

Effective Date of Insurance

Clients Application Number

Group Mortgage Life and Disability Insurance Application

**INDUSTRIAL ALLIANCE PACIFIC**  
INSURANCE AND FINANCIAL SERVICES

APPROVAL DATE - (RD, USE ONLY) \_\_\_\_\_ APPLICATION NO. **F.A.R.B003004**

REQUIRED TO LEVEL THE DATE OF INSURANCE **30Sep2002** MONTHLY PREMIUM PAID DATE **30Sep2002**

\*This date may be no later than 120 days after the date this Application is signed. (See page 2 for definition of Effective Date of Insurance.)

**PART 1 - GENERAL INFORMATION**

APPLICANT 1	Client, Steve	GENDER	M	SMOKER	Y	PHONE No.	RD, USE ONLY	
ADDRESS	Toronto, ON.						DATE OF BIRTH	12Dec1942
APPLICANT 2	Client, Maria	GENDER	F	SMOKER	N	PHONE No.	RD, USE ONLY	
ADDRESS	Toronto, ON.						DATE OF BIRTH	16Dec1958
ADDRESS OF MORTGAGED PROPERTY	, ON.							

**PART 2 - MORTGAGE INFORMATION**

GROUP POLICYHOLDER	CREDITOR (Please Indicate)						
BROKER NAME	John Fairlie -2	PHONE No.	MORTGAGE AMORTIZATION TERM (Mths. 30 Years)		25	MORTGAGE INTEREST RATE TERM	5.600
CURRENT MTG BALANCE	\$70,000.00	MTG PAYMENT PRINC. & INT.	\$431.36	PAYMENT FREQUENCY	Monthly	MONTHLY PAYMENT (Principal Only)	\$431.36

**PART 3 - LIFE INSURANCE** Maximum Amount of Insurance: age 18-59 \$500,000; Age 60-65 \$400,000

COVERAGE APPLIED FOR	Both Applicant 1 and 2	MTG AMOUNT	\$70,000.00	MONTHLY LIFE INSURANCE PREMIUM	\$83.79
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**PART 4 - DISABILITY INSURANCE** Maximum Monthly Amount of Insurance: age 18-59 \$2,000; age 60-65 \$1,200

COVERAGE APPLIED FOR	Both Applicant 1 and 2	WAITING PERIOD	60 Days	MONTHLY DISABILITY INSURANCE PREMIUM	\$34.59
INSURED MONTHLY PAYMENT	\$431.36	PLIN TAX (IF APPLICABLE)		\$9.47	
(*Benefits are not paid for the Waiting Period. Maximum number of Insured Monthly Payments per disability is 24)				TOTAL MONTHLY INSURANCE PREMIUM (LIFE &/or DISABILITY)	\$127.85

Having considered and understanding the benefits offered, I/we decline:  Life Insurance  Disability Insurance

**PART 5 - PREMIUM COLLECTIONS**  
Note: If no date is specified, premiums will be deducted on or about the monthly anniversary of the Effective Date of Insurance.

I/we authorize Industrial Alliance Pacific Life Insurance Company (IA Pacific Life) to debit Monthly Insurance Premiums from the account indicated on the attached sample cheque marked "VOID". I/we would like withdrawals to be made on the 30 day of each month.

**PART 6 - HEALTH QUESTIONS**  
No Insurance will come into effect until the Effective Date of Insurance. Please see Commencement of Insurance for further details.

1. Within the past 24 months, have you attended a medical facility for, consulted a physician for, received medical advice or treatment for or been or been diagnosed with cancer or tumor, chest pain, angina, heart attack, high blood pressure, stroke, diabetes, a heart, lung, blood, circulatory, kidney or liver disorder, hepatitis, a neurological disorder, anxiety, depression or any other psychiatric disorder, stomach, intestinal, muscular or joint disorder, alcohol use, drug abuse, enlargement of lymph nodes, AIDS (Acquired Immune Deficiency Syndrome), ARC (Aids Related Complex), or HIV (Human Immune Deficiency Virus)?	App 1	App 2
	Yes No	Yes No
2. Have you ever had an application for life, disability or critical illness insurance declined, rated or modified in any way?	<input type="checkbox"/>	<input type="checkbox"/>
3. For Disability Insurance Only - a) Are you currently receiving or have you ever received disability or worker's compensation benefits for a period longer than one month?	<input type="checkbox"/>	<input type="checkbox"/>
b) Within the past 24 months, have you been totally or partially disabled?	<input type="checkbox"/>	<input type="checkbox"/>

**PART 7 - NON-SMOKER DECLARATION** Please sign if you are a non-smoker to qualify for non-smoker rates.

I DECLARE that I have not smoked cigarettes, cigars, cigarillos, marijuana or a pipe or used chewing tobacco or any nicotine products (such as gum, patch, etc.) within the past 12 months.

I UNDERSTAND that in the event that this Declaration is violated, this Application will be void from the Effective Date of Insurance and IA Pacific Life will return any premiums I have paid.

APPLICANT 1: \_\_\_\_\_ DATE: \_\_\_\_\_ APPLICANT 2: \_\_\_\_\_ DATE: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Clients Life Premium

Clients Disability Premium

Total Premium

Clients Must Initial Here if DECLINING Life or Disability

Check First Two for Health and Life

Check all Four for Disability

Clients Must Sign & Date Here if NON-SMOKERS

Clients Must ALWAYS Initial & Date Here

Each Client Must ALWAYS Sign & Date Here

STATEMENT BY APPLICANT(S)

ONCE APPROVED, THIS APPLICATION IS YOUR CERTIFICATE OF INSURANCE COMMENCING ON THE EFFECTIVE DATE OF INSURANCE. I understand that I must complete a Supplemental Health Questionnaire and this Application will be subject to review and written approval by IA Pacific Life if (1) I answer "Yes" to one of the questions in Part 4, or (2) if the Insured Amount Applied For plus the total of all my mortgages currently insured through Industrial Alliance Pacific exceeds \$250,000.

ELIGIBILITY REQUIREMENTS

I confirm that I am eligible for Life and Disability Insurance by confirming that: (1) I own or have entered into an agreement to purchase, or I have guaranteed the repayment of the Mortgage, with respect to a single family dwelling, duplex, triplex, quadruplex or condominium unit that is the security for the Mortgage; (2) I am over 17 and under 65 years of age; (3) I am a resident of Canada, and (4) for Disability Insurance, I am gainfully employed for a minimum of 20 hours per week on the date that I sign this Application.

I confirm that the information given above is correct and understand that any incorrect answer or misrepresentation may render this Certificate void.

I understand that the Insurance payable under this Certificate is subject to the TERMS AND CONDITIONS OF GROUP INSURANCE COVERAGE and LIMITATIONS AND EXCLUSIONS.

APPLICANT 1 \_\_\_\_\_ DATE \_\_\_\_\_ APPLICANT 2 \_\_\_\_\_ DATE \_\_\_\_\_

MONEY BACK GUARANTEE

You have thirty days after you receive this Certificate to decide if the coverage meets your needs. If it does not, return it to IA Pacific Life's Head Office or the Mortgage Broker from whom you bought it. We will cancel your coverage from the Effective Date of Insurance and will refund any premium paid by you.

TERMS AND CONDITIONS OF GROUP INSURANCE COVERAGE

"We", "us" or "our" means Industrial Alliance Pacific Life Insurance Company ("IA Pacific Life"). "You" or "your" means the Insured. We agree, under the Master Policy for Mortgage Life and Mortgage Disability Insurance issued to the Group Policyholder, to insure you subject to the conditions below. Words used in this Certificate that have an initial capital letter have the defined meaning or value as set out below or on the face of this Certificate. All of the terms governing coverage are set out in this Certificate. The terms "Application" and "Certificate" both refer to this document.

In consideration of our receipt of the Total Monthly Insurance Premium, we insure you for only the Insurance selected on the Certificate. If there is no Premium indicated or the Premium is zero, then you are not insured for that type of Insurance. Your coverage will begin on the Effective Date of Insurance.

Any amounts payable under this Certificate will be paid to the Creditor, to reduce your loan obligation under the Mortgage.

This Certificate is not assignable.

DEFINITIONS

"Accident":

- a) each Applicant answers "NO" to the Health Questions in Part 4; and
b) the Insured Amount Applied For plus the total of all mortgages currently insured through IA Pacific Life is equal to or less than \$250,000.
If any Applicant does not meet condition a) and/or b) above, and if coverage is approved by IA Pacific Life, the Effective Date of Insurance is the later of the Requested Effective Date of Insurance and the Approval Date.
3. "ACCIDENT" means bodily injury caused by an accident which occurs after the Effective Date of Insurance. The injury must result from the accident, directly and independently of any other cause.
4. "INSURANCE" means the Life Insurance and/or Disability Insurance coverage you have selected.
5. "INSURED" means the Applicant(s) named on this Certificate and who are debtor(s) under the Mortgage. Each Insured must be a natural person, not a partnership, company or association.
6. "INSURED MORTGAGE" means the mortgage debt described on the front of this Certificate by the Insured Amount Applied For and the Mortgage Amortization Term.
7. "MORTGAGE" means the debt described on the front of this Certificate, payable in whole or part by regular, equal installments, to the Creditor.
8. "SICKNESS" means illness, disease or psychiatric or other disorder which first becomes manifest after the Effective Date of Insurance.
9. "TOTALLY DISABLED" or "TOTAL DISABILITY" means your inability, solely due to Sickness or Injury, to perform all duties of your occupation, provided you have been gainfully employed for a minimum of 20 hours per week in each of the 4 weeks immediately prior to the date that Total Disability commences.

COMMENCEMENT OF INSURANCE

Your Insurance will commence on the Effective Date of Insurance provided that the first premium is paid. See definition of Effective Date of Insurance above for full details.

LIFE INSURANCE LIMITATIONS

If you die while insured under this Certificate, IA Pacific Life will, upon receipt of proof of your death, pay the outstanding balance of your Insured Mortgage on the date of your death, subject to the following limitations:

- (i) 25 years after the date of your death;
(ii) the Master Policy;
(iii) the amount of the outstanding balance of your Insured Mortgage;
(iv) the amount of the outstanding balance of your Insured Mortgage as of the date of your death;
(v) the amount of the outstanding balance of your Insured Mortgage as of the date of your death, less the amount of any unpaid premiums.

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Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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Initials: \_\_\_\_\_ Date: \_\_\_\_\_

LIFE INSURANCE: If you cannot sue paid by you.

DISABILITY INSURANCE: If you are Totally Disabled, we will pay a Waiting Period. Your Insured Monthly Premium which are less than After the Waiting Period, we will continue to pay a portion of your The combined disability benefit. We will not pay a portion of your If both Applicants are disabled.

DISABILITY INSURANCE: No Insurance will be paid if you die (a) intentionally (b) war or any act of war (c) direct or indirect result of alcohol in 100 mg/100 ml (d) chronic use of drugs (e) drug use approved by a physician (f) normal pregnancy (g) cosmetic or surgical (h) illness, disease or injury (i) prescribed medication was received by you within 6 months immediately before the date of death.

CONDITIONS OF INSURANCE: 1. Claims forms must be completed and returned to us as soon as possible. 2. You must be gainfully employed at the time of death. 3. You are responsible to maintain your Mortgage in good standing to purchase the Amount that we will pay.

TERMINATION OF INSURANCE: Insurance under this Certificate will terminate if you (a) die, (b) are 75 years of age or older, (c) are 65 years of age or older and are disabled, (d) are 65 years of age or older and are disabled and are receiving Social Security Disability Insurance, (e) are 65 years of age or older and are disabled and are receiving Old Age Security, (f) are 65 years of age or older and are disabled and are receiving a pension from a former employer, (g) are 65 years of age or older and are disabled and are receiving a pension from a former employer and are receiving Social Security Disability Insurance, (h) are 65 years of age or older and are disabled and are receiving a pension from a former employer and are receiving Old Age Security, (i) are 65 years of age or older and are disabled and are receiving a pension from a former employer and are receiving Social Security Disability Insurance and Old Age Security, (j) are 65 years of age or older and are disabled and are receiving a pension from a former employer and are receiving Social Security Disability Insurance and Old Age Security and are receiving a pension from a former employer.

PREMIUMS: The Total Monthly Premium of this Application is \$\_\_\_\_\_.

PRESIDENT, Industrial Alliance Pacific Life Insurance Company
Head Office - 2163 West Broadway, P.O. Box 3900,
Vancouver, B.C., V6R 5J6
Toll-Free - 1-866-925-5626. In Vancouver call 737-9334

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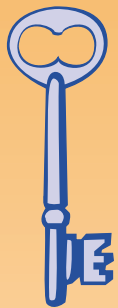
Initials: \_\_\_\_\_ Date: \_\_\_\_\_
Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Clients Must ALWAYS Initial & Date Here, Pages 2 & 3

(Clients Direct Line to Head Office)

Once this Application has been completed, signed and initialed in all places and you have given a copy to the client it MUST BE FAXED to 1-866-476-3453
Include a copy of your client's cheque marked "VOID" and clearly indicate the Bank Branch and Account Number.

# Group Creditor Life Insurance



Secure Your Client's Future,  
Secure Your Own Future . . .

Contact - John Fairlie  
Fairlie Insurance Agency Inc.  
5025 Orbitor Drive, Bldg. 1, Suite 103  
Mississauga, Ontario L4W 4Y5

Tel: 1-800-668-9557  
Fax: 1-866-476-3453  
E-mail: fairlie@bellnet.ca

Visit our website at [www.ushopins.com](http://www.ushopins.com)

## Why Get Mortgage Life Insurance?

- ◆ Immediate Underwriting  
*(If client has answered NO to all health questions)*
- ◆ One of the largest investments most of us will make in a Lifetime.
- ◆ Mortgage Insurance is portable from lender to lender  
(provided mortgage stays intact.)
- ◆ Client may take less insurance than value of mortgage.  
Mortgage Insurance may be tailored to your client's financial needs.

### Questions for your Client:

- ◆ If you were to die prematurely, or if you become sick or disabled, could your family continue making the mortgage payments? Would the security of your home be taken away from your family?

## The Fairlie Advantage

- ◆ Professional and personal service to your clients.
- ◆ Spend an extra ten minutes with your client and provide them with security of their home, provide yourself with security of an annuity for life.

### Your Compensation:

25% of the client's premium for life of the policy.

IE: Client's premium \$40.00 per month.  
( $\$40. \times 25\% = \$10. \times 12 \text{ months} \times 25 \text{ years} = \$3,000.00$ )

\*You earn \$3,000.00 from this example. Multiply this \$3,000.00 by the number of clients you see each year and the potential for a retirement income becomes clear.

\* (Expense allowance not paid on taxes and may be subject to broker agent split)