

Leave at Home Package

NOTICES – PLEASE REVIEW THE NOTICES ON PAGE 2 PRIOR TO SUBMISSION
OF YOUR ELECTRONIC INSURANCE APPLICATION

Leave at Home Package

Client Authorization

Policy no. _____

Proposed Insured 1 **PLEASE PRINT IN BLOCK LETTERS**

1 Mr. Mrs. Ms Miss Other

First name Middle initial

Last name

2 Date of birth: (DD/MM/YYYY)

3 Owner name, if not a Proposed Insured

Proposed Insured 2 **PLEASE PRINT IN BLOCK LETTERS**

1 Mr. Mrs. Ms Miss Other

First name Middle initial

Last name

2 Date of birth: (DD/MM/YYYY)

3 Owner name, if not a Proposed Insured

Beneficiary Designation Acknowledgement and Agreement

I/We, the Owner(s), acknowledge that I/we designated one or more beneficiaries in the electronic Insurance Application as numbered above (the "Policy no.") to receive the proceeds of the insurance policy as numbered above in the event of the death or critical illness of the Proposed Insured(s), as applicable. I/We confirm my/our intention to designate the beneficiary(ies) named in the Application.

PERSONAL INFORMATION AUTHORIZATION

For the purposes of evaluating my/our insurance application, servicing my/our policy, and investigation and claim analysis,

I/we, the Proposed Insured(s), hereby authorize and direct any physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the MIB, Inc. or any other organization, institution, association or person identified in the Notices that now has or may in future have any information concerning me/us or my/our health to disclose to *ivari*, its authorized representatives and its reinsurers, upon the request of *ivari*, any such information for the purposes identified in the Notices. I/We authorize *ivari*, or its reinsurers, to make a brief report of my/our personal health information to MIB, Inc.

I/We further authorize a representative of *ivari* to perform such tests, examinations, x-rays, electrocardiograms and blood or urine tests as may be required by *ivari*. I/We understand and agree that such tests may include, but are not limited to, tests for kidney

disease, liver disease, bone disease, risk factors for heart disease, AIDS or evidence of exposure to the HIV virus and the presence of medications, drugs, nicotine or their metabolites. *ivari* may release the results of these tests and examinations to my/our personal physician(s).

RECEIPT OF LEAVE AT HOME PACKAGE ACKNOWLEDGEMENT

I/We acknowledge receiving from my/our advisor the Leave at Home package, providing notices regarding the MIB, Inc., investigative consumer reports and collection, the collection use and disclosure of personal information, disclosure of compensation, the terms and conditions of the Pre-Authorized Debit payment program, and, if applicable, the Temporary Insurance Agreement.

AUTHORIZATION FOR TIA APPLICABLE FOR eAPPLICATION

I/We, the Owner(s) and Proposed Insured(s), authorize my/our independent insurance advisor noted in the eApplication, to complete the TIA eApplication and submit it to *ivari* (in accordance with *ivari's* procedures and its accepted practices) on my/our behalf, with the same effect as if I/we had completed and signed the TIA eApplication(s) in person. I/We acknowledge and agree that the information provided in the TIA application is true, complete and correctly recorded to the best of my/our knowledge. Any misrepresentation contained in the TIA application will void the TIA coverage.

A photocopy, or image of these acknowledgements, agreement and authorization shall be as valid as the original.

Signed at (city) _____ in the province of _____ on _____ (DD/MM/YYYY)

Sign here

Signature of **PROPOSED INSURED 1**
 If Proposed Insured is a minor the signature of a parent or legal guardian is required

Sign here

Signature of **PROPOSED INSURED 2**
 If Proposed Insured is a minor the signature of a parent or legal guardian is required

Sign here

Signature of Payor, if other than Proposed Insured or Owner

Sign here

Signature of **OWNER 1**, if not a Proposed Insured

Sign here

Signature of **OWNER 2**, if not a Proposed Insured

Print name of signing officer and title, if entity owned

Print name of signing officer and title, if entity owned

Sign here

Witness to signature(s)

If the Owner is an Entity, the signature(s), name(s) and title(s) of the authorized signing officers thereof are required, as stated in the by-laws of the Entity.

DETACH THIS PAGE AND RETURN TO IVARI.

Notice of Disclosures

Thank you for applying for insurance with *ivari*.

The notices contained in this Leave at Home Package form part of your electronic insurance application with *ivari*.

Before submitting your electronic insurance application to *ivari*, please make sure that you have read your electronic application carefully and that you fully understand all of it. Once we receive your electronic insurance application, we will assess the eligibility of each Proposed Insured. We base this eligibility on the information you provide to us in the electronic insurance application as well as information from other sources which may include, but is not limited to, medical history, physical condition, occupation, lifestyle and financial situation. Once we have determined the degree of risk for each Proposed Insured, we will let you know if the insurance you applied for can be issued. Questions? Please contact your independent insurance advisor or write to us at **Client Services Department, ivari, 500-5000 Yonge Street, Toronto, Ontario M2N 7J8.**

NOTICE REGARDING MIB, INC.

Information about your insurability will be treated as confidential. *ivari* or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members.

Personal information disclosed to MIB, Inc may include your name, birth jurisdiction occupation and any other information used to determine your insurability. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information about you in its file. MIB, Inc. 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.

MIB, Inc. has agreed to protect such information in a manner that is substantially similar to *ivari's* privacy and security practices, and in accordance with applicable laws. As a U.S.-based company MIB, Inc. is bound by and such personal information may be disclosed in accordance with applicable U.S. laws and be accessible to U.S. law enforcement and national security authorities. If you have any questions about MIB, Inc.'s commitment to protect the confidentiality and security of your personal information, you may contact the MIB, Inc. Privacy department at privacy@mib.com. Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. If you question the accuracy of the information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction.

The address of MIB, Inc.'s information office is 330 University Avenue, Suite 501, Toronto, Ontario M5G 1R7, tel. no. 416-597-0590. *ivari*, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB, Inc. may be obtained on its website at www.mib.com.

NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS AND COLLECTION

As part of our evaluation of your insurance application and claim analysis, we may request an investigative consumer report or credit report be completed. These reports, if requested, will be obtained from an investigative or consumer reporting agency or from a credit bureau.

Personal information collected may include information about your character, general reputation, personal characteristics, finances, credit and lifestyle. A representative who is employed to make such reports may contact you in person or by telephone in connection with this investigation. For more details about these reports, you may write to us at the Client Services department address noted above.

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

ivari collects, uses and discloses your personal information as described in the sections of your electronic application regarding MIB, Inc., investigative consumer reports and the personal information authorization. The personal information authorization section can be found on the Declaration page of the electronic application and client

authorization of the Leave at Home Package. In addition, we collect your personal information from the electronic insurance application, any supplementary forms and questionnaires and from the following **external sources**:

Physicians and other medical and health care practitioners and providers; hospitals, clinics and other medical facilities; MIB, Inc. and other insurers and reinsurers; investigation, consumer and credit reporting agencies; motor vehicle and driver record authorities in any relevant jurisdictions; your independent insurance advisors, including the independent insurance advisor's report section of your electronic insurance application.

The information collected from these sources is used for the following **purposes**: **Evaluating your insurance application; servicing your policy; and investigation and claim analysis.** Your personal information may be shared with your independent insurance advisor and the managing general agencies, distributors and market intermediaries and their employees with which your advisor is associated for purposes identified above.

We collect your SIN for tax reporting purposes to the Canada Revenue Agency in accordance with federal legislation. Certain transactions requested under a universal life policy may require you to provide your SIN before processing.

Your banking information may be disclosed to the financial institution(s) processing your pre-authorized debit payments. If necessary, your personal information may also be shared with your beneficiaries in relation to a claim.

Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

We may communicate with you about other insurance products and services. If we reply on a marketing service provider to communicate with you, we will disclose only your name, contact information, and your current insurance coverage, but no your health or financial information. ivari requires its services providers to safeguard the confidentiality of personal information consistent with ivari's privacy and security practices and in accordance with applicable laws.

By signing and submitting your electronic insurance application on your own behalf and/or on behalf of any minor, you give your consent to the collection, use and disclosure of your and/or the minor's personal information as described above and elsewhere in your electronic insurance application.

We have safeguards to protect your personal information; however, in the event of an unauthorized access, disclosure or use of your personal information, there is a possibility that you may experience: identity theft, negative effects on a credit record, financial loss, embarrassment or damage to reputation. If *ivari* believes that you face a real risk of significant harm, *ivari's* Privacy Office will notify you of the data breach and suggest steps to reduce your risk of harm.

Upon receiving your electronic insurance application, *ivari* will establish and maintain a file containing your personal information, which will be accessible at our head office. Your file will be accessible to only those employees and authorized representatives of *ivari* responsible for administering your file, and other persons authorized by you or by law. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to: Privacy Officer, *ivari*, 500-5000 Yonge Street, Toronto, Ontario M2N 7J8. Your personal information will be collected, used, disclosed, shared and treated as described herein, or as otherwise described at or before the time of collection, use or disclosure, or as otherwise permitted by law. To review our privacy policy, visit www.ivari.ca.

DISCLOSURE OF COMPENSATION

The insurance product you are being offered is supplied by *ivari*, a company licensed to conduct business in all provinces and territories of Canada. The independent insurance advisor/distributor soliciting your electronic insurance application is a licensed insurance advisor representing *ivari* and will receive compensation from us upon the completion of this transaction. You are not obligated to transact any other business with *ivari*, the advisor/distributor or any other person or entity as a condition of your electronic insurance application.

Leave at Home Package

Temporary Insurance Agreement (TIA)

Policy no. _____

THIS AGREEMENT DOES NOT BIND IVARI TO PROVIDE COVERAGE UNDER THE TEMPORARY INSURANCE AGREEMENT UNTIL ALL OF THE TERMS AND CONDITIONS THEREOF ARE SATISFIED.

ivari will provide temporary insurance coverage on each Proposed Insured named in the application for temporary insurance in the electronic application for insurance once all of the following terms and conditions are met. If your application for temporary insurance is made at the same time as an electronic insurance application for a multiple or a joint life policy, this agreement applies to each Proposed Insured separately.

TERMS AND CONDITIONS

1. EFFECTIVE DATE

This agreement shall be effective on the date the application for temporary insurance was completed and signed by the Owner and the Proposed Insured, providing all of the following conditions are satisfied:

- a) All questions in the application for temporary insurance have been answered "no" by the Proposed Insured(s); and
- b) The application for temporary insurance is completed, signed and dated, and authorization pursuant to the PAD payment program for *ivari* to withdraw at least the full amount of one monthly modal premium based on the electronic insurance application for life insurance and critical illness coverage has been submitted with the application; and
- c) The initial PAD payment has been honoured.

2. BENEFIT

Subject to all the terms and conditions of this agreement, if the Proposed Insured(s) under this agreement dies or becomes critically ill while this agreement is in effect, *ivari* agrees to pay the applicable Beneficiary named in the electronic insurance application, and upon proof of death or confirmed diagnosis of a critical illness satisfactory to *ivari*, a death or a Critical Illness Benefit equal to the lesser of:

- a) The amount of life or critical illness insurance applied for;
- b) \$2,000,000 (Cdn) for life insurance; and
- c) \$500,000 (Cdn) for critical illness insurance.

If at the time of the electronic insurance application the Proposed Insured has temporary insurance with *ivari*, the dollar amounts listed in (b) and (c) above will be reduced by the amount of temporary life and temporary critical illness insurance already in effect. No temporary insurance is provided on any additional benefit such as Accidental Death, Waiver of Premium Benefit, Children's Insurance Rider or Payor Waiver of Premium Benefit.

3. LIMITATIONS

The total amount of temporary insurance that can be in force at one time on the life of a Proposed Insured cannot exceed \$2,000,000 (Cdn) for life insurance and \$500,000 (Cdn) for critical illness insurance.

This agreement is void if:

- a) At the time the application for temporary insurance is made, there is already temporary life insurance in force with *ivari* on the Proposed Insured for \$2,000,000 (Cdn).
- b) At the time the application for temporary insurance is made, there is already temporary critical illness insurance in force with *ivari* on the Proposed Insured for \$500,000 (Cdn).
- c) For life insurance or critical illness coverage, the Proposed Insured(s) is less than 15 days old or more than 65 years old;

- d) The death of the Proposed Insured(s) results from a suicide attempt or self-inflicted injury while sane or insane;
- e) The death or the critical illness of the Proposed Insured(s) occurs while committing or attempting to commit a criminal act, including, without limitation, driving a motor vehicle while under the influence of alcohol or drugs, intentionally taking any drug other than as prescribed by a physician, misuse of medication or the use of illegal drugs or intoxicants; or
- f) A material fact has not been disclosed, or has been misrepresented in the electronic insurance application or any other declaration made in connection to the electronic insurance application, or the application for temporary insurance.

No benefit under the critical illness insurance will be paid if the Proposed Insured(s) is/are diagnosed with cancer or die(s) within 30 days of diagnosis of a covered condition. Our standard critical illness policy provisions, limitations and exclusions shall govern the critical illness insurance provided under this receipt.

If the Proposed Insured does not qualify for temporary insurance under the terms and conditions of this agreement, *ivari* will apply the premium received with the electronic insurance application as payment for the first premium for the policy issued by *ivari*. If *ivari* declines to offer a policy, we will return this premium to you.

4. TERMINATION

Insurance coverage provided by this TIA will terminate on the earliest of the following dates:

- a) Ninety (90) days from the date the insurance application is signed;
- b) The date on which *ivari* electronically communicates or mails a notice to your independent insurance advisor or distributor to advise the Owner and/or Proposed Insured(s) that *ivari* is either (i) terminating this Agreement, or (ii) advising that the Insurance Application is withdrawn, cancelled, suspended or declined or (iii) making a counter offer whereby a policy other than the policy applied for is offered;
- c) The date on which the Owner requests the withdrawal of the insurance application or temporary insurance; or
- d) The date that the policy applied is issued.

Except in the case of fraudulent misrepresentation, we refund in the event of TIA termination under (a), (b)i-ii, and (c).

This TIA terminates on the date specified above regardless of whether we have refunded the premium that you paid with the Insurance Application.

NOTE: NO ADVISOR OR DISTRIBUTOR IS AUTHORIZED TO WAIVE, AMEND OR MODIFY ANY OF THE TERMS OR PROVISIONS IN THE APPLICATION FOR TEMPORARY INSURANCE OR IN THIS AGREEMENT.

If you do not hear from *ivari* regarding the proposed insurance within ninety (90) days of the date of your electronic insurance application, contact your independent insurance advisor or *ivari* at its Head Office, 500-5000 Yonge Street, Toronto, Ontario M2N 7J8.

DETACH THIS PAGE AND LEAVE WITH THE APPLICANT(S).

Terms and conditions of participation in the Pre-Authorized Debit (PAD) payment program

Policy no. _____

If you have selected that the premiums for the insurance you have applied for be paid by pre-authorized debit, and have signed (the electronic signatures in the electronic application are valid and binding and of the same effect as a handwritten signature), the Pre-Authorized Debit (PAD) Authorization (the "Authorization") within the electronic insurance application below are the terms and conditions of participation in the PAD payment program.

EFFECTIVE DATE

I/We understand and agree that the fully completed authorization within the electronic insurance application will take effect for the policies applied for, on the latest of the following dates:

- a) The date the authorization is received by the Head Office of *ivari*;
- b) The date the full amount of the first premium for the policy is received by *ivari's* Head Office; and
- c) The date when the policy applied for is first placed in full force and effect by *ivari*.

GENERAL

I/We also understand and agree to all of the following terms and conditions:

- a) I/We certify that the information provided with respect to the PAD account is accurate. I/We will provide *ivari* with a new pre-printed sample cheque if the PAD account is changed.
- b) The amount drawn on the PAD account shall be a total of all amounts required to pay the applicable premium payments for all policies identified on the reverse and the policy.
- c) The authorization shall apply to all policies within the electronic insurance application and the policy, including any renewal, conversion or increase in cost of insurance specified in the contract.
- d) The authorization and all its terms and conditions are subject to all of the terms and provisions of the applicable policies.
- e) If *ivari* has not received a premium payment within the time required, for example, your PAD is not honoured, we will try to re-draw your payment within 5 business days. If your premium payment is still not honoured, or for any other reason, then the policy will lapse and become null and void, unless it is otherwise stated in the policy.
- f) I/We consent to disclosure of any personal information that may be contained on this authorization to *ivari's* designated financial institution to the extent necessary for the purposes described in the authorization within the electronic insurance application and these terms and conditions.

TERMINATION

The authorization will be terminated only on the earliest of the following dates:

- a) Either I/we or *ivari* provide(s) written notice to the other within 10 days to that effect; **or**
- b) All of the policies to which the authorization applies are no longer in full force and effect.

The revocation of the authorization does not affect your rights under the policies.

Any cancellation of this automatic withdrawal arrangement will not affect the agreement between me/us and *ivari* whatsoever with respect to any contract for goods or services, so long as payment is provided by an alternate method.

I/We further understand and agree that (a) if the authorization is terminated, a direct modal premium shall become payable for all policies to which the authorization applies; and (b) the amount and frequency of the premium payable under the policies will be specified in the pages entitled "POLICY DATA"/"Schedule of Benefits and Premiums" attached to the policy and may be different than the premium payable under a PAD plan.

I/We may revoke my/our authorization at any time, provided written notice is received no less than 10 days before the next scheduled payment date. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

I/We agree that, for the purpose of this agreement in the electronic insurance application, all pre-authorized debits from my/our account will be treated as personal. Certain recourse rights exist in the event that a debit/payment does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with the authorization. For further information with respect to recourse rights, I/we may contact my/our financial institution or visit the Canadian Payments Association at www.cdnpay.ca. In addition, I/we may contact *ivari* to make enquiries, obtain information or seek recourse with respect to any PAD issued by *ivari*, as indicated below.

ivari
500-5000 Yonge Street, Toronto, ON M2N 7J8 Tel: 1-800-846-5970

DETACH THIS PAGE AND LEAVE WITH THE APPLICANT(S).

Client authorization for Pre-Authorized Debit (PAD) payment program

Proposed Insured(s): _____ Policy no. _____

I/We authorize *ivari* to make automatic withdrawals from my/our bank account at the financial institution which is identified in the electronic insurance application as numbered above (the "Policy no."), in the amount and frequency indicated therein for the purpose of making premium payments to the policies listed therein, and any policy that may be issued pursuant to the applicable electronic insurance application (the "Policy", collectively the "Policies"), except that I/we authorize and direct *ivari* to increase/decrease the debit amount when required to maintain the Policies in force, including for renewal and conversion premiums, which may increase/decrease in accordance with the provisions of the Policies. I/We acknowledge and agree that the premiums/Cost of Insurance including any applicable increases/decreases for the Policies are expressly stated in the contract for the Policies and therefore I/we require no further notification from *ivari* of corresponding PAD increases/decreases. **I/We waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of the withdrawal.** I/We request that *ivari* apply the PAD amount first to ensure that all such Policies remain in force and then to each of the Policies equally, unless I/we provide other instruction.

I/We certify that all required signatures for the authorization of debits to the PAD Account are present in the Authorization within the electronic application. I/We further authorize such financial institution and any of its branches to deal with these debits as if authorized by me/us. I/We also understand and agree to all of the terms and conditions printed on the previous page, which my advisor has reviewed with me. If the bank or financial institution does not honour an automatic premium withdrawal when first presented for payment, *ivari* may attempt to withdraw that payment again within 5 days. *ivari* reserves the right to ask for an alternative method of payment if payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I/We or *ivari* may end this agreement at any time by giving 10 days written notice. I/We understand that canceling this authorization may result in loss of insurance coverage unless *ivari* receives another form of payment. Any refund of premium made pursuant to this authorization shall be paid to the Policy Owner.

Initial Premium/PAD Start Date:

The initial premium/PAD start date will be the date which is identified in the electronic insurance application.

Future Premiums/Mode of Payment:

The mode of payment will be the mode you selected in the electronic insurance application.

The date of withdrawal will be the same as the Policy Date, unless you indicated a different withdrawal date in the electronic insurance application.

DETACH THIS PAGE AND LEAVE WITH THE APPLICANT(S).



500-5000 Yonge Street, Toronto, ON M2N 7J8