Complete this application if applying for PERMANENT WHOLE LIFE insurance

Application for Non-Medical Life Insurance:
Acceptance Life, Deferred Life, Simplified Life
And Simplified Life Plus
**Application for Non-medical Life Insurance**  
Acceptance Life, Deferred Life, Simplified Life & Simplified Life Plus

### Proposed Life Insured

<table>
<thead>
<tr>
<th>Name: ______________________</th>
<th>Middle</th>
<th>Last</th>
<th>☐ Male</th>
<th>☐ Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth: <strong><strong><strong>/</strong></strong></strong>/____</th>
<th>Age: ______</th>
<th>Citizenship:</th>
<th>☐ Canadian</th>
<th>☐ Landed Immigrant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address: ______________________</th>
<th>Street Name &amp; Number</th>
<th>Apt #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>P.O. Box</th>
<th>City/Town</th>
<th>Province/Territory</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone: Res ( ) ____________________</th>
<th>Bus ( ) ____________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Best Time to call (for verification) if required:</th>
<th>☐ AM</th>
<th>☐ PM</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail address (Optional):</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Driver's licence # (or Gov't Issued Photo ID and Type) : ______________________</th>
<th>Province of Issue: ______________________</th>
<th>Date of issue (mm/dd/yy): / /</th>
</tr>
</thead>
</table>

| Social Insurance Number (Only if Policy Owner): - - - - - |
|-------------------------------|----------------|

### Policy Owner

<table>
<thead>
<tr>
<th>Name: ______________________</th>
<th>Relationship to Proposed Life Insured</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Same as above.</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Relationship to Proposed Life Insured</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Driver’s licence # (or Gov’t Issued Photo ID and Type): ______________________</th>
<th>Province of Issue: ______________________</th>
<th>Date of issue (mm/dd/yy): / /</th>
</tr>
</thead>
</table>

| Social Insurance Number: - - - - - |
|-------------------------------|----------------|

### Address:

<table>
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<th>Apt #</th>
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<table>
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<tr>
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<th>Province/Territory</th>
<th>Postal Code</th>
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</table>

<table>
<thead>
<tr>
<th>Telephone: ( ) ____________________</th>
<th>Contingent Owner: ______________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to the Proposed Life Insured</th>
</tr>
</thead>
</table>

### Important Notes

This Application must be current dated and must be received at Canada Protection Plan (CPP) Head Office **within 14 days of its completion**. If coverage is approved, the policy date will be the date of the application; except if the Application is signed on the 29th, 30th or 31st of the month, the policy date will be the 28th of the same month.

Unless the payor authorizes Foresters Life Insurance Company (the Insurer) to withdraw the initial premium by pre-authorized cheque (PAC) (by selecting this option on page 6) this Application must be accompanied by a current dated cheque for the initial premium due, payable to Foresters Life Insurance Company. Post-dated cheques or cash cannot be accepted.

A third-party may contact the Proposed Life Insured by telephone to verify information entered on this Application. The verification of information is an important part of the approval process and **must be completed within 14 days of the date of receipt of the completed application by Canada Protection Plan**. Otherwise, the file will be closed, no coverage will be in effect, and any premium received with the Application will be refunded without interest. By signing this Application, the Proposed Life Insured agrees that this telephone call can be recorded and kept on file by CPP and/or Foresters Life Insurance Company, or their respective parent, reinsurers, affiliates or service providers, for quality assurance, servicing accuracy, claims, training and record keeping purposes.

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**Important Details**

**Important:** Subject to the exception following, if a Beneficiary designation is not indicated as either revocable or irrevocable, that designation will be revocable. **Exception:** In Quebec, where a spouse is designated as Beneficiary, but is not indicated as either revocable or irrevocable, that designation will be irrevocable.

<table>
<thead>
<tr>
<th>BENEFICIARY NAME</th>
<th>Telephone</th>
<th>Relationship to Proposed Life Insured</th>
<th>% Share (Total must = 100%)</th>
<th>Revocable or Irrevocable? (R or I)</th>
<th>Primary or Contingent? (P or C)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R</td>
<td>I</td>
</tr>
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<td></td>
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<td>R</td>
<td>I</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>R</td>
<td>I</td>
</tr>
</tbody>
</table>

If a named beneficiary is a minor, please specify Trustee name and relationship to the Proposed Life Insured:

---

**Canada Protection Plan Tel:** (416) 447-6060  
**Toll-free:** 1 (877) 447-6060  
**Fax:** (416) 447-9881  
250 Ferrand Drive, Suite 1100, Toronto, ON M3C 3G8  
[www.cpp.ca](http://www.cpp.ca)  
407058 CAN (06/13)
# Health History

In determining eligibility for insurance, Foresters Life Insurance Company reserves the right to consider risk characteristics other than those mentioned in the questions in this application.

## Section A: if a question is answered YES in this Section, no coverage can be provided – DO NOT continue with this application. If all NO answers are provided, complete section B.

1. **Has the Proposed Life Insured ever been diagnosed with one or more of the following:**
   - HIV, Acquired Immune Deficiency Disorder (AIDS) or AIDS related complex (ARC)
   - Amyotrophic lateral sclerosis (Lou Gehrig’s Disease)
   - Congestive heart failure
   - Cystic Fibrosis
   - Huntington’s Disease

   □ Yes □ No

2. **Is the Proposed Life Insured terminally ill or bedridden?**

   “Terminally ill” means an illness, disease or condition diagnosed that would reasonably be expected to cause death within the next 24 months.

   □ Yes □ No

## Section B: if a question is answered YES in this Section, apply for ACCEPTANCE LIFE. If all NO answers are provided, please complete Section C.

1. **Within the past THREE YEARS, has the Proposed Life Insured had or been treated for:**
   - Peripheral vascular disease
   - Cancer or malignant tumor
   - Chronic or recurring infection
   - Immune system disorder other than HIV/AIDS or AIDS related complex (ARC)
   - Organ transplant

   □ Yes □ No

2. **Is the Proposed Life Insured currently hospitalized or confined to a nursing facility?**

   □ Yes □ No

## Section C: if a question is answered YES in this Section, apply for DEFERRED LIFE. If all NO answers are provided, please complete Section D.

1. **Within the past TWO YEARS, has the Proposed Life Insured had or been treated for:**
   - Heart attack, stroke, bypass surgery or coronary artery disease requiring hospitalization
   - Angina or severe chest pains requiring hospitalization
   - High blood pressure not controlled by medication and/or doctor
   - Serious blood disorders such as hemophilia, thrombocytopenia or serious anemia
   - Chronic respiratory condition which required the administration of oxygen
   - Chronic kidney disease
   - Chronic liver disease such as hepatitis B or C and cirrhosis
   - Alzheimer’s disease, dementia, multiple sclerosis or suicide attempts
   - Alcoholism or drug addiction
   - Diabetes requiring daily insulin injections

   □ Yes □ No

2. **Within the past TWO YEARS, has the Proposed Life Insured applied for life insurance, which was declined or postponed?**

   □ Yes □ No

3. **Within the past SIX MONTHS, has the Proposed Life Insured had a medical test done for which a diagnosis has not yet been reached?**

   □ Yes □ No

## Section D: if a question is answered YES in this Section, apply for SIMPLIFIED LIFE. If all NO answers are provided, apply for SIMPLIFIED LIFE PLUS.

1. **Would an answer to a question in either Section B or Section C above change if the time frame is changed to WITHIN the past FIVE YEARS?**

   □ Yes □ No
2. Is your weight outside the range shown for your height on the chart below?  

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight (Pounds)</th>
<th>Height</th>
<th>Weight (Pounds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4'8&quot;</td>
<td>81-175</td>
<td>5'8&quot;</td>
<td>118-248</td>
</tr>
<tr>
<td>4'9&quot;</td>
<td>84-181</td>
<td>5'9&quot;</td>
<td>121-256</td>
</tr>
<tr>
<td>4'10&quot;</td>
<td>87-187</td>
<td>5'10&quot;</td>
<td>128-263</td>
</tr>
<tr>
<td>4'11&quot;</td>
<td>89-191</td>
<td>5'11&quot;</td>
<td>132-271</td>
</tr>
<tr>
<td>5&quot;</td>
<td>92-197</td>
<td>6&quot;</td>
<td>135-279</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>95-201</td>
<td>6'1&quot;</td>
<td>138-287</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>98-207</td>
<td>6'2&quot;</td>
<td>141-294</td>
</tr>
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<td>5'3&quot;</td>
<td>102-213</td>
<td>6'3&quot;</td>
<td>144-303</td>
</tr>
<tr>
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<td>105-220</td>
<td>6'4&quot;</td>
<td>147-311</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>108-227</td>
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<td>150-319</td>
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<tr>
<td>5'6&quot;</td>
<td>111-234</td>
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<td>153-327</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>115-241</td>
<td>6'7&quot;</td>
<td>156-336</td>
</tr>
</tbody>
</table>

Coverage Details

Has the Proposed Life Insured used a substance or product containing tobacco, nicotine or marijuana within the past 12 months?  

Will the Proposed Life Insured 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?  

If “Yes”, state company, amount and plan and complete the Comparison Disclosure Statement or Life Insurance Replacement Declaration (whichever applies for the province in which business is conducted) and attach it to this Application: ____________________________________________________________________________________________

Face Amount applied for: $________________________  

Premium Payment Mode: ☐ Annual ☐ Semi-annual ☐ Monthly (PAC)  

Premium Payment Period: ☐ Life Pay  ☐ 20 Pay  

Optional Riders

☐ Accidental Death: ☐ 1X ☐ 3X ☐ 5X (Maximum $250,000)  

☐ Child Term Benefit: (not available with Acceptance Life) (please complete child benefit form)  

☐ Hospital Cash Benefit: ☐ $25/day ☐ $50/day ☐ $100/day  

Payor Details

Payor for all coverages applied for is: ☐ Proposed Life Insured ☐ Policy Owner ☐ Other  

Complete balance of payor details only if payor selected is ‘Other’

Name: ________________________________  

First          Middle          Last  

Address:  

P.O. Box  

Street Name & Number  

Apt. #  

City/Town  

Province/Territory  

Postal Code  

Telephone: (          ) ___________________  

Email Address (optional): ________________________________________________________________  

Driver’s licence # (or Gov’t Issued Photo ID and Type)  

Province of Issue  

Date of issue (mm/dd/yy)
Authorization

Each undersigned agrees that: (a) the statements and answers contained in all parts of the Application and any other evidence of insurability are true and complete and form the basis of the contract of insurance applied for or issued; (b) The contract will come into effect on the policy date (or in the province of Quebec, the date the contract is issued) provided we have received at least the first premium on or before we delivered this contract to the Owner and there was no change in the insurability of a Proposed Life Insured from the later of the date the application was signed by the Proposed Life Insured and the Owner up to the date of delivery of the contract; c) no person other than the President or Vice President together with the Secretary or Actuary of the Insurer has the power to change or modify the contract on behalf of the Insurer or to waive the Insurer’s rights or requirements and any such change, modification or waiver must be in writing, signed by such officers. The person or firm advising me on the purchase of this product has provided me with written materials advising (a) about the company(s) they represent; (b) that they receive compensation (such as commissions or a salary) for the sale of life and health insurance products; (c) that they may receive additional compensation in the form of bonuses, conference programs or other incentives; (d) of any conflicts of interest they may have with respect to this transaction.

Each undersigned’s personal information will be, subject to applicable law, collected, used, safeguarded by, and available and/or disclosed to the Insurer Foresters Life Insurance Company, the Insurer’s parent company The Independent Order of Foresters (“Foresters”), and/or each of their respective affiliates, subsidiaries, reinsurers, agents, agencies, and service providers and their respective employees, contractors, consultants and representatives, and to any other person(s) you authorize, in writing, for either assessing the application, servicing the contract issued and/or if applicable for Foresters membership purposes and/or for audit, investigative, regulatory or legal purposes and otherwise as required or permitted by applicable law. All such information will be safeguarded in accordance with applicable legislation. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of the foreign jurisdictions.

Subject to applicable law, 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 Life Insurance Company, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8.

The language of the contract and all correspondence shall be the same as that of the application unless requested otherwise.

Each undersigned declares that the Proposed Life Insured has resided in Canada continuously for the 12-month period immediately preceding the date of this application.

Foresters Life Insurance Company may use your personal information to determine other insurance products and services that may meet your needs and to offer them to you. If you do not wish your information to be used for any of these future offerings, check here or write to us at:
Foresters Life Insurance Company, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8, Attn: Chief Privacy Officer.

Signature Section (For purposes of this entire Application)

Dated at _______________________________ this __________ day of ____________________, 20_________

__________________________________________________   ______________________________________________________
Signature of Proposed Life Insured                          Signature of Policy Owner

__________________________________________________   ______________________________________________________
Signature of Witness to all signatures                     Broker Name
Payment Information & Pre-Authorized Cheque (PAC) Plan Agreement  (Attach a VOID Specimen Cheque)

NOTE: Each premium for coverage applied for in this Application (if not paid with this Application), will be drawn from the account identified on the VOID cheque, or account information provided below, unless otherwise instructed.

Initial premium payment to be made by:

☐ Monthly Pre-Authorized Cheque (PAC) withdrawal  ☐ Cheque (payable to Foresters Life Insurance Company)

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

Withdrawal date requested (1st - 28th): __________

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) Foresters Life Insurance Company is authorized to debit 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 Insurance;

2) The financial institution from which payments are to be drawn is authorized to treat each debit by Foresters Life Insurance Company as though the payor made it personally;

3) Foresters Life Insurance Company reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for the insurance contract(s) issued by it;

4) This PAC Plan Agreement is effective immediately and will continue until terminated, which either the payor or Foresters Life Insurance Company 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;

5) 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.

6) The payor may contact Foresters Life Insurance Company at the address and phone number shown in 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.

Signature of Account Holder ____________________________ Date (mm/dd/yy) ____________

Signature of Joint Account Holder (if applicable) ____________________________ Date (mm/dd/yy) ____________

______________ Initials of Proposed Life Insured

Credit Card Payment Details

Complete this section ONLY if paying ANNUALLY by credit card: Card Type: ☐ VISA  ☐ MASTERCARD

Card Number ____________________________ Expiry Date ____________________________

Cardholder name as it appears on the card ____________________________ Cardholder signature ____________________________
Agent’s Report

1. Are you related to the Proposed Life Insured?  [ ] Yes  [ ] No  (If YES, please state relationship) 
2. Main Purpose of Insurance  
3. Was a Financial Needs Analysis Completed?  [ ] Yes  [ ] No  (If NO, why not?) 
4. Remarks/Recommendations  

I/We the writing Broker(s) to the best of my/our knowledge and belief affirm that:

a) The answers in this Application are true representations of the facts stated and I am not aware of additional information material to the Proposed Life Insured except as stated above in the space marked “Remarks/Recommendations”.
b) I/We am/are properly licensed to do business in the province of __________________________ Licence No. __________________________
c) If replacement is intended I/we declare that all rules and regulations relevant to replacement have been complied with.

Broker’s Signature  Broker’s Name (Please print)  Broker’s Code

MGA/GA Name  MGA/GA Code

Disclosure Statement for the Province of B.C.

Pursuant to S.90 of the of the Financial Institutions Act of British Columbia, the financial product you are being offered is supplied by Foresters Life Insurance Company, a company 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  Signature of Broker

Important Notice Concerning Files and Personal Information

In order to ensure the confidentiality of personal information held concerning you, Foresters Life Insurance Company, will establish a Life Insurance file, in which the information concerning your application of insurance will be placed, as well as information concerning any insurance claim. Only Foresters Life Insurance Company, or its employees, reinsurers and professional consultants who will be responsible for underwriting, administration and claims, or any other person that you may authorize in writing, or persons required by law, will have access to this file. Your file will be kept by Foresters Life Insurance Company 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:

Foresters Life Insurance Company
250 Ferrand Drive, Suite 1100
Toronto, ON M3C 3G8
1-877-447-6060

Receipt

Foresters Life Insurance Company acknowledges the receipt of $____________________ to be applied in payment of the first premium for insurance on the life of __________________________. Insurance coverage commences from the date this application was signed by the Policy Owner/Proposed Life Insured, provided all pre-conditions as outlined in the Application are met and the initial premium is honoured when first presented for payment to the financial institution from which payment is to be made.

If the policy is not received within six (6) weeks of the date of this receipt, please contact Canada Protection Plan at the address below.

Dated at __________________________ this ______ day of __________________________, 20 __________.

The Policy Owner has the right to cancel the Policy issued and receive a full refund of premium paid for it by notifying the Head Office in writing within 10 days of the receipt of the Policy Document.
Foresters™ is the trade name and a trademark of The Independent Order of Foresters and its subsidiary. Foresters Life Insurance Company is licensed to use this mark.