

Policy no. (For H.O. use only)

In this application:

- the proposed insured and proposed owner will be the same person unless the proposed owner is to be the proposed insured's corporation
- the coverage will be a SunTerm 10 (renewable term to age 85) plan, with a death benefit of:
 - \$750,000 for the proposed insureds up to age nearest 59
 - \$500,000 for proposed insureds age nearest 60 to age nearest 65, or
 - \$250,000 for proposed insureds age nearest 66 to age nearest 69.

In this application you and your refer to the proposed insured/owner. We, us, our and the company refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

1 General information – Proposed insured/owner					
First name of proposed insured	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy)	
Former surname (if applicable)	Place of birth (city)	Place of birth (country)	Driver's licence or passport number and place of issue		
Residence address (street number and name)					Apartment or suite
City		Province	Country	Postal/Zip code	

If the proposed owner is to be the proposed insured's medicine professional company, provide the corporation's name below.

Name of corporation

Language policy pages are to be in: English French

2 Beneficiary information

Primary beneficiaries (Share of benefits must add up to 100%.)

Notes:

- If not completed, the beneficiary will be the proposed owner or the estate of the proposed owner.

First name	Middle initial	Last name	Relationship to proposed insured/owner	Beneficiary designation	% share of benefits to be paid
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
					Total 100%

3 Payments

a) Pre-authorized chequing payment information for monthly or annual payments.

Notes:

- We do not accept cash payments.
- The only method of payment available is Pre-authorized chequing (PAC) for monthly payments.
- Payments will not be taken from the payor's account until the application has been approved.
- We will withdraw all payments, including the initial payment, from the account shown in section b).

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FAX TO 416-915-6150**

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3 Payments (continued)

b) Pre-authorized chequing (PAC) authorization

Note: All PAC payors must agree to all of the following terms in order to use the PAC payment option.

All PAC payors agree:

- Sun Life Assurance Company of Canada (company) may make deductions, at any time, for regular recurring payments and/or one-time payments from time to time, from their bank account indicated in this application for insurance,
- all pre-authorized debits will be processed as personal under the Payments Canada rules (this means having 90 calendar days from the date any payment is processed to claim reimbursement for any unauthorized payment),
- the withdrawal amount is considered variable under the Payments Canada rules,
- any notices to be sent to them under this agreement may be sent to the proposed owner/owner's most recent address that the company has on record at the time a notice is sent,
- the company may charge a fee and may cancel the PAC for any withdrawal that is not honoured,
- all persons whose signatures are required to sign on the bank account indicated below have signed section 5 as a PAC payor,
- the company may not assign this authorization to another company or person in order to permit them to debit the PAC payor's account for these payments (e.g., where there has been a change in control of the company) without providing at least 10 days prior written notice, and
- **to waive the requirement that the company notify them of:**
 - this authorization before the first payment is processed,
 - any subsequent payments, and
 - any changes to the amount or date of the payment initiated by them or the company.

i) Start a new PAC Yes No

(If 'yes', complete iii) and iv). Regular PAC withdrawals for this policy will start one month from the policy date, unless otherwise indicated in iii))

ii) Add to existing PAC that is paying for policy Yes No

(Regular PAC withdrawals for this policy will be withdrawn on the same day each month as the existing PAC for the policy number listed above, unless otherwise indicated in iii).)

iii) Sun Life Assurance Company of Canada will withdraw funds to pay all payments, including the initial payment if selected, on this policy each month (monthly) from the bank account shown on the sample cheque attached or any account designated.

All persons whose signatures are required to sign on this account must sign the authorization on page 4. For a joint account requiring more than one signature to withdraw funds, all the account holders must sign the authorization on page 4.

We will withdraw the initial monthly payment upon the approval of this application.

Regular PAC monthly withdrawals will start one month from the policy date or on _____ (dd-mm-yyyy).

The payor may cancel this authorization at any time, subject to providing the company with 10 days notice. Payors should contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at www.payments.ca.

Payors have certain recourse rights if any debit does not comply with this agreement. For example, payors have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. To obtain more information on recourse rights, payors should contact their financial institution or visit www.payments.ca.

Contact us at any time at:
 Sun Life Assurance Company of Canada
 227 King Street South
 PO Box 1601 Stn Waterloo
 Waterloo, ON N2J 4C5
 1-877-SUN-LIFE (1-877-786-5433)
 Fax 1-866-487-4745
www.sunlife.ca

iv) Attach a sample cheque marked void OR complete the following: (Only accounts with chequing privileges may be used.)

Account holder's first name	Last name	Account holder's first name	Last name
Account number	Transit number	Name of financial institution	
Address of financial institution (street number and name)			Apartment or suite
City	Province	Postal code	

4 Personal history

It's important you provide complete and true information for us to assess your application. If you are not sure whether some information is relevant, provide it anyway. If you fail to provide all relevant information that you know about, future claims could be denied and any policy we've issued delared void. Do not tell us about genetic tests or genetic test results.

1. In the **last 12 months**, have you used any tobacco, nicotine, e-cigarettes or smoking cessation products? If you only use cigars and no more than 1 large cigar per month, answer no. Yes No
2. Do you intend for this application to replace or reduce any existing life policy or pending life applications that you have with any insurance company?..... Yes No
3. In the **last 10 years**, have you used any illegal drugs or prescription drug other than as prescribed for you?..... Yes No
4. In the **last 10 years**, has anyone recommended that you reduce use or get treatment or counselling for substance use? This includes alcohol, marijuana or other drugs. Yes No

If you answer 'yes' to question 3 or 4, provide details.

Question number Details

Question number	Details

5. Have you **ever** been treated for or had symptoms of the following:
 - a. any disease or disorder of the heart or blood vessels? This includes but is not limited to: heart attack, chest pain, angina, stroke, transient ischemic attack, aneurysm, peripheral vascular disease. Yes No
 - b. cancer, melanoma, leukemia, lymphoma, tumour or any other growth or malignancy? Yes No
 - c. diabetes or high blood sugar? Yes No
 - d. chronic anxiety, depression, burnout, schizophrenia, psychosis or any other psychological or emotional disorder? .. Yes No
 - e. multiple sclerosis, ALS or Lou Gehrig's, paralysis, Parkinson's or any other nervous system disorder? Yes No
 - f. HIV or AIDS? Yes No
 - g. lung disorders such as chronic obstructive pulmonary disease (COPD) or untreated sleep apnea? Yes No
 - h. Crohn's disease or ulcerative colitis? Yes No
 - i. hepatitis B or C? Yes No
 - j. kidney diease for which you require ongoing medical care, treatment or follow-up?..... Yes No
 - k. rheumatoid or psoriatic arthritis, vasculitis, or systemic lupus? Yes No
6. Other than for conditions already disclosed:
 - a. do you have any symptoms for which you have not yet consulted a physician or received treatment? This excludes cold, flu or allergies. Yes No
 - b. has a doctor recommended any follow-up, tests or referrals that have not yet been completed or are you currently awaiting results? (**Do not tell us about genetic tests or genetic test results.**) Yes No
 - c. in the **last 5 years**, have you spent **48 or more** consecutive hours in a medical facility? If this was related to child birth or having your appendix removed, answer no. Yes No
 - d. in the **last 2 years**, have you been prescribed medications other than contraceptives? Yes No

If you answered 'yes' to any question in number 5 or 6, provide details.

Diagnosis	Details including symptoms and/or treatment and dates	Name/Address of Doctor

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5 Acknowledgement and agreement**Acknowledgement and agreement**

The proposed insured/owner confirm they've received, read and agree to the Sun Life Financial Privacy Statement for Canada.

Declaration

The proposed owner, proposed insured and pre-authorized chequing (PAC) payors confirm:

- that they had an opportunity to complete this application with the assistance of an advisor who has disclosed they have a contract to sell products issued by Sun Life Financial and they have identified other companies they represent,
- they have reviewed all of their answers and statements recorded in the application,
- that all the information they supplied in connection to this application is complete and true, and was provided by them to the advisor for underwriting, administration of insurance and claims paying purposes,
- that they understand that if they do not completely and truthfully answer all of their questions (if they misrepresent any of their answers or statements) the company may void the policy,
- they are a resident of Canada,
- they agree that their personal and medical information may be shared as set out in the Sun Life Financial Privacy Statement for Canada,
- they are satisfied with the level of product information they received before signing this application,
- they understand the company is not responsible for the validity of any beneficiary appointment,
- they will not cancel or reduce any benefits of any existing insurance policy or any pending insurance application with any other company without first determining and understanding the effect such a change would have on any existing or pending life insurance coverage they may have,
- that the purpose of the insurance is to increase life insurance coverage on the proposed insured,
- there will be no coverage until a policy is issued, delivered to the owner, all settlement requirements satisfied, and the first premium is paid, and
- PAC payors, by signing below, agree to the terms of the PAC authorization, as set out in section 3.

Authorization

I, the proposed insured/owner authorize:

- the MIB, Inc., which may have records or knowledge of my health, to give only that information necessary for underwriting, administration of insurance and claims paying purposes to the company, its representatives and its reinsurers, and
- the company to release only the necessary personal information obtained during the underwriting process to the MIB, Inc., and for any infectious or communicable disease, to the Medical Officer of Health, where required by law.

Location signed	Date (dd-mm-yyyy)	Signature
Province:		Proposed owner (Indicate title of signing officer, if applicable) X SIGN HERE
Province:		Proposed insured (if other than proposed owner) X
Province:		PAC payor (if other than proposed owner or proposed insured) X

A copy of this authorization is as valid as the original.

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PAPRSIGE



Important information you should know



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Note: This page is to be detached and given to the proposed insured. Do not submit with the application.

Sun Life Financial Privacy Statement for Canada

Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

Access to your information

We or our reinsurers may also submit a brief report of our findings to the MIB, Inc. (MIB), a non-profit organization of life and health insurance companies, which operates an information exchange on behalf of its members. If the person named in this application also applies for insurance coverage or submits a claim with another life or health insurance company that is an MIB member, MIB will, on request, supply that insurance company with the information on its files.

MIB receives personal information and the collection, use and disclosure of such information is governed by the Personal Information Protection and Electronic Documents Act (PIPEDA) and provincial laws. Therefore, MIB has agreed to protect such information in a manner that is substantially similar to the company's privacy and securities practices, and in accordance with applicable laws. As a U.S. based company, MIB is bound by, and such personal information may be disclosed in accordance with, applicable U.S. laws. If you have any questions about MIB's commitment to protect the confidentiality and security of your personal information, you may contact the MIB Privacy Department at privacy@mib.com.

To learn more about MIB, Inc., you may visit the website at www.mib.com, call 416-597-0590 or write to:

MIB, Inc.
330 University Avenue
Suite 501
Toronto, ON M5G 1R7

You may ask to see your personal information on file with MIB, Inc. and correct anything that is inaccurate or incomplete.

About Sun Life Financial

As a leading international financial services organization, we're proud to offer a diverse range of wealth accumulation and protection products and services. Tracing our roots back to 1865, Sun Life Financial has operations in key markets around the world. But most importantly, we're in business to help people achieve and maintain the peace of mind that comes from having sound financial solutions in place.

If you'd like more information about Sun Life Financial, please visit our website at www.sunlife.ca or call 1-877-SUN-LIFE (1-877-786-5433).

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