



**NOTICE**

**RECORDS AND PERSONAL INFORMATION**

In order to protect the confidentiality of your personal information, Assumption Life will establish and retain a file in which the information pertaining to your application for insurance, as well as the information pertaining to any insurance claim, will be placed. This personal information may be medical in nature or related to your lifestyle (driving record, pursuit of a hazardous sport, criminal record, etc.). We or our reinsurers may consult any insurance file that we hold or that is held by other insurers or reinsurers with respect to any other insurance application or statement you may have made in the past.

For underwriting purposes or in the event of a claim, we could retain the services of an investigator in order to conduct an investigation in regard to you. This investigation may bear on your reputation, health, finances and lifestyle. In the course of this investigation, family members, friends and neighbours may be questioned about you.

We may also, for medical underwriting purposes, seek the assistance of a physician or an employee of a paramedical organization or a clinic in order to have you undergo a medical examination, x-rays, an electrocardiogram or to collect a blood, urine or saliva sample. The analyses will be used to determine the existence of various abnormalities such as cholesterol and any related blood lipids, diabetes, hepatic disorders, kidney disorder, liver disorder, bone disease, immune disorder, infections caused by the AIDS virus, and the presence of medication, drugs, nicotine or their metabolites.

In the event of a claim, we may require a copy of your medical records. We may also require, in the event of a death claim, a copy of the police investigation report, coroner's report, or any other report that provides relevant information explaining the circumstances of your death.

Only those employees or agents (including any reinsurer or health care professional) who need the personal information for the performance of their duties will have access to your file. Assumption Life shall not communicate your personal information to a third party without your consent unless required to do so by law or ordered to do so by a court. For example, under the we are required to verify the identity of any insurance contract owner.

You are entitled to consult any personal information held in your file and, if applicable, to have it corrected by submitting a written request to the following address: ASSUMPTION LIFE, c/o Underwriting Department, P.O. Box 160 / 770 Main Street, Moncton, N.B. E1C 8L1. Telephone: (506) 853-6040/1-800 455-7337 Fax: (506) 853-5459.

**NOTICE FROM THE MEDICAL INFORMATION BUREAU**

Information regarding your insurability will be treated as confidential. Assumption Life, or its reinsurer(s), may however make a brief report thereon or send a request to the Medical Information Bureau, a non-profit organization of life insurance companies that operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or if a claim for benefits is submitted to such company, the Bureau will, upon request, supply such company with the information in its files.

Upon receipt of a request from you, the Bureau will arrange disclosure to you of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may have the information rectified. The address of the Medical Information Bureau is: 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7. Telephone number (416) 597-0590.

Assumption Life, or its reinsurer(s), may also release any information in its file to other life insurance companies to which you may apply for life or health insurance, or to which a claim for benefits may have been submitted.

**REPRESENTATIVE'S DECLARATION**

(For Quebec and British Columbia only)

The laws of Quebec and British Columbia require that your insurance representative ("advisor", "agent" or "broker") disclose certain information to you before completing this transaction. The representative therefore confirms the following information:

I, \_\_\_\_\_, am acting as an insurance representative and hold a valid licence.

When this transaction is completed, I may receive a commission from Assumption Life and/or from: \_\_\_\_\_

You cannot be forced by anyone, including Assumption Life, a firm, a company or entity (including me), to conclude another transaction as a condition to the fulfillment of this transaction or of another financial operation with these same persons.

I will be compensated for this transaction in the form of commissions or other remuneration permitted by law. The commissions payable for this transaction will be shared, when applicable, between me and: \_\_\_\_\_.



ADDITION TO THE ONLINE APPLICATION

Declaration and Authorization for Insurance Application Underwritten by Assumption Mutual Life Insurance Company

Please send us a completed copy of this document by fax at 1-888-347-8611 or by e-mail at: Online.Services@assumption.ca

Name (Proposed Insured 1): Name (Proposed Insured 2):

Owner of policy: [ ] Proposed Insured 1 [ ] Proposed Insured 2 [ ] Proposed Insureds 1 & 2 [ ] Other

PAC AUTHORIZATION – preauthorized chequing

Assumption Life is hereby authorized to make monthly withdrawals under the preauthorized cheque plan from the account indicated on the "VOID" sample cheque or from the account described in the online application or any account subsequently notified to Assumption Life.

If the banking information was not completed in the online application, please enclose a personalized cheque marked "VOID".

If two signatures are required on the account, both account owners must sign this authorization.

Name and Signature of Account Owners\* (other than Proposed Insureds or Owners named above): Name\*, Signature, Title\*

\* If the Owner is a Body Corporate (corporation, association, etc.), the signature of the authorized individuals with their title is required.

DECLARATION, AUTHORIZATION AND SIGNATURES

- I have requested that the online application be in English and I request that all other related documents be in English also.
I confirm that the information and answers that I have provided in the online application are true and complete and acknowledge that they constitute the basis for the contract.
(For all proposed insured having stated being non smoker in the online Application) I hereby confirm that in the last twelve months I did not use any substance or product containing tobacco, nicotine or marijuana.
I acknowledge that any misrepresentation may render the insurance coverage(s) voidable at the option of Assumption Life within two years from the date of issue of the policy or rider or date of reinstatement, and that all misrepresentation concerning the declaration as to the use of tobacco/nicotine and fraud shall render this contract automatically void and no claim for the sum insured will be payable.
I understand that no insurance agent or person other than Assumption Life is authorized to modify, cancel or waive a question or provision of the online application, nor a provision of the contract or of any rider or other document that is part of the contract.
I understand that any notice to or knowledge of an insurance agent is not notice to or knowledge of Assumption Life unless stated in writing and made part of the online application.
I understand that the coverage takes effect: at the date of delivery of the policy or rider to the owner except if I chose FlexOptions for which the coverage takes effect at the date on which the application is approved by Assumption Life without modification, provided that:
(a) the first premium has been paid during the lifetime of all proposed insureds,
(b) there has been no change in the insurability of the proposed insured since this form has been signed, and
(c) all information and answers given in the application are still complete and true: at the date of delivery of the policy or rider, or for FlexOptions, at the date on which the application is approved by Assumption Life without modification.
I acknowledge receipt of Assumption Life's Notice for records and personal information and from the Medical Information Bureau, (and of the Conditional Temporary Life Insurance for FlexOptions only) and agree with all its terms and conditions.
I authorize Assumption Life to use the personal information contained in the online application in order to send me information on other products and services that might interest me. If not, please check [ ] I do not authorize this use.



**ADDITION TO THE ONLINE APPLICATION (continued)**

**DECLARATION, AUTHORIZATION AND SIGNATURES (continued)**

**AUTHORIZATION**

I authorize any physician, health care professional, hospital, clinic or other medical or paramedical establishment, as well as any insurance company, the Medical Information Bureau, a credit agency, and any other organization, institution or person that holds records or information pertaining to me or my health status, to exchange such records or information with Assumption Life or its reinsurers for underwriting and claims adjudication purposes.

I consent to medical examinations, x-rays, electrocardiograms, blood, urine and saliva tests as may be required to medically underwrite my application. I further consent to Assumption Life releasing the results of these tests to its reinsurers, if need be, to my attending physician and to the Medical Information Bureau.

I authorize Assumption Life to retain the services of an investigator in order to conduct an investigation on me for underwriting purposes and in the event of a claim. I understand that this investigation may bear on my reputation, health, finances and lifestyle. I understand and accept that in the course of this investigation, my family members, friends and neighbours may be questioned about me.

In the event of a claim, I authorize any coroner, police force and any other agency that holds information regarding my death to communicate such information to Assumption Life and its reinsurers.

I acknowledge that a reproduction of this authorization shall be as valid as the original.

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

<b>Signature of Proposed Insureds</b>	<b>Signature of Owners *</b>	
1: x	x	Title*:
2: x	x	Title*:

\* If the Owner is a Body Corporate (corporation, association, etc.), the signature of the authorized individuals with their title is required.

By signing below, the agent attests to the signature of all persons indicated above and also confirms that he has verified the date of birth of the Insureds and the identity of the Owners by consulting the documents indicated in the online application. (For British Columbia and Quebec, the agent confirms having completed and remitted the Agent's Declaration (on the NOTICE) to the Owner.

The agent confirms that the application number generated by electronic means is:

Agent's Signature: x \_\_\_\_\_ Agent/Broker Code: \_\_\_\_\_



**CONDITIONAL TEMPORARY LIFE INSURANCE**

Applicable solely to life insurance payable on the death of a proposed insured under a **FLEXOPTIONS** policy.  
**Not applicable to the Disability Income, Critical Illness or other rider.**

Assumption Life agrees to temporarily insure all proposed insureds listed in the application as of the date of signing of the FlexOptions application, subject to the following preconditions and limitations:

**PRECONDITIONS**

- 1- The insured is 60 years old or less. For joint policies, both insureds are 60 years old or less.
- 2- The insured has answered in the negative to all questions listed in the Declaration of Insurability in the online application (medical questions, lifestyle questions or other). For joint policies, both insureds have answered all these questions in the negative.
- 3- At least 1/12 of the annual premium for the insurance contract was paid upon signing of the application. For premium payments by direct debit, the premium is deemed paid if Assumption Life is authorized to debit the associated bank account for the premium amount as of the date of signing of the application. For premium payments by cheque, the premium is deemed paid if the cheque is cashable as of the date of signing of the application.
- 4- The amount of life insurance requested under all FlexOptions application and all other life insurance product with Assumption Life does not exceed the cumulative amount of \$500,000.

No representative or medical examiner is authorized to withhold the answer to any question in the application, guarantee insurability, waive any right or requirement of Assumption Life, or create or modify any contract.

**LIMITATIONS**

The conditional temporary insurance provided for hereby is not valid and shall be deemed null and void if the bank account to be debited with regard to the premium (whether by cheque or direct debit) has insufficient funds when Assumption Life attempts to debit the premium on any date on or after the date authorized.

No amount shall be payable under the terms herein should any of the following be applicable:

- Evidence is discovered of fraud or false declaration concerning any of the medical or lifestyle questions listed in the application.
- The proposed insured commits suicide, regardless of mental state.
- The proposed insured dies during the commission or attempted commission of a criminal act or as a consequence of said act including, but not limited to, the operation of a motorized vehicle while under the influence of alcohol or drugs.

**TEMPORARY LIFE INSURANCE AMOUNT**

The maximum amount of temporary life insurance payable under the terms of this or any similar contract or agreement in force with Assumption Life shall be equal to the face amount requested under the terms of the FlexOptions policy on the life of the proposed insured up to the amount of \$500,000.

This \$500,000 limit shall be applicable even if:

- (a) you have applied for one or more life insurance policies in amounts greater than \$500,000
- (b) your total premium payable includes additional guarantees under the terms of a Disability Income or Critical Illness rider offering benefits not covered under the terms of this conditional temporary life insurance contract.
- (c) the total premium amount exceeds the amount otherwise required to cover the amount of the benefit payable on the death of the insured.

Should the proposed insured die before Assumption Life receives a premium by direct debit or cheque, Assumption Life shall deduct from the death benefit the amount of the premium payable.

**TERMINATION**

This conditional temporary life insurance shall expire on the earlier of:

- (a) The date on which the requested insurance contract comes into force.
- (b) The date on which notice is submitted to the owner of the contract advising that the temporary insurance has been cancelled, the application denied or modified.
- (c) The date on which the owner named in the life insurance application withdraws said life insurance application.
- (d) The date on which the company presents a modified contract to the owner.
- (e) 90 days following the date of signing of the FlexOptions application.

**PLEASE NOTE:** Should you not receive a contract or reimbursement of funds paid within 90 days from the date of signing of a FlexOptions application, please notify Assumption Life at P.O. Box 160, 770 Main Street, Moncton, N.B. E1C 8L1, Canada, providing your name, the amount and date of payment, and the name of your representative.