

Declaration of continued insurability



Policy number			Owner
Day	Date of application Month	Year	Proposed insured – same as owner <input type="checkbox"/>

- Since the date of the above noted application, the proposed insured or any other person proposed for coverage under this policy has **NOT**:
 - suffered injury, disability or illness of any kind
 - consulted or been examined or treated by a physician or other health care practitioner (except as directed by Canada Life as part of the underwriting for this application), or undergone surgery
 - changed occupation or occupational duties
 - applied for life, disability, or critical illness insurance to another company
 - had a request for life or disability insurance declined, rated or modified in any way
- The statements and answers in the above-noted application are, and still would be if provided today, complete and true.

If there are exceptions to any of the above statements (1(a) through 1(e) and 2), full details must be given in the space below.

Statement number	Person to whom exception applies	Details

Exceptions noted above must be reviewed by Canada Life before any delivery of new business or change documentation. Depending on the exceptions and Canada Life's review, insurance applied for may not be in effect.

Signed at _____ on _____
City Province Date (d/m/y)

Ū _____ Ū _____
Signature of witness Signature of owner

Ū _____ Ū _____
Signature of witness Signature of proposed insured (if other than the owner)

If there are exceptions recorded, the associate/broker is instructed to return the new business or change documentation with this form to Canada Life.