

General information

Application number _____

Name of insured person(s) (first, middle, last) _____

Plan information

1. Estate Achiever Wealth Achiever
2. **Premiums:** payable to age 100 **OR** Max 20 (payable for 20 years)
3. Coverage amount: \$ _____
4. Coverage type: Single life Joint first-to-die
 Joint last-to-die – **Premiums** payable to: first death last death
5. Dividend options
 - paid-up additional** insurance (*default*)
 - applied to buy enhanced coverage option (ECO) – For which guarantee period?
 10 years lifetime Amount: \$ _____
 - paid out in **cash**
 - accumulate** with interest
 - applied to **reduce your premium payments** (not available for pre-authorized chequing (PAC) plans), with any excess applied to:
 paid-up additional insurance other (*specify*): _____

Additional benefits

1. Guaranteed insurability options rider (single life only) \$ _____
2. Death by accidental means rider (single life only) \$ _____
3. Child's life insurance rider (single life only) – children must be under age 18 when this rider is added and be the natural, adopted or step children of the first insured person. (Amount subject to contractual maximums) \$ _____

Child's name (first, middle, last): _____	Sex: _____	Date of birth (d/m/y): _____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Beneficiary (appoint one beneficiary for all children): _____ Relationship to the owner** _____

Child's personal physician (if none, list physicians consulted in the past 5 years): _____

Address (include number, street name, city/province): _____

****Where Quebec law applies**, designation of an owner's spouse (married or civil union) is irrevocable, unless the owner stipulates the designation to be revocable by checking the following box:

I stipulate that any designation of my spouse, in or by means of this Application, is revocable.

4. Disability waiver on: first insured person second insured person
5. Waiver of premium in the event of death: first insured person second insured person
 (only available in this application if premium waiver is the first or second insured person)

6. Renewable and convertible term life insurance rider (single life only)
 10 year \$ _____ 20 year \$ _____

7. Critical illness insurance rider (single life only)
 10 year renewable term to 75, convertible to 65
 permanent level premium paid up at 100 \$ _____

8. Child's critical illness insurance rider (single life only and critical illness insurance rider in #7 must also be chosen) – Children must be age 2 to 17 inclusive when this rider is issued and be the natural, adopted or step children of the first insured person. (maximum \$25,000) \$ _____

Child's name (first, middle, last): _____ Sex: M F Date of birth (d/m/y): _____
 _____ M F _____
 _____ M F _____

Child's personal physician (if none, list physicians consulted in the past 5 years):

Address (include number, street name, city/province):

9. Additional Deposit Option (ADO):
 scheduled premium: Annual or PAC (must match premium mode)
 single premium (premium mode must be annual) \$ _____

I understand that this product page will form a part of the application to The Canada Life Assurance Company for life insurance.

Signature of owner(s) (If business, authorized person to sign and indicate title)	City	Province	Date (d/m/y)
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