Conversion Application

P.O. Box 4241, Station A
Toronto, ON M5W 5R3
Telephone: 1-800-846-5970
ivari.ca

Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

ivari's Privacy Policy, available at **ivari.ca,** tells you how ivari will handle your personal information as an Owner and/or Insured. It also tells you about your rights and choices.

In summary:

ivari uses your personal information for the following purposes:

- Verifying your identity;
- Evaluating your application and any applications or forms you submit in the future about the insurance policies you have in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy;
- Conducting investigations and analyzing claims; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

We collect personal information through the application process. When required as part of our evaluation of your application and claims analysis, **we may also collect your personal information from external sources** such as, health care facilities or providers, investigative agencies and/or consumer and credit reporting agencies, and others.

It is optional to provide your Social Insurance Number (SIN) on this application. However, if you have a universal life policy or a policy with cash value and you do not provide your SIN here, then ivari will need to obtain your SIN before we can process certain transactions if requested in the future (as required by tax legislation). If you decide to provide your SIN, then we may also use it as necessary for the purposes described in this **Privacy Notice** or our Privacy Policy.

When required, ivari may share your personal information with trusted third parties, including service providers retained by ivari to assist in administering ivari policies, the Medical Information Bureau ("MIB, LLC"), ivari's reinsurers; your financial institution, your independent insurance advisor and their supporting associates, market intermediaries, your beneficiaries and assignees, your family physician or treating medical practitioner; and other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

For the purposes specified in this Privacy Notice, your personal information provided in this application may go through an automated decision-making process.

It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email:** privacyoffice@ivari.ca**.**

You can see ivari's full Privacy Policy online at ivari.ca. Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.

Notice regarding MIB, LLC

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

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

MIB receives personal information about Canadian consumers, and the collection, use and disclosure of such information is governed by the *Personal Information Protection and Electronic Documents Act* (PIPEDA) and provincial laws, as may be amended or replaced from time to time. If a brief report is made to MIB by a company, then it will be stored and safeguarded for such period as may be allowed by law.

MIB has agreed to protect such information in a manner that is substantially similar to the privacy and security practices of MIB's Canadian member companies, 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. An individual's consumer file at MIB may be accessible to U.S. law enforcement and U.S. national security authorities for anti-terrorist and clandestine intelligence investigations; provided that such authorities comply with the consumer privacy protections specified in applicable U.S. laws. **To review MIB's Consumer Privacy Policy, please visit: (https://www.mib.com/privacy_policy.html).**

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB by emailing c**anadadisclosure@mib.com** or calling 866-692-6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal *Fair Credit Reporting Act.* The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184- 8734.

ivari, and 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 may be obtained on its website at **www.mib.com.**

CONSENT REQUIRED FOR THIS APPLICATION AND POLICY

ivari needs your consent to the following so we can receive and process this application:

1. I give my consent to the collection, use and disclosure of my personal information as described in the **Privacy Notice** and in ivari's Privacy Policy on **ivari.ca.**
2. I authorize ivari to collect my personal information from third parties for the purposes described in and in accordance with ivari's Privacy Policy.
3. **When underwriting is required,** I authorize ivari and/or its reinsurers to make a brief report of my personal health information to Medical Information Bureau ("MIB, LLC").
4. If I am giving my consent on behalf of one or more minor Insured(s) (under the age of 18 years in Quebec or under the age of 16 years in all other provinces) to the three points above, then I represent that I have authority to consent on behalf of the minor Insured(s).

Signature of **Insured 1** | Signature of **Insured 2** | Signature of **Owner 1, if not an Insured** | Signature of **Owner 2, if not an Insured**

If the Insured is a minor the signature of the parent or legal guardian who is signing the application for this child is required.

OPTIONS REGARDING YOUR PERSONAL INFORMATION

You may withdraw your consent to any one of these options anytime without affecting your ivari policy.

Where applicable optional added-benefit services available to you (for Owners only)

I/We allow ivari to share my/our personal information with certain third parties retained by ivari for the purpose of enrolling and providing you or the life insured with optional services. Information shared will include basic policy information, such as the policyholder's name, product type, policy number, issue date, and servicing and/or writing agent and further includes the name, date of birth, gender, address, and correspondence language of the life insured. I/We understand that participation in these services is entirely voluntary and is not a condition of the contract of insurance with ivari. I/We understand that my/our personal information may be transferred to another jurisdiction and that authorities in those jurisdiction(s) may have access to it. I/We understand that consent to ivari sharing my/our personal information with such third parties may be withdrawn at any time by providing notice in writing. Please ensure you are only consenting on your own behalf unless you have a legal right to represent the life insured. For more information about the services currently available to you, please consult your advisor.

Owner 1: ○ Yes ○ No **Owner 2:** ○ Yes ○ No

Promotional communications about ivari products and services you may be eligible (for Owners only)

ivari may communicate with you about other ivari products and services that you may be eligible for, using email, text or other electronic means. ivari may retain third party marketers for the purpose of sending you these promotional communications. If you opt-in to receive these promotional communications, we will disclose only your name, contact information, and current insurance coverage. We will not disclose date of birth or health or financial information.

Owner 1: ○ Yes ○ No **Owner 2:** ○ Yes ○ No

Access to ivari's client portal (for Owners only)

ivari has an online client portal that enables you to view information about the policy. You can opt-in below by providing us with your email address. We will email you with registration details for the client portal once the policy comes in force.

Owner 1: email address | **Owner 2:** email address

Disclosing information used for underwriting to your advisor and their supporting associates (for Insured only)

When underwriting is required:

We may collect personal information from you in supplementary forms, phone interviews or other communications with you or a medical professional, for the purposes described in this **Privacy Notice** and the Privacy Policy.

If you opt-in below:

We may disclose personal information collected from you after the application is submitted to the advisor identified on this application, and their supporting associates, which may include their managing general agency (or distributor), market intermediaries, and their employees and subcontractors. We will only disclose this personal information for the purpose of allowing your advisor to help you with your insurance options.

This authorization will only remain in effect for 45 days after ivari issues a policy or sends a letter indicating that the insurance request has been declined.

Insured 1: ○ Yes ○ No **Insured 2:** ○ Yes ○ No

Access your ivari 24/7

If you want to look at your ivari policy, make changes to your contact information or simply check out anything to do with your policy, you can view your information in a safe and secure environment by logging in at **myivari.ca**.

Questions?

Please contact your independent insurance advisor or write to us at
Client Services Department, ivari, P.O. Box 4241, Station A, Toronto, ON M5W 5R3.

P.O. Box 4241, Station A
Toronto, ON M5W 5R3
Telephone: 1-800-846-5970
ivari.ca

Conversion Application

Current policy number: _____ New policy number: _____ ○ Full Conversion ○ Partial Conversion

Note: For a conversion with a change of risk class or with an increase in the face amount, complete the ***PC Application form (LP386)***.

MAIN PURPOSE OF INSURANCE: **MANDATORY FOR UNIVERSAL LIFE POLICIES**

○ Key person insurance ○ Retirement planning ○ Estate planning ○ Life protection ○ Partnership

1 Current Insured 1

First name	Last name

MANDATORY FOR UNIVERSAL LIFE POLICY

Identification document†	Identification document number†	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

†***Please refer to an original, non-expired government issued photo I.D., such as passport, provincial health card (except in AB, PEI, ON and MB), driver's licence or Age of Majority.***

2 Date of birth: (DD/MM/YYYY) _____ Current age: _____ SIN: _____ *(Optional)*

Occupation: _____ In what industry are you employed?* _____

*For a list, click ***Valid industries and occupations form (IP-LP1971)*** to access.

If the insured is a minor, who is signing for this child? ○ Parent ○ Legal guardian (proof of guardianship is required)

First name: _____ Last name: _____

3 Current residential address: *(P.O. Boxes and General Delivery not accepted as residential address)*

Address			Apt./suite #
City	**Province/territory/state**	**Country**	**Postal/zip code**
Home phone	**Mobile phone**	**Business phone**	

4 Current Insured 2

First name	Last name

MANDATORY FOR UNIVERSAL LIFE POLICY

Identification document†	Identification document number†	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

†***Please refer to an original, non-expired government issued photo I.D., such as passport, provincial health card (except in AB, PEI, ON and MB), driver's licence or Age of Majority.***

5 Date of birth: (DD/MM/YYYY) _____ Current age: _____ SIN: _____ *(Optional)*

Occupation: _____ In what industry are you employed?* _____

*For a list, click ***Valid industries and occupations form (IP-LP1971)*** to access.

If the insured is a minor, who is signing for this child? ○ Parent ○ Legal guardian (proof of guardianship is required)

First name: _____ Last name: _____

6 Current residential address: *(P.O. Boxes and General Delivery not accepted as residential address)*

Address			Apt./suite #
City	**Province/territory/state**	**Country**	**Postal/zip code**
Home phone	**Mobile phone**	**Business phone**	

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7 Owner information THE ADVISOR MUST VERIFY IDENTITY OF ALL OWNERS

Note:
- **The current Owner(s) must sign the Declaration on page 7.**
- To change the Owner complete the ***Notice of Transfer of Ownership form (PS371)*.**
- If this is a conversion of a Children's Insurance Rider, the Owner(s) will automatically be the child converting unless indicated otherwise in the Owner(s) section of this application.

a) **Select the Policy Owner(s) below:**

☐ Insured 1 – only complete question 7 b) when applying for universal life

☐ Insured 2 – only complete question 7 b) when applying for universal life

☐ Other as identified below:

- Individual(s) other than Insured(s) – must complete Owner section below and question 7 b) when applying for universal life
- Corporation, non-corporate entity or trust – must complete Owner section below and when applying for Universal Life the ***Policy Ownership for Corporate & Non-corporate Entities or Trusts form (IP-LP1747)***

CURRENT OWNER 1 Legal name (First, last and/or legal company/entity name)

Date of birth (DD/MM/YYYY)	Relationship to Insured	SIN (Optional)	
Occupation	In what industry are you employed?*		
Current residential address *(P.O. Boxes and General Delivery not accepted as residential address)*			Apt./Suite #
City	Province/territory/state	Country	Postal/zip code
Home phone	Mobile phone	Business phone	
Identification document†	Identification document number†	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

†***Please refer to an original, non-expired government issued photo I.D., such as passport, provincial health card (except in AB, PEI, ON and MB), driver's licence or Age of Majority.***
*For a list, click ***Valid industries and occupations form (IP-LP1971)*** to access.

Is the Owner a Canadian citizen or permanent resident (landed immigrant)? ..... ○ Yes ○ No

If ***"no,"*** provide details of current status: _____

CURRENT OWNER 2 Legal name (First, last and/or legal company/entity name)

Date of birth (DD/MM/YYYY)	Relationship to Insured	SIN (Optional)	
Occupation	In what industry are you employed?*		
Current residential address *(P.O. Boxes and General Delivery not accepted as residential address)*			Apt./Suite #
City	Province/territory/state	Country	Postal/zip code
Home phone	Mobile phone	Business phone	
Identification document†	Identification document number†	Document expiry date (MM/YYYY)	Issuing jurisdiction and country

†***Please refer to an original, non-expired government issued photo I.D., such as passport, provincial health card (except in AB, PEI, ON and MB), driver's licence or Age of Majority.***
*For a list, click ***Valid industries and occupations form (IP-LP1971)*** to access.

Is the Owner a Canadian citizen or permanent resident (landed immigrant)? ..... ○ Yes ○ No

If ***"no,"*** provide details of current status: _____

b) **Declaration of tax residency**

Instructions:
- Must be completed by the Policy Owner(s) when applying for a Universal Life policy
- If the Insured(s) are Owner(s); in completing the table below, the Insured 1 is considered Owner 1 and Insured 2 is considered Owner 2.

MANDATORY FOR UNIVERSAL LIFE POLICY

We would like to remind you that if we do not receive a response from you, ivari will be required to report your policy to CRA as an incident of undeclared information in accordance with the *Income Tax Act* (ITA). In addition, you may be subject to a penalty from CRA under subsection 281(3) and subsection 162(6) of the ITA for each failure to provide self-certification information to ivari.

Please answer the following three statements. Depending on your situation, you may answer ***"yes"*** to more than one.

		OWNER 1 YES	OWNER 1 NO	OWNER 2 YES	OWNER 2 NO
a)	**I am a tax resident of Canada.**	○	○	○	○
b)	**I am a tax resident or a citizen of the United States.**	○	○	○	○

If ***"yes,"*** to statement b), provide your Taxpayer Identification Number (TIN) from the United States:

Owner 1 _____ Owner 2 _____

The U.S. Taxpayer Identification Number (TIN), as defined in CRA Guidance, is a unique nine-digit number, assigned by the U.S. Government to an individual or entity, that is a specified U.S. person and used to identify the individual or entity for purposes of administering U.S. tax laws. Here are the acceptable examples, Individual Taxpayer Identification Number (TIN), Employer Identification Number (EIN) and Social Security Number (SSN).**

c) **I am a tax resident in a country other than Canada or the United States.** ○ ○ ○ ○

If ***"yes,"*** to statement c), provide your country of tax residence and Taxpayer Identification Numbers (TIN):

OWNER 1

COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN) OR ACCEPTABLE EQUIVALENT

OWNER 2

COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN) OR ACCEPTABLE EQUIVALENT

A foreign Taxpayer Identification Number (TIN), as defined in CRA Guidance, is a unique combination of letters or numbers, assigned by a jurisdiction to an individual or entity and used to identify the individual or entity for purposes of administering the tax laws of the specific jurisdiction. Here are the acceptable examples, Social Security Number (SSN), Non-Canadian Social Insurance Number (SIN), Citizen identification number, Personal Identification Number (PIN), Service code/number, Resident registration number and Business/company registration code/number.**

**For more information, please refer to *"Enhanced financial account information reporting"* found on the CRA website.

8 Politically Exposed Persons and/or Heads of International Organizations

MANDATORY FOR UNIVERSAL LIFE POLICY

Is a premium and/or lump sum payment equal to or greater than $100,000 being made or to be made? ○ Yes ○ No

If the answer is ***"yes"*** each Owner must complete the ***Politically Exposed Persons and/or Heads of International Organizations form (IP-LP1165)*** and submit it along with the application.

BENEFICIARY DESIGNATIONS:

For Life and Critical Insurance policies: The beneficiary on your current policy will be carried over to the new policy unless a ***Change of Beneficiary form (PS367)*** is submitted.

For Critical Illness Protection Riders converting to a Critical Illness Protection policy: If you named a specific beneficiary on your original Critical Illness Protection Rider, it will be carried over to the new policy only if the legislation in your province allows you. Otherwise, the Critical Illness Benefit and Early Detection Benefit Beneficiary for the new policy will be the Insured. If the Insured is a minor, the beneficiary will be the Owner, if living, or the Owner's estate, if deceased. Return of Premium on Death proceeds on the new policy will be payable to the Owner, if living, or the Owner's estate, if deceased.

9 Insurance

NOTE: FOR UNIVERSAL LIFE POLICIES, SUBMIT A SIGNED ILLUSTRATION.

INSURED 1

Current plan to be converted	Current Face amount/benefit	New Face amount/benefit	New plan name
☐ Base plan	$ _____	$ _____	_____
☐ Additional rider/coverage	$ _____	$ _____	_____

INSURED 2

Current plan to be converted	Current Face amount/benefit	New Face amount/benefit	New plan name
☐ Base plan	$ _____	$ _____	_____
☐ Additional rider/coverage	$ _____	$ _____	_____

	INSURED 1 YES	INSURED 1 NO	INSURED 2 YES	INSURED 2 NO
a) Are you requesting a Partial Conversion?	○	○	○	○
If ***"yes"*** is the balance of the remaining coverage under the original policy to be terminated?	○	○	○	○

If ***"yes"*** balance will be terminated on the date the new policy becomes effective.

If ***"no"*** what amount will remain in force under the current policy? (must meet plan minimum)

INSURED 1 $ _____ **INSURED 2** $ _____

b) Does the original policy have any riders or additional coverages on the life insured being converted?	○	○	○	○
If ***"yes"*** please advise on the following:				
i) Should the riders or additional coverages under the original policy be retained?	○	○	○	○
ii) If ***"no"*** to question **i)**; the riders or additional coverages on the life insured undergoing conversion will be terminated under the original policy as of the effective date of the new policy.				

Note: To terminate an additional life insured from the original policy, you need to submit a Term Cancellation request using the Policy Service Application (PS339).

c) Are you less than age 55?	○	○	○	○
If ***"yes"*** do you want to transfer any of the following riders to the new policy (if applicable)? (**Note:** Accidental Death Benefit (ADB) riders cannot be carried over).				
i) Accidental Death & Dismemberment (AD&D)	○	○	○	○
ii) Waiver of Premium	○	○	○	○
If ***"yes"*** are you able to perform all the duties of your normal occupation?	○	○	○	○
d) Are you less than age 65?	○	○	○	○
If ***"yes"*** do you want to transfer the Children's Insurance Rider to the new policy (if applicable)?	○	○	○	○

10 Other details

Policy issue date: The new policy cannot be backdated to save age if converting a rider/coverage from a Universal Life policy.

The policy effective date will be the nearest monthly anniversary date of the existing policy.

If permitted, should the age be saved? ○ Yes ○ No

11 Payment details

Premium quoted: $ _____

a) Initial premium of $ _____ to be paid by:

Check **ONLY ONE** option below:

○ cheque made payable to ivari attached

or

○ withdraw from current bank account on existing authorization for Pre-Authorized Debit (PAD)

b) Future premiums to be paid by:

○ **Pre-authorized debit:** ○ Monthly ○ Quarterly ○ Semi-annually ○ Annually

The date of withdrawal will be the same as the policy effective date.

If you wish a different withdrawal date, please indicate preferred date of withdrawal (days 1–28 only) _____

For universal life policies, at time of settlement if the specified draw date is after the policy effective date this will result in a double withdrawal from the client's account. This is to ensure all premiums are paid-to-date prior to the next PAD withdrawal.

○ Establish a new PAD account

Note: For new banking information complete the Request for ***Pre-Authorized Debit (PAD) for Insurance Products form (PS375)*** and submit a VOID cheque, pre-printed with payor's name or bank Letter of Direction.

○ Use existing PAD account from existing policy.

Note: If the Payor is other than the Insured, Owner, or Beneficiary, complete the ***Identity and Third Party Determination form (IP-LP782),*** Section 4 (Privacy Notice) and Section 5 (Third Party determination).

○ **Direct bill:** ○ Annually ○ Semi-annually ○ Quarterly

c) **For universal life policies:** Provide source of premium/deposit? (where is the premium/deposit coming from):

_____

Grouped Policies

INSTRUCTIONS

If you wish to have this policy issued on the same day as another policy or policies for families, partnership or other business reasons, please give the names of the other Insured(s) below:

- **Not applicable to any policy with a Critical Illness Protection Rider or any Critical Illness Protection policy**
- **Policy will not be held from issue beyond 30 days from approval.**

Group with:

_____ _____ or _____
(First name) *(Last name)* *(Policy number)*

_____ _____ or _____
(First name) *(Last name)* *(Policy number)*

Disclosures – Important information about ivari's policies

VARIABILITY OF UNIVERSAL LIFE POLICY PERFORMANCE

There are many variables that can affect an insurance policy's performance. Interest rates and the performance of the securities markets, in particular, can fluctuate significantly and can have a negative or a positive impact on the policy's non-guaranteed benefits and values.

The benefits and values outlined in the illustration are not guaranteed, as they are based on assumptions that are subject to change. They are neither an estimate nor a guarantee of future policy performance.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS PROTECTION

Any Critical Illness Benefit, if applied for, contains exclusions, a survival period and a moratorium period. Refer to your policy wording for details.

ADVISOR COMPENSATION

This application deals with an insurance product supplied, underwritten, and issued by ivari, a company licensed to offer insurance products in all provinces and territories in Canada. The independent insurance advisor/distributor soliciting this application is a licensed insurance advisor representing ivari and will receive compensation from ivari upon the completion of this transaction. The Owner(s) and Insured(s) are not obligated to transact any other business with ivari, the advisor/distributor or any other person or entity as a condition of this application.

TAX CONSIDERATIONS (FOR OWNERS ONLY)

Applicable tax laws and CRA interpretations may change and ivari does not guarantee the tax treatment of its products or contractual benefits under applicable laws. It is your responsibility to determine how applicable laws apply to you at any time. Please consult a qualified legal and/or tax advisor in order to obtain an opinion in relation to your particular circumstances.

Insured's direction on use and disclosure of personal information ("Insured's Direction")

As the Insured identified below, I have read and fully understand the contents of the **Privacy Notice** and ivari's Privacy Policy on **ivari.ca**, and I acknowledge and consent to the collection, use and disclosure of my personal information by ivari, ivari's employees, authorized representatives of ivari responsible for administering my file ("ivari"), and ivari's reinsurers.

I specifically authorize and direct for the purposes of evaluating my insurance application and any forms submitted thereafter, administering and servicing my policy, and investigation and claim analysis:

- any physician, other medical and health care providers and/or facilities, and related facilities, agencies and service providers, any insurance company, or any other entity or individual identified in the **Privacy Notice** or Privacy Policy that now has or may in future have any information concerning me or my health to disclose to ivari my personal information as requested by ivari; and
- an authorized representative of ivari to perform such tests, examinations, x-rays, electrocardiograms and blood or urine tests as may be required by ivari. I 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, and that ivari may release the results of these tests and examinations to my personal physician(s).

In the event of my death, I grant the beneficiary(ies) under this policy the right to request and to consent on my behalf to any collection and use of my personal information by ivari and ivari's authorized representatives from third parties, for the purposes of investigating, adjudicating and processing an insurance claim.

A copy of this authorization and direction shall be valid as the original.

I have reviewed and understood the "Insured's Direction" and acknowledge and agree to the terms contained therein.

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

Signature of **INSURED 1**

Signature of **INSURED 2**

If the Insured is a minor the signature of the parent or legal guardian who is signing the application for this child is required

Declaration

By signing, I confirm that:

1. I understand the language in which this application is written, or, if I do not, the details of this application have been fully explained to me in my preferred language and are completely understood by me.
2. I have read all the questions and answers in this application, and I understand the meaning and importance of them.
3. I have reviewed and discussed with my independent insurance advisor(s), all the terms and conditions of the insurance applied for, which have been explained to my satisfaction.
4. **I certify that the statements and answers given in this application are true, complete and correctly recorded to the best of my knowledge and belief.**
5. **I agree to immediately notify ivari of any errors, omissions or changes in the information provided to ivari.**

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge and agree that:

1. This application consists of all preceding pages in the application, any supplement to it (if applicable), and any other declaration made in connection with this application. Together all this information will form the basis for any policy/coverage issued.
2. This application does not include any "Temporary Insurance Agreement".
3. No information acquired by any representative of ivari will be binding on ivari unless set out in writing in this application.
4. Any policy, amendment, or endorsement issued on this application will not take effect unless all the following conditions are satisfied.
   a) The full premium payment amount is received by ivari under the policy as of the date of this application.
   b) The policy is delivered to the owner during the lifetime of the Insured(s) under the policy.
   c) All statements and answers given in this application continue to be true and complete on the date of delivery of the policy.
   d) No change has taken place in the insurability of any Insured(s) between the time this application is completed and the time the policy is delivered to the owner. This is not applicable to policy conversions, and term exchanges that do not require evidence of insurability.
5. Only the president together with a vice-president or corporate secretary of ivari has the authority to bind ivari or to make any change in this application or any policy issued. ivari will not be bound by any promise or representation made by any other person. No advisor or distributor is authorized to waive, amend, or modify any of the terms or provisions in this application or any policy issued. However, ivari may make certain changes to this application as provided for in your policy contract. The Owner accepting delivery of the policy constitutes approval of its provisions and ratification of any additions, endorsements, or amendments.
6. If the answer to any question(s) in this application is misstated or omitted or if any other material misrepresentation or fraudulent statement is made in this application, any policy issued as a result may be rendered void on the grounds of material or fraudulent misrepresentation.
7. All premium payments must be made payable to ivari.
8. I have received and fully understand the contents of the **Advisor Compensation** under **Disclosures** where applicable.
9. As the Owner(s), I acknowledge that I have an obligation under the *Income Tax Act* and other applicable tax legislation to notify ivari of any changes in my tax residency status. I acknowledge that the information contained in this application and information regarding my policy, contract and account may be reported to Canada Revenue Agency (CRA) or other tax authorities.

I have reviewed and understood the "Disclosures – Important information about ivari's policies" and "Declaration" in this application, and acknowledge and agree to the terms contained therein.

I, the undersigned Irrevocable Beneficiary under the above-mentioned policy, understand that the policyholder of the said policy has submitted a request for Policy change or Conversion. I am aware of the contents associated with these forms and consent to that request.

I have reviewed and discussed with my independent insurance advisor(s), all the terms and conditions of the insurance applied for, which have been explained to my satisfaction.

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

Signature of **INSURED 1** | Signature of **INSURED 2** | Advisor's signature

If the Insured is a minor the signature of the parent or legal guardian who is signing the application for this child is required

Signature of **OWNER 1**, **if not an Insured** | Signature of **OWNER 2**, **if not an Insured**

Print name of signing officer and title, if entity owned | Print name of signing officer and title, if entity owned

Irrevocable Beneficiary | Assignee Signature **(stamp required if Assignee is a financial institution)**

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.

Independent Insurance Advisor's report

1. Applications should be completed, in person, with the client. Have you completed the application in the presence of all Insured(s)/ Owner(s)? (Video Conferencing is not considered in person).
   Advisor 1: ○ Yes ○ No If ***no***, explain why: _____
   Advisor 2: ○ Yes ○ No If ***no***, explain why: _____
   Advisor 3: ○ Yes ○ No If ***no***, explain why: _____
2. Is any advisor, the Insured, Owner, Beneficiary or Payor on this policy?
   Advisor 1: ○ Yes ○ No
   Advisor 2: ○ Yes ○ No
   Advisor 3: ○ Yes ○ No
3. Does any advisor have a relationship* with any Insured, Owner, Beneficiary or Payor?
   *A "relationship" includes family relationships (by blood, marriage or adoption), friendships, creditor relationships, and relationships involving financial dependency on the advisor, or relationships involving a corporation owned and/or controlled by the advisor and/or an advisor's family member.
   Advisor 1: ○ Yes ○ No If ***yes***, provide details: _____
   Advisor 2: ○ Yes ○ No If ***yes***, provide details: _____
   Advisor 3: ○ Yes ○ No If ***yes***, provide details: _____
4. By signing below, I acknowledge that I have disclosed, in writing, maintained in the client's file, where applicable, the following items to the Owner(s) of the policy resulting from this application:
   a) The company or companies I represent;
   b) That I will receive compensation in the form of bonuses *(such as commissions or a salary)*; and
   c) That I have disclosed any conflicts of interest that I may have with respect to this transaction.
   d) I attest that I have followed the ivari Code of Ethical Market Conduct in all aspects of this sale of insurance.
   e) That I am licensed in the province where the Owner resides.
   f) That I have disclosed the nature of relationship with company(ies) represented
   g) That I have disclosed that the consumer has the right to ask for more information

Advisor's notes:

_____

_____

_____

Advisor's email address: _____

I hereby declare that the statements and answers given in this application are true, complete and correctly recorded to the best of my knowledge and belief, and that I am are not aware of additional information material to the Insured(s) except as stated in any advisor's notes. When applicable, I have verified the identity of the individuals who submitted the application by referring to the original, non-expired documents. I confirm that the information recorded was correctly copied from such document(s). Reasonable effort has also been exercised to determine if the Owner(s) is/are acting on behalf of a third party.

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

_____ _____

Signature of Advisor Name of Advisor

The individual who wrote this application must be listed below as either Advisor 1, 2 or 3 and MUST have his/her own advisor code.

Distributor name : _____ Code: _____

Advisor name (1): _____ Advisor code: _____ Share %: _____

Advisor name (2): _____ Advisor code: _____ Share %: _____

Advisor name (3): _____ Advisor code: _____ Share %: _____

If shared, who is the servicing advisor? ○ **Advisor 1** ○ **Advisor 2** ○ **Advisor 3**