

LIFE INSURANCE DISCLOSURE FORM

<i>Please print</i>	Your Current Policy	Proposed Replacement Policy
PART A - General Information		
Policy number		not applicable
Insurance company		
Date of issue		not applicable
Name of the person whose life is insured		
Name of the person who owns the policy (if not owned by the person who is insured)		
Type of policy (whole life, term, universal, etc.)		
Will you have to pay extra premiums or will your coverage be reduced if you smoke, have health problems, or work at a risky occupation?		
Is the policy registered as an RRSP?		
Most policies will not pay if the person insured commits suicide within two years of the policy's issue date. When does the suicide period on this policy expire?		
A policy may not pay if information on the application was incomplete (for example, if the insured did not disclose a previous illness to the insurance company). If this information is not discovered within a certain period (usually two years), however, the policy will pay, in the absence of fraud. On what date does this period expire?		
Does the policy give the right to buy additional insurance, whatever the insured person's health? If yes, when and how much?		
Does the policy have any other benefits, e.g., waiver of premium?		
PART B - Premiums		
A premium is the amount of money you pay the insurance company to be insured. Some policies guarantee that the premium amount will stay the same for the length of the policy. Will this policy's premium stay the same?		
What is the annual premium? If Universal Life, what premium is being paid currently? Is there a minimum premium? Is there a maximum premium?		
How and when will it change?		
If Universal Life, is the formula by which expenses are calculated guaranteed?		
Does any of the coverage change over time?		
If yes, which coverage changes?		
By how much?		

LIFE INSURANCE DISCLOSURE FORM *Continued*

<i>Please print</i>	Your Current Policy	Proposed Replacement Policy
PART C - Guaranteed Death Benefits		
What does the policy pay if the insured person dies today?		
Will this amount change or expire at any time?		
If so, how?		
If Universal Life, is the charge for the death benefit guaranteed?		
PART D - Cash Value, Dividends and Loans		
Some policies have a cash value, which means that some of the insurance premium goes into a reserve that grows in value. The owner of the policy has the option of taking out this cash value. which may end the policy or reduce the death benefit. Does this policy have a cash value?		
If yes, what is the total cash value at the last anniversary?		
What will the guaranteed cash value be at: age 65? age 70? age 75?		
Can loans be taken out on this policy? If yes, at what interest rate may money be borrowed, and on what terms (for example, a set maximum or a variable rate)?		
Is there a loan currently outstanding on the policy?		
Some policies pay dividends based on the performance of the insurance company. Is this policy eligible for dividends?		
If so, what dividend option was selected? (For example, increased insurance coverage, reduced premiums, cash payouts, accumulation)		
How much was the most recent dividend?		
If Universal Life, is there a minimum investment guarantee?		

NOTE: Because there are many costs associated with issuing a new policy, it may be in your financial interests to amend the current policy rather than replacing it. In considering our replacement decision, you may wish to seek the advice of the company that issued your current policy.

	Consumer's Name (please print)
X	Consumer's Signature
	Date

	Agent's Name (please print)
X	Agent's Signature
	Province and License Number

Agent's Statement

I have completed this form **fully and accurately**, and have explained the significance of all of the information contained on the form to the customer.

LIFE INSURANCE DISCLOSURE FORM

If you are replacing a current insurance policy, you should be given this form before you fill out an application for the new insurance. The form outlines some of the details of your current policy and the proposed policy.

The new insurance company must give you a copy of your policy once it has been approved. You have 20 days from the time you receive a copy of this disclosure form to withdraw the new application and receive a full refund of any premiums paid.

Ask yourself the following questions as you look over this form.

- **Is the new policy enough of an improvement to justify any new costs?** All new policies have some new costs, such as those for underwriting, administration and agent's commission.
- **Do premiums under the new policy rise as you age?** The premiums on some policies go up as you get older or if you get sick.
- **Are there circumstances where your new policy does not pay benefits?** Part A of this form tells you if your policy will not pay because of suicide or because you provided incomplete information.
- **Does the new policy pay you as much as the current one?** Make sure you look over the details of death benefits, cash value, and dividends carefully.
- **Does the new policy guarantee to insure you, or allow you to increase your insurance coverage, no matter what your future medical condition?** Your current policy may do this.
- **Does your new policy let you borrow money at attractive interest rates?** Your current policy may do this.
- **Are you losing tax advantages or creating a tax liability?** Many current insurance policies provide valuable income tax benefits. These benefits are not available with some new policies. Cancellation of your current policy may increase your income tax this year. Make sure that you fully understand the tax consequences of changing policies.

IMPORTANT

1. DO NOT SIGN THIS FORM UNLESS IT HAS BEEN COMPLETELY FILLED OUT.
2. DO NOT CANCEL YOUR OLD INSURANCE POLICY UNTIL THE NEW ONE IS IN FORCE AND DELIVERED. SIGNING THIS FORM DOES NOT CANCEL YOUR OLD POLICY.
3. NOTE THAT YOU HAVE TO SIGN THE FORM HERE AND ON THE THIRD PAGE.

I have read this notice completely, and the agent explained the significance of the information contained in all parts of the form to me.

Consumer's signature: x _____

Date: _____