

First name:

Middle name:

Last name:

Address:

Occupation:

E-mail address:

Specialty Life uses payment-card industry (PCI) compliant encryption to protect the confidentiality of your personal and banking information.

Billing Frequency  Monthly  Annually

Benefit amount

Payment Type  PAD  Cheque

Premium amount

Pre-Authorized Debit (PAD)

Financial institution :

Account number:

Transit number:

Are you the bank Account holder?  Yes  No If No, please state name of account holder:

I wish to have my premiums withdrawn on  day of each month. **If paying by cheque, make cheque payable to Specialty Life**

Withdrawals from my account may be for variable amounts, as they may change in accordance with my insurance contract. I waive the right to pre-notification at least 10 days before my first PAD I hereby authorize Specialty Life and the financial institution designated to make monthly (or annually if selected) automatic withdrawals from my bank account on or about the first or the sixteenth day of each month for monthly insurance premiums (or annually if selected) due on or after the date of this authorization. I waive the right to receive further notice of the amount and date of each automatic withdrawal from my account. I acknowledge that my financial institution may treat any withdrawal pursuant to this authorization as a personal withdrawal as defined by the Canadian Payments Association in Rule H-1. This authorization is to remain in effect until Specialty Life receives written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address of Specialty Life, Head Office.

To obtain a sample cancellation form, or to obtain more information on your right to cancel a PAD agreement, contact your financial institution or visit [cdnpay.ca](http://cdnpay.ca). You have certain recourse rights if any PAD does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit [cdnpay.ca](http://cdnpay.ca)

Signature of account holder:

Date Signed:

## You've Been Pre-Approved for Up To \$25,000 in Guaranteed Critical Illness Cover

To help you further protect your family: you have been Pre-Approved for up to \$25,000 of Critical illness insurance from Specialty Life.

Critical Illness insurance is an excellent way to help protect your family should you be diagnosed with one of the 24 Covered Conditions. We all know someone who has been diagnosed with cancer, heart attack, stroke or other major condition – but often times what we don't know is the financial impact to that family.

Name of Life Insured:

Address:

Email Address:

Phone Number:

Date Of Birth:

Gender:

 M

 F

Smoker :  Y  N

### Please select one of the packages from below:

- I agree to Critical Illness Coverage for:
- \$25,000 at a rate of , paid monthly.
  - \$20,000 at a rate of , paid monthly.
  - \$15,000 at a rate of , paid monthly.
  - \$10,000 at a rate of , paid monthly.

### Authorization and Acknowledgements

By signing below, you agree and authorize the following:

- I confirm that I read and understand English and/or French
- I declare that to the best of my knowledge the answers that I have provided are true and accurate, and have been correctly recorded, and together with any other forms signed by me in connection with this application for insurance form the basis for any policy issued.
- I understand that any coverage arising from this application may not be valid if there's any incorrect answer or misrepresentation in the application.
- I understand that all benefits payable are subject to the general terms, conditions, definitions, exclusions and limitations outlined in the policy.

**EFFECTIVE DATE OF COVERAGE:** I understand that coverage becomes effective immediately once my application is submitted and premiums deducted either annually or on a monthly basis on the 1st or 16th of the month and the application has been received by Insurance Supermarket Inc. and honored by me. I understand that premiums will increase as I get older. I will enter a new premium rate level every 5 years starting at age 25. If I apply just before I am entering a new rate level, the rate that I pay will be guaranteed for the first year of coverage. It is also guaranteed that, if paid continuously and not subject to re-issue, and my rate would increase - it would always be lower than a newly issued policy on the life of an insured at the same age. I understand that no insurance agent or person other than Chubb Life Insurance is authorized to modify, cancel or waive a question or provision of this application, nor a provision of the contract or of any rider or other document that is part of the contract. I understand that any notice to or knowledge of an insurance agent is not notice to or knowledge of Chubb Life Insurance unless stated in

Signed at , this  day of , 20

Signature Insured

Broker 1

& Code:

Broker 2

& Code:

### Decline of Offer

I have been offered the Critical Illness policy with Specialty Life. My advisor has discussed with me the benefits of being covered for the 24 Conditions and I do not want this guaranteed coverage now. I realize that I have been approved for this low cost Critical Illness coverage being made available.

Insured Signature

Advisor:

*You may request to review your personal information your file or request to make a correction by writing to:*  
**8000 Jane Street, Tower A, Suite 101, Concord, ON, L4K3W4**