

Details of Insured	Details of Policyowner (if other than insured)
Name: _____ First Middle Last	Name: _____ First Middle Last
<input type="checkbox"/> Male <input type="checkbox"/> Female SIN _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____ Age Nearest: _____ (mm/dd/yy)	Date of Birth: _____ Age Nearest: _____ (mm/dd/yy)
Address: _____ _____	Address: _____ _____
Telephone No.: Home () _____ Business () _____	Telephone No.: Home () _____ Business () _____
E-mail Address: _____	E-mail Address: _____

Details of Beneficiary	In Quebec, a spouse will automatically be considered as irrevocable, unless otherwise indicated.
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Full Name: _____ Relationship to Insured: _____

Revocable? Yes No

Coverage Details

Face Amount: \$ _____ Mode of Payment: Annual Semi Annual

Annual Premium: \$ _____ Monthly PAC
(If PAC, attach a void sample cheque)

Amount of Premium Received: \$ _____

Plan Highlights

Initial Death Benefit: If death, other than by accidental means, occurs during the first two years following the issue of your Policy, there will be a return of the premiums paid with interest at a rate of 3%. If death occurs as a result of accidental means during the first two years following the issue of your Policy, the Face Amount will be paid instead of the refund of premiums.

Accidental Death Benefit: If death occurs as a result of accidental means after two full years following the issue of your Policy, an amount equal to two times the Face Amount will be paid. This benefit ceases at age 70.

Cash Surrender Value: Your policy provides for a cash value after the end of the second full year following the issue of this Policy.

Dividends: Your policy will share in any distribution of surplus. As a result, dividends will be credited to this Policy at each Policy Anniversary following the end of the third Policy Year. **THESE DIVIDENDS WILL BE USED TO PURCHASE PAID-UP ADDITIONS, WHICH BECOME PAYABLE IN ADDITION TO THE FACE AMOUNT.**

Premiums: Premiums will be payable for twenty years or to age 85, whichever is earlier, subject to a ten year minimum for issue ages 75 to 80.

THESE HIGHLIGHTS ARE FOR INFORMATION ONLY. PLEASE REFER TO THE POLICY DOCUMENT FOR DETAILED PROVISIONS.

PAYMENT INFORMATION & PRE-AUTHORIZED CHEQUE (PAC) PLAN AGREEMENT (Please Attach a VOID Specimen Cheque)

NOTE: The modal premium quoted may change following underwriting review. 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, unless otherwise instructed below:

Initial premium payment to be made by:	
<input type="checkbox"/> Monthly Pre-Authorized Cheque (PAC) withdrawal	<input type="checkbox"/> Cheque (payable to Unity Life)
Monthly Withdrawals under this PAC Agreement are:	<input type="checkbox"/> Personal related <input type="checkbox"/> Business related
Withdrawal date requested (Check one):	<input type="checkbox"/> 1st <input type="checkbox"/> 8th <input type="checkbox"/> 15th <input type="checkbox"/> 22nd
PAC bank account information to be taken from: <input type="checkbox"/> Attached VOID cheque	
or <input type="checkbox"/> Banking information below (complete only if cheque NOT available):	
Transit # (5 digits) _____ Bank # (3 digits) _____ Account # _____	
Type of account: <input type="checkbox"/> Chequing <input type="checkbox"/> 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") 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 Unity Life as though the payor made it personally;
- 3) Unity Life 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 Unity Life 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) Should funds not be available due to insufficient funds, Unity Life may, at its option, debit from my account on the next scheduled withdrawal date for the insufficient amount applicable to each insurance contract while that insurance contract 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.
- 7) The payor may contact Unity Life at the address and phone numbers 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 Insured

Authorization and Agreement

I declare and agree that:

- 1. The Insured is not terminally ill or bedridden; and has not been informed that he/she has an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC).
- 2. All statements contained herein are true and complete, and, together with any other forms or application supplements signed by me in connection with this application, form the basis of any insurance issued. Any material misrepresentation may void this insurance.
- 3. I request that this and all related documents be written in English.
- 4. Insurance coverage commences from the date of this application provided the first premium is paid.

Unity Life of Canada and its duly sponsored and authorized agents and brokers and its 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 conveyed only to the applicable department, authorized agency or servicing bureau 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, Unity Life of Canada, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8.

Unity Life 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: Unity Life of Canada, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8, Attn:Privacy Officer.

Dated at _____ this _____ day of _____ 20 ____ .

Signature of Insured

Signature of Policyowner (if other than insured)

Charles Taub

Broker Name (please print)

062033

Broker Code

Signature of Broker

Detach and present to Insured

Receipt

Unity Life of Canada 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 of this application provided the first premium is paid. If the policy is not received within 6 weeks of the date of this receipt, please contact the Company's Head Office.

Dated at _____ this _____ day of _____ 20 ____ .

Signature of Insured

Signature of Policyowner (if other than insured)

Broker Name (please print)

Broker Code

Signature of Broker

Issue Age	Maximum Face Amount	Annual Premium (Policy Fee Included)		Issue Age	Rate per 1000 (Add Policy Fee of \$30.00)	
		Male	Female		Male	Female
50	25,000	1,896.00	1,710.00	50	74.64	67.20
51	24,500	1,923.36	1,732.26	51	77.28	69.48
52	24,000	1,953.84	1,755.12	52	80.16	71.88
53	23,500	1,984.26	1,778.40	53	83.16	74.40
54	23,000	2,014.44	1,801.92	54	86.28	77.04
55	22,500	2,046.90	1,828.20	55	89.64	79.92
56	22,000	2,078.64	1,851.60	56	93.12	82.80
57	21,500	2,114.64	1,877.28	57	96.96	85.92
58	21,000	2,149.32	1,904.88	58	100.92	89.28
59	20,500	2,184.96	1,931.58	59	105.12	92.76
60	20,000	2,223.60	1,962.00	60	109.68	96.60
61	19,500	2,262.36	1,990.92	61	114.48	100.56
62	19,000	2,303.16	2,020.44	62	119.64	104.76
63	18,500	2,345.46	2,050.20	63	125.16	109.20
64	18,000	2,388.72	2,082.00	64	131.04	114.00
65	17,500	2,434.50	2,113.20	65	137.40	119.04
66	17,000	2,508.60	2,180.16	66	145.80	126.48
67	16,500	2,584.20	2,247.60	67	154.80	134.40
68	16,000	2,664.24	2,322.48	68	164.64	143.28
69	15,500	2,749.32	2,399.64	69	175.44	152.88
70	15,000	2,838.00	2,481.60	70	187.20	163.44
71	14,500	2,946.24	2,579.10	71	201.12	175.80
72	14,000	3,067.44	2,689.44	72	216.96	189.96
73	13,500	3,208.44	2,813.16	73	235.44	206.16
74	13,000	3,376.20	2,958.12	74	257.40	225.24
75	12,500	3,579.00	3,135.00	75	283.92	248.40
76	12,000	3,614.16	3,143.28	76	298.68	259.44
77	11,500	3,652.50	3,154.32	77	315.00	271.68
78	11,000	3,693.00	3,167.64	78	333.00	285.24
79	10,500	3,736.92	3,182.52	79	353.04	300.24
80	10,000	3,783.60	3,196.80	80	375.36	316.68

Sample Premium Calculation

Female Age 68 Nearest Birthday

Requested Face Amount of \$8,000.

Premium Rate from Table is \$143.28

Calculation

143.28 X (8,000/1,000) = \$1,146.24

+ Policy Fee 30.00

Total Annual Premium \$1,176.24

Monthly Premium 1,176.24 X 0.09 = \$105.86

Semi-Annual Premium 1,176.24 X 0.52 = \$611.64

Plan Specifications

The minimum Face Amount is the greater of that amount which can be purchased by an annual premium of \$180.00, and \$1,000.00.

The minimum issue age allowable is 50 years. The maximum issue age allowable is 80 years.

Modal Factors: Semi annual: 0.52

Monthly PAC: 0.09

Guidelines

Application must be signed by Insured even if the Policy is owned by other than the Life Insured.

Application must be current dated, accompanied by a current date cheque (no cash or money order) and submitted to Unity Life Head Office within 14 days of completion.

Only the President or Vice-President, together with the Secretary or Actuary of the Company has authority to waive or agree to change any of the conditions or provisions of the Policy.

The Insured must be a Canadian resident.

Detach and present to Insured

The Insured or the Policyowner, if other than the Insured, has the right to cancel this Policy and receive a full refund of premiums by notifying Head in writing within 10 days after the delivery of the Policy Document to the Policyowner.

Unity Life of Canada
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