

Data Collection Form - Complete this form for *each* insured

This is not an application. Do not submit.
The information in this document is only valid once uploaded into the Assumption Life e-commerce process.

Policy option: Individual Spouse

This form is for:

Proposed Insured 1 Proposed Insured 2 (on spouse for rider Golden Protection, Golden Protection Deferred)

A. PROPOSED INSURED INFORMATION

First Name	Address
Last Name	City
Previous Last Name	Province
Occupation	Postal Code
Name of Employer	Home Tel. _____ - _____ - _____ Work Tel. _____ - _____ - _____
Annual (Employment) Income	<input type="checkbox"/> Email _____
Province of Birth	Date of Birth <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> (Example: 01/JAN/2011)
Country of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Present residency status in Canada: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident (landed immigrant) <input type="checkbox"/> Other (specify) _____ If other, indicate date of status <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> (DD / MMM / YYYY)	<p><i>In the past twelve (12) months, have you used any substance or product containing tobacco, nicotine, or marijuana mixed with nicotine, or used e-cigarettes?</i></p> <p style="text-align: right;">Smoker: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

B. INSURANCE REQUESTED

Golden Protection Life-pay Golden Protection 20-pay Golden Protection

Existing coverage under all Golden Protection and Total Protection products (if applicable) _____ \$

Sum insured requested + _____ \$

*Total insurance coverage = _____ \$

*100,000 maximum for a proposed insured aged 40 to 70 and \$50,000 for proposed insured aged 71 to 85

If total insurance coverage is **\$50,000 or less**, please complete medical questionnaire A.

If total insurance coverage is **\$50,001 to \$100,000**, please complete medical questionnaire B.

Please note: if existing amount of coverage is not correctly specified, the sum insured requested may be reduced. The medical questionnaire B may be asked when processing the application.

Golden Protection Deferred Life-pay Golden Protection Deferred 20-pay Golden Protection Deferred (Maximum age: 80)

Existing coverage under all Golden Protection and Total Protection products (if applicable) _____ \$

Sum insured requested + _____ \$

Total insurance coverage (**\$50,000 maximum**) = _____ \$

Complete medical questionnaire A.

Please note: If existing amount of coverage is not correctly specified, the sum insured requested may be reduced.

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Additional Benefit Riders:

Accidental Fracture Plus:

- Insured Insured and Spouse Insured and Child
 Insured, Child and Spouse

 1 unit
 2 units

Name of the Insured's spouse: _____

Complete name of the Insured's children:

- 1) _____
 2) _____
 3) _____
 4) _____
 5) _____

C. PAYMENT METHOD (Complete only on data collection form for **Proposed Insured 1**)

- Annual Monthly PAD Regular preauthorized debit (PAD) withdrawal day:
 Semi- Annual Coincides with day of application approval by Assumption Life
 Quarterly On the _____ (1st to 28th) day of the month

D. REPLACEMENT

Is the insurance requested intended to replace an existing individual life insurance? No Yes *

* If Yes, please ensure that you satisfy the Proposed Insured's province's disclosure requirements pertaining to the replacement of a life insurance policy. Moreover, if the original policy being replaced is with Assumption Life, a written notice or a "policy service request" signed by the owner of the original policy must be sent to Assumption Life in order to terminate the existing policy.

E. BENEFICIARY UPON DEATH OF THE PROPOSED INSURED (Complete only on data collection form for **Proposed Insured 1 and 2**)

	First Name and Last Name	Age	%	Beneficiary type *	Relationship with proposed Insured (in Quebec, relationship with the owner)
Primary	_____	_____	_____	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable	_____
	_____	_____	_____	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable	_____
	_____	_____	_____		_____

If a % is indicated the total must equal 100 %.

Substitute (Replace the primary beneficiary if he/she die before the proposed insured)

	_____	_____	_____		_____
	_____	_____	_____		_____

If a % is indicated the total must equal 100 %.

Contingent (Upon death of all primary and substitute beneficiaries)

	_____	_____	_____	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable	_____
	_____	_____	_____	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable	_____

If a % is indicated the total must equal 100 %.

Assign a Trustee (optional)

Relationship to Beneficiary

* In Quebec, the designation by the owner of a married or civil union spouse as beneficiary is irrevocable, unless otherwise stipulated. All other beneficiary designations are revocable. The designation of an irrevocable beneficiary limits your rights under the contract and his/her consent will be required for all future transactions including withdrawals and changes of beneficiary.

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F. OWNER/PAYER INFORMATION (Complete only on data collection form for **Proposed Insured 1**)

Owner: Proposed Insured 1 Proposed Insured 2 Other or Body Corporate (complete below)

Co-owner: Proposed Insured 1 Proposed Insured 2 Other (complete below)

Payer: Proposed Insured 1 Proposed Insured 2 Owner Co-owner Other (complete below)

Banking Information (If possible, please include a personal cheque marked "VOID")

Bank Name _____

Bank Number _____ Branch number _____ Savings Chequing _____

Account Number _____

Complete if owner is a Body Corporate (corporation, partnership, etc.)

Name of Body Corporate _____

Registration Number _____ Names of Directors _____

Address _____

City _____

Province _____ Names of persons authorized to sign for the Body Corporate with their title: _____

Postal Code _____ Name _____ Title _____

Telephone _____ Name _____ Title _____

Complete if owner is Other

Check below if applicable and complete only first name and last name. Address _____

See data form for WP on Owner named afterward. City _____ Province _____

First Name _____ Postal Code _____

Last Name _____ Home Telephone _____

Date of Birth ____/____/____ DD MMM YYYY (Example 01/JAN/2011) Work Telephone _____

E-mail _____

Copy address : Proposed Insured 1 2 Relationship with Proposed Insured _____

Complete if co-owner or payer is Other

Check below if applicable and complete only first name and last name. Address _____

See data form for WP on Payer named afterward. City _____ Province _____

First Name _____ Postal Code _____

Last Name _____ Home Telephone _____

Date of Birth ** ____/____/____ DD MMM YYYY (Example 01/JAN/2011) Work Telephone _____

E-mail _____

Copy address : Proposed Insured 1 2 Relationship with Proposed Insured ** _____

** These fields do not have to be completed for the payer.

G. DECLARATION OF INSURABILITY

	Questionnaire A Golden Protection / Golden Protection Deferred for face amount up to \$50,000	Questionnaire B Golden Protection for face amount of \$50,001 to \$100,000
	Proposed Insured	Proposed Insured
1. In the past two (2) years, have you had an application for individual life insurance declined or postponed by a company other than Assumption Life?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<p>If you answered Yes to question 1, you unfortunately do not qualify for Golden Protection; HOWEVER, you may still qualify for Golden Protection Deferred* if you answer NO to all of the questions below.</p> <p>*See bottom of page 4 for product description.</p> <p>Do not submit this application to Assumption Life if you answered Yes to any of the following questions.</p>	<p>If you answered Yes to question 1, you unfortunately do not qualify for Golden Protection; HOWEVER, you may still qualify for Golden Protection Deferred. The total sum insured is limited to \$50,000. You need to decrease the face amount and then complete questionnaire A in full.</p>
2. Are you currently hospitalized (admitted to a hospital), in a long-term care facility or nursing home, bedridden, or confined to a chair?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

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<p>3. Have you ever:</p> <p>(a) Been diagnosed with, hospitalized for, or undergone treatment (including medication) for cystic fibrosis, HIV, AIDS, or AIDS-related complex?</p> <p>(b) Been diagnosed with or undergone treatment (including medication) for amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?</p> <p>(c) Been advised by a physician that you have an incurable terminal illness for which you have less than twelve (12) months to live?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>4. In the past (5) years, have you received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>5. In the past two (2) years, have you had an amputation as a result of disease?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	In the past (2) years	In the past (3) years
<p>6. Have you been diagnosed with or hospitalized for:</p> <p>(a) a cerebrovascular accident (stroke)?</p> <p>(b) chronic obstructive pulmonary disease (COPD) or emphysema that required the administration of oxygen?</p> <p>(c) hepatitis B, hepatitis C, or cirrhosis of the liver?</p> <p>(d) diabetic coma or hypoglycemic coma?</p> <p>(e) congestive heart failure or cardiomyopathy?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>7.</p> <p>(a) Have you been diagnosed with or hospitalized for chronic kidney disease or undergone dialysis?</p> <p>(b) Have you been diagnosed with or hospitalized for angina or a heart attack or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?</p> <p>(c) Have you been diagnosed with, hospitalized for, or received radiation therapy for leukemia or cancer (other than basal cell carcinoma)?</p> <p>(d) Have you been prescribed a new medication or required a change in dosage in your medication relating to angina, a heart attack, leukemia, or cancer (other than basal cell carcinoma)?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<p>If you answered Yes to one of questions 5, 6 & 7, you unfortunately do not qualify for Golden Protection above \$50,000; HOWEVER, you may still qualify for Golden Protection coverage of \$50,000 or less if you answered No to questions 1 -11 of questionnaire A.</p> <p>You must reduce the amount of sum insured requested and then complete questionnaire A in full.</p>
<p>8. In the past six (6) months:</p> <p>(a) Have you been advised to undergo a biopsy that has not yet been performed, or that has been performed and for which you have not yet been advised of the results?</p> <p>(b) Have you been referred to, but not yet consulted, an oncologist (cancer specialist), a nephrologist (kidney specialist), or a cardiologist (heart specialist)?</p> <p>(c) Have you consulted an oncologist, a nephrologist, or a cardiologist and been advised to have tests performed that have not yet been completed or had tests for which you have not yet been advised of the results?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Golden Protection Deferred:

When the Golden Protection Deferred benefit is in force, the death benefit is equal to the reimbursement of premiums with interest at 3% per annum if the insured's death occurs before the second anniversary of the policy or rider, as applicable (no reimbursement of premiums if the accidental death benefit is paid).

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H. SPECIAL INSTRUCTIONS *(Complete only on data collection form for **Proposed Insured 1**)*

- Date of issue coincides with the day the application is approved by Assumption Life except if approved on the 29th, 30th or 31st where the date of issue shall be on the 28th day of the month.
- Date of issue requested (DD/MMM/YYYY): ____ / ____ / ____ (Example: 01/JAN/2011)
- Administrative restrictions may apply

IMPORTANT – Message to representative

Please ensure that you have

- Provided and explained to the client an Advisor Disclosure Statement explaining your method of compensation and other financial benefits, the names of the insurance companies you represent as well as any conflict of interest.
- Duly verified the date of birth of all Proposed Insureds.
- Explained the questions contained on this form to all Proposed Insured and Owners.

Name of representative (agent/broker) – Please print

**CONDITIONAL TEMPORARY INSURANCE CERTIFICATE
FOR GOLDEN PROTECTION AND INSTATERM ONLY**

APPLICATION NUMBER AND DETAILS ON PROPOSED INSURED

Application number: _____

The proposed insureds named below qualify for:

	Life	None
Proposed insured 1 : _____	<input type="checkbox"/>	<input type="checkbox"/>
Proposed insured 2 : _____	<input type="checkbox"/>	<input type="checkbox"/>
Proposed insured 3 : _____	<input type="checkbox"/>	<input type="checkbox"/>

1. CONDITIONAL TEMPORARY INSURANCE AGREEMENT

Assumption Life agrees to temporarily insure any proposed insured eligible for conditional temporary insurance from the date of signing of the application, subject to the preconditions, limitations, and exclusions set forth in this document.

PRECONDITIONS

1. The proposed insured must be a Canadian resident and under 66 years of age (at the birthday nearest to the date of signing of the agreement).
2. The proposed insured answered "NO" to all the questions of the declaration of insurability on the above-noted application.
3. At least 1/12th of the annual premium for the insurance contract was paid upon signing of the declaration and authorization for the online insurance application. The premium is deemed paid, for premium payments by preauthorized debit (PAD), if Assumption Life is authorized to debit the 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.

If the above-noted preconditions are not met, the agreement will not take effect.

If one of the proposed insureds does not meet all the preconditions, the agreement will take effect only for the proposed insureds who do meet all the preconditions.

No agent is authorized to change or to withhold the answer to any question to obtain conditional temporary insurance or to guarantee insurability.

LIMITATIONS

This agreement is not valid and shall be deemed null and void, as if it had never taken effect, if for any reason the banking institution refuses to honour the debit for the premium payment (by cheque or preauthorized debit) when Assumption Life attempts to debit the premium at any time from the authorized date.

No amount shall be payable under this agreement if there is any omission of an essential fact, misrepresentation, or fraud with respect to the applicable questions to obtain the conditional temporary insurance.

TERMINATION

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

- (a) the date the insurance contract requested in the application takes effect;
- (b) the date notice is sent to the owner of the contract advising that the temporary insurance has been cancelled, for any reason, or that the application has been denied -;
- (c) the date the owner named in the insurance application withdraws said insurance application;
- (d) 30 days following the date of signing of the application bearing the same number as this agreement;
- (e) the date of death of one of the proposed insureds.

PLEASE NOTE: Should you not receive a contract or reimbursement of amount paid within 30 days of the date of signing of the application, please notify Assumption Life at 770 Main Street / P.O. Box 160, Moncton NB E1C 8L1, giving your name, the amount and date of the payment as well as the agent's name.

2. PROVISIONS SPECIFIC TO THE CONDITIONAL TEMPORARY LIFE INSURANCE

AMOUNT OF TEMPORARY LIFE INSURANCE COVERAGE (MAXIMUM \$100,000 FOR GOLDEN PROTECTION AND \$150,000 FOR INSTATERM)

The maximum conditional temporary life insurance benefit payable to the beneficiary or beneficiaries under the conditional temporary life insurance application, combined with any similar contract, agreement, or undertaking in effect with Assumption Life, is equal to the lesser of:

- The cumulative total amount of life insurance coverage requested under the application bearing the same number as this agreement, as well as the amount of any additional life coverage requested under any similar contract, agreement, or undertaking in effect with Assumption Life, per proposed insured.

The cumulative total amount does not include any coverage amounts requested in the application for the following riders and benefits: Child Insurance Benefit (CIB), Golden Protection Deferred and InstaTerm Deferred;

- Where the application bearing the same number as this agreement is intended to replace an existing policy, the difference between the amount requested under the application bearing the same number as this agreement and the amount of life coverage under any existing policy being replaced;
- \$250,000.

EXCLUSIONS

No amount shall be payable if death results from:

- (a) a suicide, an attempted suicide, or a self-inflicted injury, whether or not the proposed insured was of sound mind;
- (b) the commission or attempted commission of a criminal act by the proposed insured;
- (c) the operation of a motorized vehicle by the proposed insured while under the influence of any illegal or non-prescribed drugs;
- (d) the operation of a motorized vehicle by the proposed insured while his or her blood alcohol level exceeds 80 milligrams per 100 millilitres of blood (0.08) or any other lower limit prescribed by law;
- (e) cancer or benign tumour of the brain.

