicorette chewing gum, snuff, betel nuts, or marijuana? *If Yes - Smoker rates apply* ☐ Yes ☐ No

#### Approved for Guaranteed Protection Plan - No further questions

### STANDARD PROTECTION AND PREFERRED PROTECTION - Please complete this section

- 1 Are you incapable of performing two (2) or more of the basic activities of daily living such as: feeding, dressing, washing, toileting and getting up? ☐ Yes ☐ No
- 2 Are you currently residing in an assisted living or nursing residence? ☐ Yes ☐ No
- 3 Are you on a waiting list for an organ transplant or the recipient of an organ transplant (excluding corneal transplants and skin grafts)? ☐ Yes ☐ No
- 4 Have you ever been diagnosed with a terminal illness? (Terminal illness means an illness, disease or condition that would reasonably be expected to cause death within the next twelve (12) months). ☐ Yes ☐ No
- 5 Have you ever had, or been told you have, or received treatment or advice for:
- a) Congestive heart failure or cardiomyopathy (enlarged heart)? ☐ Yes ☐ No
- b) Immunodeficiency virus (HIV), including abnormal or inconclusive results from an HIV test; acquired immune deficiency syndrome (AIDS); AIDS related complex (ARC)? ☐ Yes ☐ No
- c) Muscular dystrophy or Amyotrophic Lateral Sclerosis (Lou Gehrig's disease or ALS), Huntington's chorea? ☐ Yes ☐ No
- d) Cystic fibrosis or any chronic respiratory condition which requires treatment with oxygen (excluding sleep apnea)? ☐ Yes ☐ No
- e) More than one occurrence of cancer (excluding basal cell carcinoma)? ☐ Yes ☐ No
- f) Alzheimer's or dementia? ☐ Yes ☐ No
- 6 Have you had diabetes that was diagnosed more than ten (10) years ago and is treated with insulin? ☐ Yes ☐ No
- 7 Have you within the last five (5) years been convicted of any criminal offence or have any criminal charges pending? ☐ Yes ☐ No
- 8 Have you within the last three (3) years had, or been told to have, or received treatment or medical advice for:
- a) Cancer, including but not limited to leukemia and lymphoma, (excluding basal cell carcinoma)? ☐ Yes ☐ No
- b) Diabetic complications resulting in amputation? ☐ Yes ☐ No
- c) Peripheral vascular or peripheral arterial disease, poor circulation in the legs or feet? ☐ Yes ☐ No
- d) Chronic kidney disease or do you have a family history of polycystic kidney disease? ☐ Yes ☐ No
- e) Chronic Liver disease, such as, but not limited to hepatitis B or C, cirrhosis or alcoholic hepatitis? ☐ Yes ☐ No
- f) Cardiac chest pain? ☐ Yes ☐ No
- 9 Have you within the last three (3) years had, or been diagnosed with, undergone investigations for which the results were abnormal, or been hospitalized for, or currently have any of the following conditions:
- a) Aneurysm which has not been surgically corrected? ☐ Yes ☐ No
- b) More than one (1) TIA (transient ischemic attack)? ☐ Yes ☐ No
- c) Heart attack, bypass surgery, stent insertion, arteriosclerosis, open heart surgery, angina, stroke? ☐ Yes ☐ No
- 10 Have you, in the past twenty-four (24) months:
- a) Used any hard drugs such as heroin, cocaine, crack, amphetamines, LSD, ecstasy, psychoactive drugs, narcotics, barbiturates, opiates (except as prescribed by a physician), or other similar agents? ☐ Yes ☐ No
- b) Been a resident in a drug or alcohol treatment facility? ☐ Yes ☐ No
- 11 Have you, within the last twelve (12) months:
- a) Had your medication for diabetes or high blood pressure changed (dosage, addition of another medication, or insulin)? ☐ Yes ☐ No
- b) Other than as part of a routine physical with a blood test, urinalysis, electrocardiogram (ECG), or a Stress Test: have you been advised to have treatment, advice, consultation, or medical testing such as: a biopsies test, a computer tomography scan (CT Scan), a Coronary Calcium Scan, a Magnetic Resonance Imaging (MRI) (excluding for osteoarthritis, strain, sprain) and or any other testing which has not yet been completed or for which you have not yet received the results or for which the result were abnormal? ☐ Yes ☐ No
- 12 Are you currently awaiting a scheduled surgery, or have you done any other medical test or procedure which has not yet been completed, or for which you have not yet received the results? ☐ Yes ☐ No
- 13 Is your weight greater than as shown in the chart below for your height? ☐ Yes ☐ No

If any question is answered **YES** in this section, apply for the:



#### Issue Ages

Ages 40 - 79

#### Sum Insured

\$1,000 to \$50,000

#### Death Benefit

##### Yrs 1-2:

Return of premium with 3% simple interest per annum.  
(From the effective date up to second policy anniversary)

##### Yrs 3+:

Full Sum Insured.  
(After the second policy anniversary)

If answered **NO** to all questions proceed to the next section.

Height		Weight	
Ft	Cm	Lbs	Kg
4'8"	142	215	98
4'9"	145	220	100
4'10"	147	224	102
4'11"	150	230	104
5'0"	152	235	107
5'1"	155	240	109
5'2"	158	245	111

Height		Weight	
Ft	Cm	Lbs	Kg
5'3"	160	250	113
5'4"	163	257	117
5'5"	165	264	120
5'6"	168	271	123
5'7"	170	279	127
5'8"	173	287	130
5'9"	175	295	134

Height		Weight	
Ft	Cm	Lbs	Kg
5'10"	178	303	137
5'11"	180	311	141
6'0"	183	319	145
6'1"	185	327	148
6'2"	188	335	152
6'3"	191	343	156
6'4"	193	351	159

Height		Weight	
Ft	Cm	Lbs	Kg
6'5"	196	359	163
6'6"	198	365	166
6'7"	201	372	169
6'8"	203	380	172
6'9"	206	388	176

# Eligibility Questions

## Application for Insurance

### PREFERRED PROTECTION

Only complete this section if the Proposed Insured answered **NO** to all questions in the **Standard Protection Plan** section.

- 1 Have you ever had, or been told to have, or received treatment or advice for diabetes with one (1) or more of the following conditions: coronary artery disease (with the exception of high blood pressure and or cholesterol controlled with medication or diet), chronic kidney disease or numbness or tingling in the hands and or feet (neuropathy)? ☐ Yes ☐ No
- 2 Have you been told you have or received treatment or advice for diabetes for more than fifteen (15) years? ☐ Yes ☐ No
- 3 Have you:
  - a) within the last ten (10) years had or been told you have Cancer including but not limited to leukemia, and lymphoma (excluding basal cell carcinoma) ☐ Yes ☐ No
  - b) been in complete remission from Cancer including but not limited to leukemia and lymphoma (excluding basal cell carcinoma) for less than ten (10) years? ☐ Yes ☐ No
- 4 Have you, within the last five (5) years had or been told to have or received treatment for:
  - a) Manic depression, Bipolar disorder, schizophrenia, one or more suicide attempts or ideation? ☐ Yes ☐ No
  - b) Cardiac chest pain? ☐ Yes ☐ No
- 5 Have you within the last five (5) years had or been diagnosed with, undergone investigation and for which the results were abnormal or been hospitalized or currently have any of the following conditions:
  - a) Bone marrow transplant? ☐ Yes ☐ No
  - b) Chronic obstructive pulmonary disease (COPD)? ☐ Yes ☐ No
  - c) Multiple Sclerosis? ☐ Yes ☐ No
  - d) Heart attack, bypass surgery, stent insertion, arteriosclerosis, open heart surgery, angina or stroke? ☐ Yes ☐ No
- 6 In the last five (5) years have you:
  - a) Been advised to have or received or sought treatment or counselling for drug dependency or the use/abuse of alcohol or chemicals or been convicted of driving under the influence (not including 24 hours suspension) or refusal to take a breathalyzer test? ☐ Yes ☐ No
  - b) Used any hard drugs such as heroin, cocaine, crack, amphetamines, LSD, ecstasy, psychoactive drugs, narcotics, barbiturates, opiates, (except as prescribed by a physician) or other similar agents? ☐ Yes ☐ No
  - c) Usage of prescribed narcotics or any opiates for chronic pain control? ☐ Yes ☐ No
- 7 Have you:
  - a) within the last two (2) years piloted an aircraft other than as a commercial /major airline carrier? ☐ Yes ☐ No
  - b) within the last twelve (12) months been involved or intend to be involved within the next twelve (12) months, with hazardous sports, such as; out of bound skiing, ski jumping, bungee jumping, base jumping, motorized vehicle racing, cliff diving, scuba diving (deeper than 100 ft. or 30 metres), sky diving, parachuting, sky surfing, hang-gliding and mountain climbing? ☐ Yes ☐ No
- 8 With the exception of travelling within North America, do you have any plans to travel or reside outside of Canada for more than eight (8) weeks in the next twelve (12) months? ☐ Yes ☐ No
- 9 Do you have any immediate family members (father, mother, brother or sister) who have been diagnosed with Huntington's Disease or do you have two (2) or more immediate family members (father, mother, brother or sister) who have been diagnosed with Cancer, Alzheimer's Disease, motor neuron disease Amyotrophic Lateral Sclerosis (ALS), multiple sclerosis, stroke or heart attack at age 60 or younger? ☐ Yes ☐ No
- 10 Is your weight greater than as shown in the chart below for your height? ☐ Yes ☐ No

If any question is answered **YES** in this section, apply for the:



Issue Ages

Ages 18 - 70

Sum Insured

\$1,000- \$300,000

Death Benefit

**Yrs 1-2:**

Return of premium with 10% simple interest per annum.

(From the effective date up to second policy anniversary)

**Yrs 3+:**

Full Sum Insured. (After the second policy anniversary)

If answered **NO** to all questions apply for:



Issue Ages

Ages 18 - 70

Sum Insured

\$1,000- \$300,000

Death Benefit

Full Sum Insured from effective date of the policy

Height		Weight	
Ft	Cm	Lbs	Kg
4'8"	142	178	81
4'9"	145	184	83
4'10"	147	191	87
4'11"	150	198	90
5'0"	152	204	93
5'1"	155	211	96
5'2"	158	218	99

Height		Weight	
Ft	Cm	Lbs	Kg
5'3"	160	225	102
5'4"	163	233	106
5'5"	165	240	109
5'6"	168	247	112
5'7"	170	255	116
5'8"	173	263	119
5'9"	175	270	122

Height		Weight	
Ft	Cm	Lbs	Kg
5'10"	178	278	126
5'11"	180	286	130
6'0"	183	294	133
6'1"	185	303	137
6'2"	188	311	141
6'3"	191	320	145
6'4"	193	328	149

Height		Weight	
Ft	Cm	Lbs	Kg
6'5"	196	337	153
6'6"	198	346	157
6'7"	201	355	161
6'8"	203	364	165
6'9"	206	373	169

### COVERAGE DETAILS

Plan Selected	Issue Ages	Max Insured	Sum Insured	Monthly Premium
<input type="checkbox"/> Specialty Life Guaranteed Protection	40 - 79	\$50,000	\$ _____	\$ _____
<input type="checkbox"/> Specialty Life Standard Protection	18 - 70	\$300,000		
<input type="checkbox"/> Specialty Life Preferred Protection	18 - 70	\$300,000		

## PAYMENT DETAILS

Note that the first initial premium will be applied on the policy effective date

### Premium Payment Frequency

☐ Monthly

PAD - Pre-authorized debit

Withdrawal date requested (1st - 28th only)

Premium amount

### PAD start date:

Following the initial premium 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.

## PAYOR

If the Payor is other than the Insured or Owner, complete the information below:

Legal name (First, middle initial, last)

Relationship to Insured

Date of Birth (DD/MM/YYYY)

Street Address

Apartment #

City

Province

Postal Code

Identification document

Identification Number

Province/territory of issue

Expiry date (DD/MM/YYYY)

(Please refer to an original, non-expired Canadian government issued photo I.D., such as passport, provincial health card (exception in PEI, ON, AB, and MB), driver's license or Age of Majority.)

Occupation

Name of Employer

## PAD INFORMATION AND PAYOR AGREEMENT

Transit Number

Financial Institution Number

Account Number

- 1 I/We authorize **Specialty Life** to make automatic withdrawals from my/our bank account at the financial institution identified on the attached sample (VOID) cheque, bank letter of direction, or as otherwise set out in this insurance application, for insurance premiums which become due on or after the policy date. Withdrawals from my/our account may be for variable amounts, as they may change in accordance with my/our insurance contract including for renewal premiums and as required to administer my/our policy.
- 2 I/We waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of the withdrawal. If the bank or financial institution does not honour an automatic premium withdrawal when first presented for payment, we will try to re-draw your payment within 5 business days. If your premium payment is still not honoured the policy with **Specialty Life** will be null and void. The financial institution designated by the payor(s) is authorized now or at any subsequent time to honour any requests made by **Specialty Life** to withdraw premium or fees which may include a redraw within 30 days should any withdrawal not clear the account.
- 3 **Specialty Life** reserves the right to ask for an alternative method of payment if payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I/We or **Specialty Life** may end this agreement at any time by giving 10 days written notice.
- 4 I/We understand that cancelling this authorization may result in loss of insurance coverage unless **Specialty Life** receives another form of payment. Any refund of premium made pursuant to this authorization shall be paid to the Insured/Owner.
- 5 I/We certify that all required signatures for the authorization of the withdrawals are present in this authorization.
- 6 I/We further authorize such financial institution to deal with these withdrawals as if authorized directly by me/us. I/We understand and agree to all of the terms and conditions printed on the next page, which my independent insurance advisor has reviewed with me/us.

(check one if applicable)

I hereby direct **Specialty Life** to establish a new PAD account using:

The same account shown on the first cheque provided with this insurance application: ☐

VOID cheque (pre-printed with the Payor's name) ☐

Bank letter of direction ☐

Payor name shown on bank records

Payor name shown on bank records

Signature of Payor

Signature of Payor

Date Signed (DD/MM/YYYY)

Signature of Policy Owner, if not Payor



### TERMS AND CONDITIONS OF PARTICIPATION IN THE PRE-AUTHORIZED DEBIT (PAD) PAYMENT PROGRAM

#### EFFECTIVE DATE

I/We understand and agree that the fully completed authorization on the previous page will take effect for the policy applied for, on the latest of the following dates:

- a) The date the authorization is received by the head office of **Specialty Life**.
- b) The date the full amount of the first premium for the policy is received by **Specialty Life** head office; and
- c) The date when the policy applied for is first placed in full force and effect by **Specialty Life**.

#### GENERAL

I/We also understand and agree to all of the following terms and conditions:

- a) I/We certify that the information provided with respect to the PAD account is accurate. I/We will provide **Specialty Life** with a new pre-printed sample cheque if the PAD account is changed.
- b) The amount drawn on the PAD account shall be a total of all amounts required to pay the applicable premium payments for the policy.
- c) The authorization shall apply to the policy, including any renewal or increase in cost of insurance specified in the contract.
- d) The authorization and all its terms and conditions are subject to all of the terms and provisions of the applicable policy.
- e) If **Specialty Life** has not received a premium payment within the time required, for example, your PAD is not honoured, the policy will not take effect and become null and void.
- f) I/We consent to disclosure of any personal information that may be contained on this authorization to **Specialty Life** designated financial institution to the extent necessary for the purposes described in the authorization and these terms and conditions.

#### TERMINATION

The authorization will be terminated only on the earlier of the following dates:

- a) Either I/we or **Specialty Life** provide(s) written notice to the other within 10 days to that effect and;
- b) The policy to which the authorization applies is no longer in full force and effect.

The revocation of the authorization does not affect your rights under the Policy.

Any cancellation of this automatic withdrawal arrangement will not affect the agreement between me/us and **Specialty Life** whatsoever with respect to any contract for goods or services, so long as payment is provided by an alternate method.

I/We further understand and agree that (a) if the authorization is terminated, a direct modal premium shall become payable for the policy to which the authorization applies; and (b) the amount and frequency of the premium payable under the policy specified in the pages entitled "Schedule of Benefits and Premiums" attached to the policy and may be different than the premium payable under a PAD plan.

I/We may revoke my/our authorization at any time, provided written notice is received no less than 10 days before the next scheduled payment date. To obtain a sample cancellation form or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I have certain recourse rights if any debit does not comply with this agreement. For example I have the right to receive reimbursement for any withdrawal that is not authorized or is inconsistent with this authorization. To obtain a form for a reimbursement claim, or for more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). In addition, I/we may contact **Specialty Life** to make enquiries, obtain information to seek recourse with respect to any PAD issued by **Specialty Life**, as indicated below.

#### **Specialty Life Inc.**

8000 Jane Street, Tower A, Suite 101, Concord ON L4K 5B8  
Toll Free Number: 1-844-335-3580 or Fax: 1-888-818-8119

### INSURED/OWNER - DECLARATIONS AND AGREEMENTS

#### ACKNOWLEDGEMENT AND AGREEMENT

I/We have read all of the questions and answers in this insurance application and I/we understand the meaning and importance of them.

**The statements and answers given in this application are true, complete and correctly recorded to the best of my/our knowledge and belief.**

I/We acknowledge and agree that:

1. This insurance application consists of pages 1-10, any supplement to it (if applicable) and any other declaration made in connection with this application. Together all of this information will form the basis for any policy/coverage issued.
2. This insurance application does not include any Temporary Insurance Agreement.
3. No information acquired by any representative of **Specialty Life** and **ivari** will be binding on **Specialty Life** and **ivari** unless set out in writing in this application.
4. Any policy issued on this insurance application will not take effect unless all of the following conditions are satisfied:
  - a) The full amount of the first premium is received by **Specialty Life** during the lifetime of the proposed Insured under the policy;
  - b) The policy is delivered to the Owner during the lifetime of the proposed Insured under the policy;
  - c) All statements and answers given in this insurance application continue to be true and complete on the date of delivery of the policy; and
  - d) No change has taken place in the insurability of the proposed Insured between the time this application is completed and the time the policy is delivered to the Owner.
5. Only the president together with a vice-president or secretary of **ivari** has the authority to bind **Specialty Life** or **ivari** or to make any change in this application or any policy issued. **Specialty Life** and **ivari** will not be bound by any promise or representation made by any other person. No insurance advisor or distributor is authorized to waive, amend or modify any of the terms or provisions in this application or any policy issued. However, **ivari** may make certain changes to this insurance application as provided for in your policy contract. The Owner accepting delivery of the policy constitutes approval of its provisions and ratification of any additions, endorsements or amendments.
6. If the answer to any question(s) in this insurance application is misstated or omitted or if any other material misrepresentation or fraudulent statement is made in this insurance application, any policy issued as a result may be rendered void on the grounds of material or fraudulent misrepresentation.
7. All premium payments must be made payable to **Specialty Life Inc.**
8. I/We have received, read and fully understand the information set out in the Notice of Disclosures page, which has been left with me, including the Disclosure of Compensation, where applicable.

\* Full delivery requirements differ from province to province.

#### PERSONAL INFORMATION AUTHORIZATION

I/We have read and fully understand the contents of the notices regarding MIB, Inc., investigative reports, and collection, use and disclosure of personal information (collectively, the "Notices") and acknowledge and consent to the collection, use and disclosure of my/our personal information by **Specialty Life** and **ivari** and their affiliates for the purposes identified in those Notices.

For the **purposes of evaluating my insurance application, servicing my policy, and investigation and claim analysis**, I authorize and direct any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB, Inc. or any other organization, institution, association or person identified in the Notices that now has or may in future have any information concerning me or my health to disclose to **Specialty Life** and **ivari**, their authorized representatives and **ivari**'s reinsurers, upon the request of **Specialty Life** or **ivari**, any such information for the purposes identified in the Notices.

I authorize **Specialty Life**, to make a brief report of my personal health information to MIB, Inc.

I/We certify that the information given in this application is correct and complete. I/We agree to immediately notify **Specialty Life** or **ivari** of any errors, omissions or changes provided under this application. As the policy Owner(s), I/we acknowledge that I/we have an obligation to notify **Specialty Life** of any changes in my/our tax residency status.

**A photocopy of this authorization shall be as valid as the original.**

**Authorization to disclose information to your independent insurance advisor or managing general agencies, distributors and market intermediaries and their employees and agents:** By agreeing to the authorization below, you are giving us permission to disclose your personal information to your independent insurance advisor, managing general agencies, distributors and market intermediaries and their employees and agents who may use it to help you with your insurance options. This information could include: your medical history and any other facts about your life declared in this insurance application that have affected the assessment of your insurance request. The information will be shared only with the insurance advisor indicated below. You may also cancel this authorization at any time by calling us at 1-844-335-3580. This authorization will remain in effect for 45 days after we issue a policy or send you a letter indicating that your insurance request has been declined.



### POLICY OWNER'S OPTIONAL CONSENT

By providing my email address I consent to **Specialty Life** and **ivari** using this contact information to provide me with information about my coverage.  
I understand that I may withdraw my consent at any time.

  
Email Address

- ☐ I also consent to **Specialty Life** and **ivari** sending information to the above email address to advise me of products and services offered by **ivari** or **Specialty Life** from time to time, who may rely on marketing service providers to do so. I understand that this is an optional purpose and I may withdraw my consent at any time.

**I may withdraw either or both consents by contacting:**

**Specialty Life Inc.**  
8000 Jane Street, Tower A, Suite 101, Concord ON L4K 5B8  
Telephone: 1-844-335-3580 or Fax: 1-888-818-8119  
**www.slinsurance.ca**

### INSURED/OWNER - DECLARATIONS AND AGREEMENTS / PERSONAL INFORMATION AUTHORIZATION

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.*

Does the INSURED/OWNER acknowledge, understand and agree to all of the statements on page 7?

☐ Yes ☐ No

The Insured and Owner understand the language in which this insurance application is written.

☐ Yes ☐ No

If "No", have the details of this insurance application been fully explained to you in your preferred language and are they completely understood?

☐ Yes ☐ No

  
Insured's Name

  
Signature of Insured

  
Owner's Name (if other than Insured)

  
Signature of Owner (if other than Insured)

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

### INSURED/OWNER - DECLARATIONS AND AGREEMENTS / PERSONAL INFORMATION AUTHORIZATION

Recording Consent for iapp only:

I need to let you know that this telephone call is being recorded for quality assurance purposes, so we can keep a record of your responses, and that the information you give me today will be treated confidentially. This information will be used to evaluate your insurability and will become an integral part of your insurance contract if one is issued. Consequently, your responses throughout the interview must be honest and clear as they will influence the approval for your insurance and your insurance premium. I also need to obtain your authorization to run a Medical Information Bureau ("MIB") search.

This MIB notice along with the notice for INVESTIGATIVE CONSUMER REPORTS AND COLLECTION and COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION will be included in your policy contract, if a contract is issued.

Do you agree to this recording and authorize the MIB search? ☐ Yes ☐ No

## INDEPENDANT INSURANCE ADVISOR REPORT

Does the independent insurance advisor have a family relationship with the Insured? ☐ Yes ☐ No

If **Yes**, please explain relation to Insured:

Did you verify the identity of the Insured and Owner, by confirming that the identification details provided in this application match the original identification documents shown or described to you?.....

☐ Yes (I confirm that the information recorded was correctly copied from such document(s).)  
☐ No

Did you complete the application in person with the Insured? .....

☐ Yes ☐ No

If No, indicate which recording method was used for obtaining answers to the the questions in the application:

☐ Telephone / Voice Conference  
☐ Video Conference / Skype

I/We hereby declare that the statements and answers given in this application are true, complete and correctly recorded to the best of my/our knowledge and belief.

I am/we are not aware of additional information material to the Insured except as stated in the Special Instructions section.

### Commission Split (please print names):

By signing below, I/We acknowledge that I/We have disclosed, where applicable, the following items to the Owner of the policy resulting from this application:

- a) The company or companies I/we represent
- b) That I/We will receive compensation in the form of bonuses (such as commissions or salary); and
- c) That I/We have disclosed any conflicts of interest that I/We may have with respect to this transaction.
- d) I/We attest that I have followed the **Specialty Life/ivari** Code of Ethical Market Conduct in all aspects of this sale of insurance.

Advisor 1:  Code:   % Advisor Signature:

Advisor 2:  Code:   % Advisor Signature:

## Special Instructions

## NOTICE REGARDING MIB, INC.

Information regarding your insurability will be treated as confidential. **Specialty Life** may, however, make a brief report thereon to MIB, Inc., formerly known as **Medical Information Bureau**, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members.

Personal information disclosed to MIB, Inc. may include your name, birth jurisdiction, occupation and any other information used to determine your insurability. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information about you in its file. MIB, Inc. receives personal information, and the collection, use and disclosure of such information is governed by the Personal Information Protection and Electronic Documents Act (PIPEDA) and provincial laws.

MIB, Inc. has agreed to protect such information in a manner that is substantially similar to **Specialty Life** and **ivari**'s privacy and security practices, and in accordance with applicable laws. As a U.S. based company MIB, Inc. is bound by and such personal information may be disclosed in accordance with applicable U.S. laws. An individual's consumer file at MIB may be accessible to U.S. law enforcement and U.S. national security authorities for anti-terrorist and clandestine intelligence investigations, provided that such authorities comply with the consumer privacy protections specified in applicable U.S. laws. If you have any questions about MIB, Inc.'s commitment to protect the confidentiality and security of your personal information, you may contact the MIB, Inc. Privacy department at [privacy@mib.com](mailto:privacy@mib.com). Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. If you question the accuracy of information in the MIB Inc. file, please contact MIB by emailing to [Canadadisclosure@mib.com](mailto:Canadadisclosure@mib.com), calling 866-692-6901 or by mail. MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184- 8734.

**Specialty Life** and **ivari** may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB, Inc. may be obtained on its website at [www.mib.com](http://www.mib.com).

## NOTICE REGARDING INVESTIGATIVE REPORTS AND COLLECTION

As part of our investigation and claim analysis, we may request an investigative report be completed. These reports, if requested, will be obtained from an investigative agency.

Personal information collected may include information about your character, general reputation, personal characteristics, finances, credit and lifestyle. A representative who is employed to make such reports may contact you in person or by telephone in connection with this investigation. For more details about these reports, you may write to **Specialty Life's Client Services Department** at 8000 Jane Street, Tower A, Suite 101, Concord, ON L4K 5B8.

## NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

**Specialty Life** and **ivari** collects, uses and discloses your personal information as described in the sections of this application regarding MIB, Inc., investigative reports and the personal information authorization. The personal information authorization section of this application can be found on page 7. In addition, we collect personal information about you from this application, any supplementary forms and questionnaires, as described in the above sections, and from the following **external sources**: Physicians and other medical and health care practitioner and providers; hospitals, clinics and other medical facilities; MIB Inc. and other insurers and reinsurers; investigation agencies; motor vehicle and driver record authorities in any relevant jurisdictions; and your independent insurance advisors, including the independent insurance advisor's report section of your application.

The information collected from these sources is used for the following purposes:

**Evaluating your insurance application; servicing your policy; and investigation and claim analysis.** Your personal information may be shared with your independent insurance advisor and the managing general agencies, distributors and market intermediaries and their employees with which your advisor is associated for purposes identified above.

Your banking information may be disclosed to the financial institution(s) processing your pre-authorized debit payments. If necessary, your personal information may also be shared with your beneficiaries in relation to a claim.

Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

**We may communicate with you about other insurance products and services. If we rely on a marketing service provider to communicate with you, we will disclose only your name, contact information, and your current insurance coverage, but not your health or financial information.**

**Specialty Life and ivari each require its service providers to safeguard the confidentiality of personal information consistent with their privacy and security practices and in accordance with applicable laws.**

Upon receiving your application, **Specialty Life** and **ivari** will establish and maintain a file containing your personal information, which will be accessible at their respective head offices. Your file will be accessible to only those employees and authorized representatives of **Specialty Life** and **ivari**, or **ivari**'s reinsurers, responsible for administering your file, and other persons authorized by you or by law.

We have safeguards to protect your personal information; however, in the event of an unauthorized access, disclosure or use of your personal information, there is a possibility that you may experience: identity theft, negative effects on a credit record, financial loss, embarrassment or damage to reputation. If **Specialty Life** or **ivari** believes that you face a real risk of significant harm, **Specialty Life's** Privacy Office will notify you of the data breach and suggest steps to reduce your risk of harm.

Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to: **Privacy Office, Specialty Life**, 8000 Jane Street, Tower A, Suite 101, Concord, ON L4K 5B8.

To review our privacy policy, visit [slinsurance.ca](http://slinsurance.ca). To review ivari's privacy policy, visit [ivari.ca](http://ivari.ca).

**By signing and submitting your insurance application on your own behalf, you give your consent to the collection, use and disclosure of your personal information as described above and elsewhere in your insurance application.**

## DISCLOSURE OF COMPENSATION

The insurance product you are being offered is supplied by **Specialty Life** and **ivari**, each a company licensed to conduct business in all provinces and territories of Canada. The independent insurance advisor/distributor soliciting this insurance application is a licensed insurance advisor representing **Specialty Life** and will receive compensation from us upon the completion of this transaction. You are not obligated to transact any other business with **Specialty Life** and **ivari**, the advisor/distributor or any other person or entity as a condition of this application.

## Thank you for placing your trust in Specialty Life Protection.

For years, **Specialty Life** has worked with thousands of Canadians from coast-to-coast to find real and meaningful insurance solutions to their financial challenges. We specialize in helping qualify individuals whom have been denied, declined, or deferred the protection they and their families depend on.

Why make **Specialty Life** your insurance provider of choice?

- Instantly qualify up to age 79\*.
- Anyone currently residing in Canada.
- Up to \$300,000\*\* in coverage with no medical exam.
- Approval even if you've been Declined, Deferred, or Rated in the past.
- Professional care and assistance from industry experts.

For more information on other **Specialty Life** products, please speak with your Advisor.  
To contact a **Specialty Life** Sales Representative, please call us Toll-Free at 1-844-335-3580.  
For general policy inquiry, please email us at [info@slinsurance.ca](mailto:info@slinsurance.ca)

**Specialty Life Protection** is underwritten by **ivari**. **Specialty Life Protection** and **Specialty Life**, and associated logos, are trade names and trademarks of **Specialty Life Inc.**  
**Specialty Life Inc.** retains the privilege to use and reprint these trademarks.

\*Specialty Life Standard Protection and Specialty Life Preferred Protection are available up to age 70

\*\*Specialty Life Guaranteed Protection coverage is available up to \$50,000.



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