

# Unity Life and Foresters Application for Insurance: Life and Critical Illness



## Broker Instructions

This Application for Life Insurance and Critical Illness insurance is a legal document forming part of the insurance contract for Unity Life or Foresters™ coverage. Both Unity Life and Foresters products can be applied for on this Application at the same time, and any information provided will be used for the purposes of assessing insurability for each insurer's products.

**Please note that this Application is NOT to be used for E-Z Term, Health Security Plus, Annuity Plus, Annuity Plus TFSA or Guaranteed Issue Whole Life.**

A VOID cheque is required if PAC mode is selected. If this Application is being used to apply for both Unity Life and Foresters products, two separate PAC draws will be made to cover monthly premiums for each of the insurers.

### Temporary Insurance Note:

Premium should only be collected if the total amount applied for is \$500,000 or less for Life for Foresters products, and \$500,000 or less for Life and \$500,000 for Critical Illness for Unity Life products. The Application for Temporary Insurance must be completed, as required.

### 1. For timely issue and compensation payments, please print legibly, ensuring:

- Application is completed in full, except where indicated otherwise
- All questions are asked and answers are recorded completely and accurately
- All questions are answered by the Proposed Insured and Joint Applicant (where applicable)
- Any changes to the information provided are initialed by the Proposed Insured and Joint Applicant, where applicable
- Your name and broker code, and the name of your MGA/GA, are clearly marked on the Broker's Report
- Any additional details or subjective information about your client are noted in the Broker's Report or in a cover letter to accompany this Application
- All disclosure requirements are completed if this Application is replacing existing insurance (Please note: a Unity Life product replacing a Foresters product or vice versa is considered a replacement)
- All compliance requirements have been satisfied
- The Broker's Report (on page 13) is completed and signed
- An illustration is attached for each product applied for in this Application
- If not meeting the Proposed Insured in person, a paramedical examination is arranged
- If attaching separate sheet(s), be sure to have it (them) signed and dated by each applicant and clearly cross-referenced to this Application

### 2. Informal Inquiry - If your client is a potential or previously substandard/declined risk or over **age 65**, please:

- Submit a fully completed and signed Application including all medical questions
- Do **not** arrange for any medical evidence
- Do **not** collect any premium
- Do **not** issue the Temporary Insurance Agreement

Upon review of this Application by Unity Life and/or Foresters, we will confirm any evidence of insurability requirements.

### 3. Signatures:

- Parent or Guardian must sign this Application if the Proposed Insured is a minor. This includes cases where the applicant is a grandparent.
- Children aged 15 1/2 or older must sign as the Proposed Insured if another person is taking out coverage on their life.
- In the case of corporate-owned coverage, the Proposed Insured must sign beside "Signature of Proposed Insured" and a signing officer of the company must sign beside "Signature of Owner(s)". This applies even if the Proposed Insured and signing officer are the same.
- For multiple policies, please complete separate applications for each Proposed Insured.

### 4. To expedite policy issue, please check what is being applied for in this Application:

Life Insurance:  from Unity Life  from Foresters

Critical Illness Insurance:  from Unity Life

This Application is for:  Single Life  Joint Life

**1. Proposed Insured**

Male  
 Female

TITLE FIRST MIDDLE LAST ALTERNATE NAME GENDER

/ /  
DATE OF BIRTH (MM/DD/YY) AGE COUNTRY OF BIRTH (If not Canada, advise how long in Canada)

ADDRESS CITY PROVINCE POSTAL CODE

( ) - ( ) -  
HOME TEL. # BUSINESS TEL. #

( ) -  
CELL # EMAIL ADDRESS (Optional)

/ /  
DRIVER'S LICENCE # (or Gov't Issued Photo ID # and Type) PROVINCE OF ISSUE DATE OF ISSUE (MM/DD/YY)

OCCUPATION (Please list specific duties)

EMPLOYER & ADDRESS LENGTH OF EMPLOYMENT THERE? SOCIAL INSURANCE NUMBER  
(Complete only if Owner)

**2. Joint Applicant**

(Complete only if applying for joint first or joint last-to-die coverage on a Unity Life product, or for a Foresters Spouse Rider.)

This Joint Applicant is to be added to the following product(s) applied for: \_\_\_\_\_

Joint coverage type:  First-to-die  Last-to-die  Spouse Rider

Male  
 Female

TITLE FIRST MIDDLE LAST ALTERNATE NAME GENDER

/ /  
DATE OF BIRTH (MM/DD/YY) AGE COUNTRY OF BIRTH (If not Canada, advise how long in Canada)

ADDRESS CITY PROVINCE POSTAL CODE

( ) - ( ) -  
HOME TEL. # BUSINESS TEL. #

( ) -  
CELL # EMAIL ADDRESS (Optional)

/ /  
DRIVER'S LICENCE # (or Gov't Issued Photo ID # and Type) PROVINCE OF ISSUE DATE OF ISSUE (MM/DD/YY)

OCCUPATION (Please list specific duties)

EMPLOYER & ADDRESS LENGTH OF EMPLOYMENT THERE? SOCIAL INSURANCE NUMBER  
(Complete only if Owner)

**3. Owner (if different than Proposed Insured)** (Do not complete if applying for a Foresters™ product)

NAME \_\_\_\_\_ RELATIONSHIP TO PROPOSED INSURED \_\_\_\_\_

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BILLING ADDRESS \_\_\_\_\_ SOCIAL INSURANCE NUMBER \_\_\_\_\_

**4. Payor Details**

Payor for all coverages applied for is:  Proposed Insured (PI)  Joint Applicant (JA)  Owner  
 Other (If Other, complete section below)

Male  
 Female

TITLE	FIRST NAME	MIDDLE	LAST	ALTERNATE NAME	GENDER
RELATIONSHIP TO PROPOSED INSURED			DATE OF BIRTH (MM/DD/YY)	COUNTRY OF BIRTH	
ADDRESS		CITY	PROVINCE	POSTAL CODE	
( ) -		( ) -			
HOME TEL. #		BUSINESS TEL. #			
( ) -					
CELL #		EMAIL ADDRESS (Optional)			
DRIVER'S LICENCE # (or Gov't Issued photo ID # and type)			PROVINCE OF ISSUE	DATE OF ISSUE (MM/DD/YY)	
- -					
SOCIAL INSURANCE NUMBER					

**5. Insurance Products Applied For** Attach an illustration for each product applied for.

**Legend**  
 Important: Not all Riders are available with all products. Please prepare an illustration to ensure that any Riders selected are available with products applied for.

<b>ADB</b>	Accidental Death Benefit	<b>P10</b>	Premier 10 Rider
<b>CTR</b>	Children's Term Rider	<b>SP10</b>	Spouse Premier 10 Rider
<b>FPB</b>	Family Provider Rider	<b>STR</b>	Spousal Term Rider
<b>GIR</b>	Guaranteed Insurability Rider	<b>WPB</b>	Waiver of Premium Benefit
<b>GPO</b>	Guaranteed Purchase Option Rider	<b>WMD</b>	Waiver of Monthly Deductions Rider
<b>MBR</b>	Member's Benefit Rider	<b>WSA</b>	Waiver of Specified Amount Rider
<b>ROP</b>	Return of Premium Rider	<b>RPU</b>	Reduced-Paid Up
<b>WDB</b>	Waiver of Disability Benefit	<b>APL</b>	Automatic Premium Loan Provision

**UNITY LIFE PRODUCTS:**

Term 5       Term 10       Term 15       Term 20       Term 25  
 Term 30       LifeCare - T10       LifeCare - T75       Life Option Enhanced - Duration: \_\_\_\_\_  
 Term to 100       APL? (Check one)  YES  NO  
 (If YES, overdue premium may be deducted from and become a loan against available cash value)

**Riders:**  
 WPB       ADB: Amount \$ \_\_\_\_\_       CTR: Amount \$ \_\_\_\_\_       Indexing (on T10 only)  
 Juvenile Rider (LifeCare only): Amount \$ \_\_\_\_\_       ROP/RPU Rider (for LifeCare and Life Option Enhanced)

<b>Total Modal Premium \$</b>	<b>Total Annual Premium \$</b>	<b>Face Amount \$</b>
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**FORESTERS PRODUCTS:**

Is the Proposed Insured a Foresters member?  Yes  No

<b>Product</b>	<b>Options</b>	<b>Riders: (See Legend above)</b>	
<b>Advantage Series Whole Life:</b> (Choose one) <input type="checkbox"/> Advantage Base Plan <input type="checkbox"/> Advantage 1 <input type="checkbox"/> Advantage 2 <input type="checkbox"/> Advantage 3	<b>Dividend Option:</b> <input type="checkbox"/> Paid-Up Additions (must select with Advantage 1, 2, 3) <input type="checkbox"/> Paid in Cash <input type="checkbox"/> Reduce Premiums <input type="checkbox"/> On Deposit with Interest	<input type="checkbox"/> ADB: Amount \$ _____	<input type="checkbox"/> CTR: Amount \$ _____
		<input type="checkbox"/> FPB: ___ 20 yrs ___ 30 yrs ___ to 45 yrs _____ units	
		<input type="checkbox"/> GIR	<input type="checkbox"/> MBR
		<input type="checkbox"/> STR	<input type="checkbox"/> WMD
<b>Automatic Premium Loan Provision elected? (Check one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES", overdue premium may be deducted from and become a loan against available cash value.)			
<b>Total Modal Premium \$</b>	<b>Total Annual Premium \$</b>	<b>Face Amount \$</b>	

<b>Product</b>	<b>Options</b>	<b>Riders: (See Legend above)</b>	
<input type="checkbox"/> Passport Universal Life	<b>Death Benefit Option:</b> <input type="checkbox"/> Level Insured Amount <input type="checkbox"/> Insured Amount plus Total Account Value  <b>Cost of Insurance Option:</b> <input type="checkbox"/> Level <input type="checkbox"/> Yearly Renewable Term	<input type="checkbox"/> ADB \$ _____	
		<input type="checkbox"/> CTR \$ _____	
		<input type="checkbox"/> GPO	<input type="checkbox"/> P10
		<input type="checkbox"/> SP10	<input type="checkbox"/> WMD or WSP
<b>Total Modal Premium \$</b>	<b>Total Annual Premium \$</b>	<b>Face Amount \$</b>	

Allocation of Passport Modal Premium (Must total 100%)	Account Options		Allocation for Lump Sum (Must total 100%)
%	175	Daily Interest Account	%
%	171	1 Year Guaranteed Interest Account	%
%	172	3 Year Guaranteed Interest Account	%
%	173	5 Year Guaranteed Interest Account	%
%	174	8 Year Guaranteed Interest Account	%
%	181	Canadian Bond Index Account	%
%	182	Canadian Equity Index Account	%
%	183	Canadian Balanced Index Account	%
%	184	American Equity Index Account	%
%	185	International Index Account	%

**6. Children's Term Rider Information** Enter information in this section only if applying for a Children's Term Rider (CTR) or LifeCare Juvenile Rider (JR).  
 Note: List only children under age 17 if applying for a Unity Life CTR or JR, or children under age 18 if applying for a Foresters CTR.

Name of child(ren) proposed for insurance (first, middle, last)	Gender M/F	Relationship to Proposed Insured	Date of Birth	Height (cm)	Weight (kg)
			/ /		
			/ /		
			/ /		
			/ /		

**Child(ren)'s Medical History (Complete for all children listed above)**

	Yes	No
1. Is a child currently taking medication or undergoing treatment for a disorder, disease, injury or illness?		
2. Has medication, treatment, or a diagnostic test been advised that has not yet been started, completed, or the results of which are not yet known? (Diagnostic test includes blood work, specialist consultation, x-ray, ultrasound, EKG, CT scan, MRI scan, biopsy and scope)		
3. Has a child been diagnosed with or treated for an acquired or congenital disorder of the: a) Lungs, heart, arteries, blood or kidneys? b) Brain, spinal cord, nerves or muscles?		
4. Does a child have a history of: a) Hyperactivity and/or attention deficit disorder or other behavioral disorder? b) Down syndrome, autism or other genetic disorder? c) Anorexia, bulimia, or a suicide attempt? d) Fetal alcohol syndrome? e) Testing positive for HIV (Human Immunodeficiency Virus) as part of a test for obtaining insurance? f) Cancer? g) Seizures? h) Chronic Hepatitis, B or C? i) Diabetes? j) Cystic fibrosis, cerebral palsy or muscular dystrophy?		

**For all YES answers, provide details below.**

Question #	Child's Name	Disorder, disease, injury or illness diagnosis, treatment, present condition	Dates of onset/recovery	Physician's name, address

**7. Beneficiary**

**Important notes:**

- Subject to the exception(s) following, if a Beneficiary designation is not indicated as either revocable or irrevocable, that designation will be construed as revocable. Exception - In Quebec, where a spouse is designated as Beneficiary but is not indicated as either revocable or irrevocable, that designation will be construed as irrevocable.
- **Beneficiary for Foresters™ coverage *must be an immediate family member of Proposed Insured.***

BENEFICIARY NAME	For Coverage	Date of Birth (mm/dd/yy)	Relationship to Proposed Insured	% Share per product (Total must equal 100%)	Revocable or Irrevocable? (R or I)	Primary or Contingent? (P or 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

**BENEFICIARY NOTES: Unless otherwise indicated above:**

1. The Beneficiary of any Children's Term Rider is the Owner.
2. The Beneficiary of any LifeCare coverage or Rider is the Proposed Insured.
3. The Beneficiary of any LifeCare 'Return of Premium on Death' benefit is the Owner.

**Trustee for Minor Beneficiary** (if a minor Beneficiary is named above, indicate Trustee Name and Relationship to Proposed Insured):

**8. Issue Instructions**

Is the Application for Temporary Insurance being completed?  Yes  No

**IMPORTANT: Do not collect premium or release the Temporary Insurance Agreement to the Proposed Insured if:**

- Total amount of insurance applied for exceeds \$500,000 for Life per company, or \$500,000 for Unity Life's LifeCare product.
- Proposed Insured or Joint Applicant is age 65 or older.
- This is an informal inquiry.

Please provide special dating instructions, if any, for all products applied for:

Unity Life: \_\_\_\_\_

Foresters: \_\_\_\_\_

If coverage on Joint Applicant is not approved, issue this Application as stand alone?  Yes OR  No, close the file

If underwriting approval is given other than as applied for, please:

Maintain original total annual premium amount

Maintain original face amount

Contact broker before issue

(If no instructions are given, face amount will be maintained.)

**9. Premium Instructions**

**IMPORTANT: If PAC is selected, separate draws will be made for Unity Life and Foresters premiums. Please attach a VOID cheque, or provide banking information in Section 10 below, if monthly PAC is selected. Only one VOID cheque for PAC is required. All premiums for coverages applied for in this Application, including initial premium at issue (if not paid with this Application), will be drawn from the account identified on the VOID cheque (except if premium at issue is more than \$25 higher than premium applied for).**

<b>Unity Life Premium Payment Mode:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly PAC	<b>Foresters Premium Payment Mode:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly PAC
Unity Life premium paid with this Application: \$	Foresters premium paid with this Application: \$
<b>Total Premium paid by cheque with this Application (payable to Unity Life/Foresters): \$</b> OR <input type="checkbox"/> None	

**10. Payment Information and Pre-Authorized Cheque (PAC) Plan Agreement**

**Note: The modal premium quoted may change following underwriting review.**

Initial premium payment to be made by:

Monthly Pre-Authorized Cheque (PAC) withdrawal  Cheque (payable to Unity Life/Foresters)

Monthly Withdrawals under this PAC Agreement are:  Personal related  Business related

Withdrawal date requested (Check one):  1st  8th  15th  22nd

PAC bank account information to be taken from:  Attached VOID cheque  
or  Banking information below (complete only if cheque NOT available):

Transit # (5 digits) \_\_\_\_\_ Bank # (3 digits) \_\_\_\_\_ Account # \_\_\_\_\_

**Type of account:**  Chequing  Savings

Name of financial institution \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**PAC Plan Agreement**

The payor, by signing below, verifies that the payor is an account holder of the account identified on the attached VOID cheque or in the banking information section above and agrees that:

- 1) Unity Life of Canada ("Unity Life")/Foresters is authorized to deductions monthly under this PAC Plan Agreement from that account or another account later identified or substituted by the payor for premium and insurance charges for the insurance contract(s) issued by it in response to this Application for Life Insurance;
- 2) The financial institution from which payments are to be drawn is authorized to treat each debit by Unity Life/Foresters as though the payor made it personally;
- 3) Unity Life/Foresters reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for the product(s) issued by it;
- 4) This PAC Plan Agreement is effective immediately and will continue until terminated, which either the payor or Unity Life/Foresters may do at any time, providing notice of at least 30 days to the other. Payor may obtain a sample cancellation form or further information on the right to cancel a PAC Plan Agreement at his/her financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca);
- 5) Should funds not be available due to insufficient funds, Unity Life/Foresters may, at its option, draw from my account on the next scheduled withdrawal date for the insufficient amount applicable to each policy/certificate while that policy/certificate is in effect;
- 6) I understand I have certain recourse rights if any debit does not comply with this PAC Plan Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAC Plan Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca); and
- 7) The payor may contact Unity Life and Foresters at their respective addresses and phone numbers shown on this Application.

**The Payor waives the right to receive pre-notification of the amount and date of the first debit and of a change in a debit amount required as premium, or charges for the insurance contract(s) in effect, or a change in amount requested by the Payor by whatever means.**

The bank account holder must sign this PAC Plan Agreement as his/her name appears on bank records for the account provided.

**X** \_\_\_\_\_ **Signature of Account Holder** \_\_\_\_\_ **Date (mm/dd/yy)** \_\_\_\_\_

**X** \_\_\_\_\_ **Signature of Joint Account Holder (if applicable)** \_\_\_\_\_ **Date (mm/dd/yy)** \_\_\_\_\_

\_\_\_\_\_ Initials of Proposed Insured \_\_\_\_\_ Initials of Joint Applicant

**11. Other Insurance**  None OR List other insurance pending or in-force below.

	Year Issued/ Pending	Type of Insurance	Company	Amount	ADB Amount	Personal or Business?
<b>Proposed Insured</b>						
<b>Joint Applicant</b>						

a) Will you stop paying premiums, reduce the face amount of coverage or otherwise discontinue existing life insurance coverage or an annuity if the insurance applied for in this Application is issued?  Yes  No

If "Yes", state company, amount and plan and complete the Comparison Disclosure Statement or Life Insurance Replacement Declaration (whichever applies to the province in which business is conducted).

b) Has an application for life, critical illness or disability insurance on the Proposed Insured or Joint Applicant ever been:  
 Proposed Insured:  Rated  Declined  Modified  
 Joint Applicant:  Rated  Declined  Modified

If "NO", check here   
 If "YES", check applicable box(es) above and specify below each company, date and final decision: \_\_\_\_\_

c) Have you ever declared bankruptcy? Proposed Insured:  Yes  No Joint Applicant:  Yes  No  
 Details \_\_\_\_\_  
 If so, please provide date it was discharged \_\_\_\_\_



**12. Height and Weight**

Proposed Insured	Joint Applicant
a) Height ____' ____" feet/inches OR _____ cm b) Weight _____ pounds OR _____ kg c) Has there been an increase or decrease of more than 10 pounds (4.5 kg) in the past year? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount of loss/gain _____ If 'Yes' state reason for loss/gain _____ _____	a) Height ____' ____" feet/inches OR _____ cm b) Weight _____ pounds OR _____ kg c) Has there been an increase or decrease of more than 10 pounds (4.5 kg) in the past year? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount of loss/gain _____ If 'Yes' state reason for loss/gain _____ _____

**13. Lifestyle History**

PLEASE PROVIDE FULL DETAILS OF ANY "YES" ANSWERS IN THE SPACE BELOW.

	Proposed Insured		Joint Applicant	
	Yes	No	Yes	No
a) Have you used a substance or product containing tobacco, nicotine or marijuana within the past 12 months? (If YES, type of product and amount used daily)				
b) Have you used a substance or product containing tobacco, nicotine or marijuana within the past 24 months? (If YES, type of product and amount used daily)				
c) In the past 3 years have you engaged in aviation activity other than as a passenger, or other hazardous sport or activity, or do you intend to do so within the next 12 months? (If YES, give details below)				
d) In the last 10 years, has your driver's licence been suspended or revoked, or have you been convicted of 3 or more moving violations? (If YES, provide details below, including dates, and indicate Driver's Licence Number)				
e) Have you ever been charged or convicted of a criminal offence?				
f) Are you planning to travel, work or live outside of North America for more than 1 month? (If YES, give details on frequency, location and length of stay)				
g) Do you drink alcoholic beverages? (If YES, indicate weekly quantity and type)				
h) Have you ever been treated for or received advice pertaining to your use of drugs or alcohol or been asked to reduce your use of alcohol?				
i) Have you ever used heroin, narcotic, barbiturate, psychoactive drug, cocaine or similar substance?				

Details of YES answers for questions 13(a) to 13(i). Indicate question # and give full details including date, duration, etc.:

**Proposed Insured**

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**Joint Applicant**

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**Health History**

Please provide details of all YES answers to questions 14 to 18 on page 10.

14. For 14a) through 14j) below, do you currently have, have you ever had, been told you had or received treatment or advice for:	Proposed Insured		Joint Applicant	
	Yes	No	Yes	No
a) abnormal blood pressure, coronary artery disease, elevated cholesterol, heart murmur, Transient Ischemic Attack (TIA), stroke or any other disorder or disease of the heart, blood vessels or cardiovascular systems?				
b) cancer, tumour, polyp or any other growth or malignancy?				
c) diabetes, thyroid disorder, anemia, hepatitis, or hepatitis carrier state, or any other blood or glandular disorder or disease?				
d) a nose, throat, lung or any other respiratory disorder or disease?				
e) a disorder or disease of the stomach, intestines, rectum, liver or pancreas?				
f) an injury to, or disorder or disease of the bones, muscles, joints, eyes, ears or skin?				
g) Amyotrophic Lateral Sclerosis (ALS/Lou Gehrig's Disease), Motor Neuron Disease, Huntington's Chorea, Multiple Sclerosis, epilepsy, seizures, brain disorder, or any other disorder or disease of the nervous system?				
h) anxiety, depression, chronic fatigue, suicide ideation, or an emotional, behavioral, mental or nervous disorder or disease?				
i) abnormal PSA, mammogram, or PAP smear or a disorder or disease of the kidney, bladder, or genital organs or system?				
j) AIDS (Acquired Immune Deficiency Syndrome), positive HIV test, or another immunological disorder or disease?				

15. Have you ever been under observation, had medical or surgical advice or treatment, or been hospitalized for a disorder, disease, or for an injury or illness not mentioned above?				
16. Have you ever requested or received a pension, benefit or payment because of a disorder, disease, injury or illness?				
17. Are you now under medical observation, investigation or taking medical treatment?				
18. Are you aware of a symptom, injury, illness or complaint that you have not yet consulted a physician about or for which a test, consultation or treatment has been recommended or scheduled but not yet been completed or the results of which are not yet known?				
19. Have any of your immediate family members (father, mother, siblings) had Heart Disease, Stroke, Cancer (specify type), Diabetes, Kidney Disease, Mental Illness, Alcoholism, Huntington's Chorea, Amyotrophic Lateral Sclerosis (ALS/Lou Gehrig's Disease), Parkinson's Disease, Motor Neuron Disease, Multiple Sclerosis, Alzheimer's Disease, or any hereditary disorder or disease?				

Family Member (Mother, Father, Siblings, etc.)	Age if Living	Age at Death	If Living – Details of Health Concerns If Deceased – Cause of Death	Age at Onset

20. Proposed Insured	Joint Applicant
Date and reason of last consultation with a physician or other medical practitioner (provide details below): _____	Date and reason of last consultation with a physician or other medical practitioner (provide details below): _____
Physician or medical practitioner's information: _____	Physician or medical practitioner's information: _____
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Was treatment or medication given, or recommended? <input type="checkbox"/> None or provide details: _____ _____	Was treatment or medication given, or recommended? <input type="checkbox"/> None or provide details: _____ _____
Primary care physician name, address, if different than above: _____ _____	Primary care physician name, address, if different than above: _____ _____
# of years attended: _____	# of years attended: _____

**Details of "YES" answers to questions 14 to 18, above. Indicate question # and give full details including date, duration, treatment given, tests completed or scheduled, name and address of doctor/hospital, etc.**

**Proposed Insured**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Joint Applicant**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a separate sheet for any additional information, as required, to be signed and dated by all persons signing this Application.

**21. Agreement**

Each person signing in the Signature Section of this Application as either the Proposed Insured, Joint Applicant and/or Owner agrees that: (a) the statements and answers contained in all parts of this Application and any other evidence of insurability are true and complete and form the basis of the insurance contract(s) applied for or issued; (b) the contract will not take effect until that insurance contract has been delivered to the Proposed Insured/Owner and the first premium has been paid to the Insurer or its agent conditional on there being no change in the insurability of each person proposed for insurance in this Application from the time of completion of the Application to the time of delivery of that insurance contract; (c) in the case of Unity Life, no broker, agent, medical examiner or any other person, except the President, together with the Secretary or Actuary or successor position, has power on behalf of Unity Life to make, modify, or discharge an insurance contract. In the case of Foresters, no broker, agent, medical examiner or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. Foresters Instruments of Incorporation and Constitution now in force or subsequently amended shall form part of the entire contract with Foresters.

The language of the insurance contract(s) and all correspondence shall be the same as that of this Application. Unity Life of Canada and Foresters will review this application to ensure that the Proceeds of Crime (Anti-Money Laundering Act) regulations have been satisfied. In the event they have not been satisfied, this Application will be rejected forthwith and any Temporary Insurance applied for will be void from inception.

This Application and related documents may be completed, signed and/or submitted to Unity Life/Foresters by voice and/or electronic means, including but not limited to, e-mail and facsimile transmission. Unity Life and Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this Application or number(s) that I later provide. If I have chosen to provide a current internet e-mail address in this Application or choose to provide one in the future, Unity Life and Foresters may use that address to send messages or documents to me electronically.

**If you do not wish your information to be used for future offerings, please check here**   
 or write to: Chief Privacy Officer, Foresters, 789 Don Mills Rd., Toronto, ON M3C 1T9.

**22. Authorization**

I AGREE AND UNDERSTAND THAT IT MAY BE NECESSARY TO OBTAIN ADDITIONAL PERSONAL INFORMATION IN CONNECTION WITH THIS APPLICATION AND IF SO, I AUTHORIZE UNITY LIFE OF CANADA AND/OR FORESTERS TO OBTAIN A CONSUMER REPORT OR MOTOR VEHICLE REPORT/DRIVER RECORD.

Each undersigned acknowledges receipt of a form describing the MIB, Inc. (formerly known as Medical Information Bureau) and AUTHORIZES MIB to give the Insurer and its reinsurers any information in its files. Each undersigned AUTHORIZES Unity Life of Canada, Foresters and their duly sponsored and authorized agents, brokers and service providers to use, collect and disclose information about him/her, needed for underwriting or administration, to each other from and with any person or organization, including health professionals, hospitals, medically related facilities, government agencies, provincial health care plans, institutions, MIB, investigative agencies, law enforcement agencies, insurers and reinsurers. Unity Life of Canada and/or Foresters may use your personal information to determine other insurance products and services that may meet your needs and to offer them to you.

A photocopy of this authorization shall be as valid as the original. Unity Life of Canada, Foresters and its duly sponsored and authorized agents, brokers and participating reinsurers adhere to the Personal Information Protection and Electronic Documents Act (Canada) (PIPEDA), and any other applicable privacy legislation of your province or territory. Your personal information will be used only for the purposes we have identified and will be disclosed only to the applicable department, authorized agency, servicing bureau, service providers, parent company and/or wholly owned subsidiary for servicing. All such information will be safeguarded in accordance with applicable legislation. You have the right to request access to your personal information to verify its accuracy and completeness and to request amendments.

Please submit your request in writing to: Chief Privacy Officer, Foresters, 789 Don Mills Rd., Toronto, ON M3C 1T9.

**Authorization to access your personal information:**

Medical information may be gathered to assist us in the assessment of this Application for insurance to Unity Life of Canada and/or Foresters. By checking the box below, you authorize Unity Life of Canada and/or Foresters to advise your broker that our decision was impacted by information related to this Application, your medical history, family history or lifestyle.

**If you do not wish us to disclose this information to your broker, please do not check the box below.**

I authorize Unity Life of Canada and Foresters to disclose the reasons for the assessment of my Application for insurance to my broker as outlined above.

**Signatures Section**

Applies to pages 2 to 11 of this Application.

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

\_\_\_\_\_  
 Signature of Proposed Insured

\_\_\_\_\_  
 Signature of Joint Applicant

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Signature of Parent/Legal Guardian (required if not the Owner, and Proposed Insured or Joint Applicant is a minor)

\_\_\_\_\_  
 Signature of Witness to all signatures

\_\_\_\_\_  
 Broker Name

\_\_\_\_\_  
 Broker Code #

\_\_\_\_\_  
 Agency / Code #

**23. Application for Temporary Insurance** (Not available for Informal Inquiries)

No broker or agent is authorized to waive, amend or modify any of the terms or provisions in this Application for Temporary Insurance or in the Temporary Insurance Agreement (TIA). Temporary Insurance will only come into effect if all pre-conditions are met as described in the TIA, including “NO” answers to each of the questions below and each “NO” answer is truthful.

To be answered by the Proposed Insured and Joint Applicant (if any). There is no coverage under this agreement if there is fraud or material misrepresentation of an answer to these questions.	Proposed Insured		Joint Applicant	
	Yes	No	Yes	No
1. Have you ever been treated for or had an indication, sign/symptom of cancer, cyst, polyp, tumour, stroke, heart disease, disorder or disease of the immune system, positive HIV test, blood vessel disorder or disease, diabetes, elevated blood pressure, current or recurring kidney, liver, lung disorder, or disease or disorder of the nervous system?				
2. Have you been hospitalized (except for childbirth) within the last two years?				
3. Within the last 6 months, has any disorder, disease, injury or illness prevented you from performing your regular activities or caused you to be absent from work for more than 7 consecutive calendar days?				
4. Are you over age 65?				
5. Has an application for insurance on your life ever been rated, declined or modified in any way?				
6. Are you aware of a symptom, illness or complaint for which you have not yet sought medical advice, tests treatment or for which treatment or test is recommended, planned or pending?				

“Applicant” means each of the Proposed Insured and the Joint Applicant, if any, applying for temporary insurance in this Application for Temporary Insurance. “Company” means individually each of Unity Life of Canada and Foresters. An Applicant is only eligible to be considered for temporary insurance if under the age of 65 years. The amount of temporary insurance provided to an Applicant by the Company, while the Temporary Insurance Agreement is in effect, shall be the aggregate amount of insurance applied for under the insurance product(s) of that Company, in the Application for Insurance, for that Applicant, subject to the maximum per Company of \$500,000 of life insurance coverage and \$500,000 of covered impairment coverage per Applicant. This Application for Temporary Insurance may be completed only with this Application for Insurance and payment of at least 1/12 of the total annual premium for all products applied for must be received on that same date.

This Application for Temporary Insurance forms part of, and is relied upon to provide, the Temporary Insurance Agreement. Temporary insurance is subject to the terms, limitations and conditions of the Temporary Insurance Agreement.

**I agree that the Temporary Insurance is subject to this Application for Temporary Insurance on page 12, above, and the Terms, Limitations and Conditions in Section 28, Temporary Insurance Agreement & Receipt (pages 15 - 16).**

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

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Joint Applicant

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Parent/Legal Guardian (required if Applicant is a minor)

**Note: If an Applicant is a minor, a parent or legal guardian must sign above, if not the Owner.**

\_\_\_\_\_  
Signature of Witness to all signatures

\_\_\_\_\_  
Broker Name

\_\_\_\_\_  
Broker Code #

\_\_\_\_\_  
Agency / Code

**I confirm that I have reviewed and explained the Temporary Insurance Agreement in Section 28 of this Application and have left a copy of it with the Owner.**

\_\_\_\_\_  
**Broker Initials.**

**24. Broker's Report**

**PLEASE COMPLETE ALL QUESTIONS BELOW.**

a) How long have you known each of the Proposed Insured and Joint Applicant?  
Proposed Insured: \_\_\_\_\_ years      Joint Applicant: \_\_\_\_\_ years

b) Have you seen any proof of identity of the Proposed Insured, Joint Applicant and Payor (if different from the Proposed Insured or Joint Applicant)?  
 Yes       No      (if YES, provide details below)

	Government Issued Photo ID Type	Document Number	Place of Issue
Proposed Insured			
Joint Applicant			
Payor			

c) Are you related to the Proposed Insured or Joint Applicant?       Yes       No

d) Have you provided the Temporary Life Insurance Agreement?       Yes       No  
If no, do not detach Temporary Insurance Agreement and Receipt from this Application.

NOTE: Premium cannot be accepted if the total amount applied for exceeds \$500,000 per company for all Life Insurance coverage, and \$500,000 for all of Unity Life's LifeCare product, or if any life to be insured is age 65 or older.

e) Please indicate any underwriting requirements ordered:  
 Paramedical       Medical       Urine Specimen (including HIV)  
 Blood Chemistry Profile (BCP)       Resting ECG       Stress ECG  
 Motor Vehicle Report (MVR)       Vitals       Chest X-Ray

Name and address of Physician or Paramedical Service \_\_\_\_\_  
Date arranged for: \_\_\_\_\_ Service Provider Order #: \_\_\_\_\_

f) An Inspection Report may be conducted for consideration of this Application. Please indicate:  
Who should be contacted? \_\_\_\_\_ Best time to contact? \_\_\_\_\_

g) Personal finances:

	Proposed Insured	Joint Applicant
Net Worth	\$ _____	\$ _____
Earned Income	\$ _____	\$ _____
Other Income % Sources:	\$ _____	\$ _____

h) Business finances (complete only if insurance is for business reasons):  
Nature of Business: \_\_\_\_\_

Percentage of business owned by each of the Proposed Insured (PI) Joint Applicant (JA): (PI) \_\_\_\_\_ % (JA) \_\_\_\_\_ %  
How long has this business been operating? \_\_\_\_\_

Total Assets \$ \_\_\_\_\_ Total Liabilities \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_  
Gross Sales \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_ Year Before \$ \_\_\_\_\_  
Net Income After Taxes \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_ Year Before \$ \_\_\_\_\_  
Are other business owners being insured?       Yes, by (name of carrier) \_\_\_\_\_  
 No. If no, why not? \_\_\_\_\_

i) If the Proposed Insured is a homemaker, how much is the spouse insured for? \_\_\_\_\_

j) Who initiated this Application? \_\_\_\_\_

k) Did you personally meet the Proposed Insured and Joint Applicant?       Yes       No  
If no, explain why not \_\_\_\_\_

**NOTE: If not met, please order a paramedical exam.**

l) Did you complete a Needs Analysis for this Application?       Yes       No

m) Premium Calculation Details:

	Basic Annual Premium \$	Annual Policy Fee \$	Other Premium	Total Annual Premium	Amount Paid With App	Premium Mode
<b>Unity Life Products</b>						
<b>Foresters Products</b>						

n) Have you provided the Owner with a copy of the policy illustration(s)?  Yes  No

o) Policy/Certificate date shall be:  Date issued  To save insurance age

p) **Notes to the Underwriter:**

Include how amount was determined; comment on special circumstances relevant to the Proposed Insured/Joint Applicant and include information regarding optional coverage requested or special quotes.

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I am familiar with the Duty of Care requirements for agents, brokers and advisors and have satisfied them.  
I certify that I have seen proof of age of the child(ren) proposed for coverage under this Application.

Broker Name \_\_\_\_\_ % \_\_\_\_\_ Code # \_\_\_\_\_

Broker Name \_\_\_\_\_ % \_\_\_\_\_ Code # \_\_\_\_\_

Broker Name \_\_\_\_\_ % \_\_\_\_\_ Code # \_\_\_\_\_

MGA/GA Name \_\_\_\_\_ Code # \_\_\_\_\_

Signature of Broker(s) \_\_\_\_\_ Date \_\_\_\_\_

Contact Information for handling this Application \_\_\_\_\_ Email Address \_\_\_\_\_ Phone \_\_\_\_\_



**25. Disclosure Statement for the Province of B.C.**

**DETACH AND PROVIDE TO APPLICANT(S)  
IF APPLICATION COMPLETED IN B.C.**

Pursuant to S.90 of the Financial Institutions Act of British Columbia, the financial product you are being offered is supplied by Unity Life of Canada and Foresters, companies licensed to carry on business in British Columbia. In relation to any application you make for the acquisition of life insurance, annuities or other financial products, a) I am acting as a licensed insurance broker on behalf of the company, b) I will be entitled to receive commission from the company on successful completion of this transaction. This commission may take the form of an acquisition commission and/or an on-going service commission; and c) There is no condition associated with this transaction requiring that you must transact additional or other business with either the Company or myself.

\_\_\_\_\_  
Name and address of Broker

**X** \_\_\_\_\_  
Signature of Broker(s)

**26. Important: MIB Pre-Notice**

**DETACH AND PROVIDE TO APPLICANT(S)**

Information regarding your insurability will be treated as confidential. We, or our reinsurers may, however make a brief report thereon to the MIB Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life, disability or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information on its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek a correction. The address of the Bureau's information office is: MIB, 330 University Avenue, Toronto, Ontario M5G 1R7. Telephone (416) 597-0590.

We, or our reinsurers, may also release information in your file to other life insurance companies to whom you may apply for life, disability or health insurance or to whom a claim for benefits is submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

**27. Important Notice Concerning Files and Personal Information**

**DETACH AND PROVIDE TO APPLICANT(S)**

In order to ensure the confidentiality of the personal information held concerning you, Unity Life of Canada and/or Foresters will establish a life insurance file in which the information concerning this Application for insurance will be placed, as well as information concerning any insurance claim. Only Unity Life of Canada, its employees, its parent company, The Independent Order of Foresters ("Foresters"), their employees, reinsurers, service providers and professional consultants, who will be responsible for underwriting, administration and claims, or any other person whom you authorize in writing, or persons permitted or required by law, will have access to this file. Your file will be kept by Unity Life of Canada or its parent company, Foresters, and you are entitled to consult personal information contained in the file, and if applicable, to have it rectified by submitting a written request to the following address: Chief Privacy Officer, Foresters, 789 Don Mills Rd., Toronto, ON M3C 1T9.

**28. Temporary Insurance Agreement (TIA) and Receipt**

**DETACH AND PROVIDE TO OWNER  
IF TIA HAS BEEN COMPLETED**

TERMS, LIMITATIONS AND CONDITIONS  
PRE-CONDITIONS

Temporary insurance will be provided to each Applicant if each of the following pre-conditions are met: (a) Each Applicant is older than 30 days and younger than 65 years on the date the Application for Insurance is signed by the Applicant(s). (b) Each of the questions in the Application for Temporary Insurance section in this Application for Insurance are answered "no" and the "no" answers shown are truthful. (c) At least 1/12th of the total annual premium for each product applied for is paid on the date this Application for Insurance is signed by the Applicant(s) and the cheque or pre-authorized withdrawal submitted as this payment is honoured on presentation. (d) In this Application for Insurance, no more than a total of \$500,000 of life insurance coverage is applied for per Applicant per Company and no more than a total of \$500,000 of coverage is applied for under Unity Life of Canada's LifeCare product. If one or more pre-condition is not met no temporary coverage takes effect even if this Temporary Insurance Agreement was left with an Applicant or owner and/or premium was paid with the Application for Insurance.

DATE COVERAGE BEGINS

If each pre-condition is met, temporary insurance under this Agreement will begin on the date this Agreement is signed by the broker below, but only if the Application for Insurance has been completed on that same date.

DATE COVERAGE TERMINATES - 90 DAY MAXIMUM

Temporary Insurance under this Agreement will terminate automatically on the earliest of the following:

- a) 90 days from the date this coverage begins;
- b) the date that insurance takes effect under the insurance contract applied for;
- c) the date an insurance contract, other than applied for, is offered;
- d) the date the Insurer mails notice of termination of coverage under this Agreement to the owner's mailing address shown in the Application for Insurance.

SPECIAL LIMITATIONS

- 1) There is no temporary insurance under this Agreement: (a) if there is fraud or material misrepresentation of an answer to the Temporary Insurance questions, or in the Application for Insurance, or a questionnaire completed in connection with the Application for Insurance. Or (b) for a Covered Impairment as defined in the LifeCare product, death or disability directly or indirectly caused by a drug or alcohol-related condition, an intentional act of self-destruction or is self-inflicted, while sane or insane.
- 2) If the LifeCare product is applied for and this temporary insurance is in effect for Covered Impairments, that temporary coverage shall be subject to the terms of that product except that there is no temporary coverage for the following: (i) Cancer; (ii) A Covered Impairment due to a benign brain tumour; or (iii) Any other Covered Impairment if the Applicant is diagnosed with that Covered Impairment while the temporary coverage is in effect but does not survive 30 days from the date of the diagnosis of that other Covered Impairment.
- 3) If death of an Applicant under this Agreement results from suicide, while sane or insane, all temporary insurance terminates and premiums paid will be refunded.
- 4) No broker or agent is authorized to waive, amend or modify any of the terms or provisions in this Application for Temporary Insurance or in the Temporary Insurance Agreement.

The amount of temporary insurance provided to an Applicant by the Company, while this Temporary Insurance Agreement is in effect, shall be the aggregate amount of insurance applied for under the insurance product(s) of that Company, in this Application for Insurance, for that Applicant, subject to the maximum per Company of \$500,000 of life insurance coverage and \$500,000 of Covered Impairment coverage per Applicant.



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(Section 28 - Continued)

**BENEFIT PAYMENT**

If all pre-conditions are met and subject to the terms of this Agreement:

- a) If life insurance coverage is applied for in the Application for Insurance by an Applicant from a Company, and that Applicant dies while this Agreement is in effect the benefit amount provided by that Company under this Agreement shall be the aggregate amount of life insurance coverage applied for on the life of that Applicant, in the Application for Insurance, from that Company;
- b) If the Unity Life of Canada LifeCare product is applied for in the Application for Insurance by an Applicant, the benefit amount provided by Unity Life of Canada, under this Agreement, for that Applicant's Covered Impairment, as defined in and subject to the terms of that product, shall be the amount of coverage applied for by that Applicant under that product. The maximum total amount payable per Applicant, by each Company, shall be \$500,000 for death and \$500,000 for Covered Impairment(s) under this Agreement and under all other temporary insurance and applications with that Company. The amount payable under this Agreement shall be paid according to the beneficiary designation(s) in the Application for Insurance.

**It is acknowledged that the sum of \$ \_\_\_\_\_ was paid with the Application for insurance when it was completed and signed.**

\_\_\_\_\_  
Date

  X    
\_\_\_\_\_  
Signature of Broker(s)