A Sagicor Company

P.O. Box 4241, Station A
Toronto, ON M5W 5R3
ivari.ca

SmartSelect Policy Change Application

For **SmartSelect** Policies only

Policy no. _____

What change are you requesting:
- ○ **Change to non-smoker**
- ○ **Reinstate my policy**

Complete Sections 1, 2, and 3. Review and provide your consent in the Privacy Notice section, then sign Section 4. (Advisor to complete Section 5.)

Section 1 Insured Information

First name: _____ Last name: _____

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

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

Address: _____ Apt./Suite #: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Mobile phone: _____ Business phone: _____

Section 2 Reinstatement

All outstanding back premiums to a current date totaling $ _____ to be paid by:

- ○ Cheque made payable to ivari attached

  Or

- ○ Withdrawal from bank account upon approval of reinstatement
  (Complete ***Pre-Authorized Debit (PAD) for Insurance Products form (PS375)*** and include preprinted void cheque or stamped bank letter)

Monthly pre-authorized debit will resume when policy is reinstated, and back premiums paid.

Note: ivari may deposit any payment without prejudice to its right to decline to reinstate the policy.

Section 3 Eligibility, Travel, Health and Lifestyle Questions

All questions must be answered truthfully, completely and be correctly recorded to the best of your knowledge and belief. Any misrepresentation may void your contract.

Eligibility Questions

1. Do you work in any occupation that requires working outside at heights over 15 meters (50ft), offshore (either in the fishing, oil, or gas industries), underground (for example mining, tunnelling), underwater, with explosives, military personnel, foreign aid worker/missionary, Government official, foreign diplomat, professional athlete or entertainer. ○ Yes ○ No

2. In the past 5 years have you been diagnosed and/or treated for cardiovascular disease (heart, blood vessels, or circulatory system), diabetes (excluding gestational), cancer (excluding basal cell carcinoma), or had any application for Life or Critical Illness insurance declined, postponed, rated or cancelled? ○ Yes ○ No

2.1 Are you presently on a waitlist to enter or living in a nursing or assisted living facility **OR** unable to perform or require assistance to perform 2 or more daily living activities (such as washing, dressing, making and eating meals, using the bathroom and/or walking) ○ Yes ○ No

2.2 Have you in the past 3 months been in the hospital for more than 48 hours (other than for pregnancy) ○ Yes ○ No

2.3 Have you been told you have a terminal illness (Terminal illness means an illness, disease or condition that would reasonably be expected to cause death within the next twelve (12) months)? ○ Yes ○ No

Lifestyle Questions

3. In the past twelve (12) months, have you smoked or used cigarettes, cigars, pipe, chewing tobacco, shisha/hookah, cigarillos (small cigars), electronic cigarette (vape), nicotine patch, Nicorette chewing gum, snuff, betel nuts? ○ Yes ○ No

3.1 Have you ever received advice, counselling, diagnosis, treatment or recommendation to decrease or cease using Cannabis, Alcohol or Drugs in any form by any professionals including but not limited to physicians, psychiatrists, psychologists, addiction specialists, counselors or social workers? ○ Yes ○ No

3.2 Do you currently use Cannabis in any form (smoked, vaped, edibles, oils, etc)? ○ Yes ○ No

If ***"yes"***, use per week _____

3.3 Have you ever used ecstasy, LSD, hallucinogens, mushrooms, heroin, cocaine, crack, narcotics, barbiturates, sedatives, amphetamines, anabolic steroids, solvents, opiates (except as prescribed by a physician) or any other drug not prescribed to you other than over-the-counter medication? ○ Yes ○ No

If ***"yes"***, Date of last use (DD/MM/YYYY) _____

3.4 In a typical week, how many alcoholic beverages do you consume (beer, wine, or spirits)? ○ Yes ○ No

If ***"yes"***, use per week _____

Travel

4. In the next 12 months do you have any plans to travel or reside outside of Canada? ○ Yes ○ No

If ***"yes"***, Country _____

Departure date (DD/MM/YYYY) _____ Return date (DD/MM/YYYY) _____

Avocation/Sports

5. In the past 24 months have you piloted an aircraft other than scheduled flights with a commercial or major airline carrier, or do you intend to do so in the next 24 months? ○ Yes ○ No

5.1 In the past 12 months have you engaged in any hazardous or extreme sports including, but not limited to, mixed martial arts, combat sports, ski jumping, bungee jumping, base jumping, motorized vehicle racing, cliff diving, scuba diving, sky diving, parachuting, sky surfing, hang-gliding, mountain/ice climbing, out of bounds snowmobiling, back country skiing or do you intend to do so in the future? ○ Yes ○ No

Driving History

6. Is your driver's license currently suspended or are you completing a court mandated driving program? ..... ○ Yes ○ No

6.1 Has your license been suspended more than once? ..... ○ Yes ○ No

6.2 In the past 5 years, have you been charged with or convicted of impaired driving (alcohol or drugs) or refused a breathalyzer/drug test? ..... ○ Yes ○ No

6.3 In the past 3 years, has your driver's licence been suspended, revoked, or are you currently under any driving restrictions or court mandated program or have you had any serious driving incidents (e.g., >35 km/h speeding, reckless/stunt driving, major at-fault accident, or driving while suspended)? ..... ○ Yes ○ No

6.4 In the past 3 years, have you had more than 3 minor driving violations or incidents (e.g., standard speeding, distracted driving, failure to stop, or minor accidents)? ..... ○ Yes ○ No

6.5 Other than the above, have you had any additional driving incidents, violations, or pending charges in the past 5 years? ..... ○ Yes ○ No

Offence History

7. Have you ever been accused, charged, convicted, incarcerated, on probation or parole, or awaiting sentencing for a criminal offence? ..... ○ Yes ○ No

Health History

8. Do you have a family doctor or health clinic that you use regularly? ..... ○ Yes ○ No

Name: _____

Address: _____

Reason for Last Visit?
- ☐ Routine or preventative care only, with normal results.
- ☐ Routine follow up for a condition that is stable and well controlled, with no recent changes to treatment and no investigations ordered
- ☐ New symptom, pending investigations, emergency or hospital care

8.1 Height: _____ ○ ft./in. / ○ cm Weight: _____ ○ lbs. / ○ kg

8.2 In the last 12 months, have you had a weight loss of 10lbs (5kgs) or more of your body weight, other than due to intentional dieting or weight loss following childbirth or have you had weight loss surgery such as gastric bypass, sleeve gastrectomy or gastric banding? ..... ○ Yes ○ No

8.3 Other than as part of a routine physical are you currently under medical investigation, awaiting test results, awaiting a referral to a doctor or specialist (excluding genetic testing) or have been advised to undergo testing (MRI, CT scan, ECG, blood test) that has not yet been performed or for which you have not yet received the results or are you awaiting a scheduled surgery? ..... ○ Yes ○ No

8.4 Have you ever been advised that you require, or have you ever received, an organ transplant or bone marrow transplant, or are you currently on a wait list? ..... ○ Yes ○ No

Cardiovascular

9. Have you ever been diagnosed with, advised of, or treated for elevated blood pressure or high cholesterol? ..... ○ Yes ○ No

If ***"yes",***

- ☐ Were you diagnosed prior to age 35, **OR**
- ☐ In the past 12 months has your medication been started, increased, changed or another medication added, **OR**
- ☐ Have your blood pressure or cholesterol readings not been well controlled, not been monitored by a healthcare provider, or have you not been taking your medication as prescribed?

Cardiac

10. Have you ever been advised of, diagnosed and/or been treated for heart failure, congestive heart failure, pulmonary hypertension, congenital heart disease, or any aneurysm (aortic, thoracic) or peripheral heart disease? ○ Yes ○ No

10.1 Have you ever been diagnosed and/or treated for a heart attack (myocardial infarction), angina, or any heart or vascular disease, or had heart surgery or procedure (including bypass, stent, angioplasty or valve repair/replacement or had any heart rhythm/palpitations disorder requiring pacemaker or heart valve disorder? ○ Yes ○ No

10.2 Have you been advised to have any cardiac test, procedure, or consultation that has not been completed, or have you had any abnormal heart test (such as ECG, echocardiogram, stress test, angiogram, or CT angiography)? ○ Yes ○ No

Cancer

11. Have you ever been advised that you have, been diagnosed with, or been treated for:

a) cancer, leukemia, lymphoma, melanoma, or any malignant tumour, or any tumour (including brain or spine) ○ Yes ○ No

b) cyst, polyp, dysplastic nevus syndrome, or mole that changes in size, shape or colour, or any lump, mass, nodule, lesion, or abnormal growth that was suspicions for cancer, not fully explained, or for which a final diagnosis was not made or follow-up is ongoing? (exclude basal cell carcinoma) ○ Yes ○ No

11.1 Have you been told you require or are awaiting any test, scan, specialist consultation, or investigation for a tumour, lump, nodule, or abnormal growth that has not yet been completed or fully explained? (For example: dysplasia, high grade polyps, Barrett's esophagus with dysplasia, cervical abnormalities, atypical moles, or elevated tumour markers)? ○ Yes ○ No

Diabetes

12. Have you ever consulted, been diagnosed and/or treated for diabetes (type 1 or type 2, elevated blood sugar, pre-diabetes or impaired fasting glucose? ○ Yes ○ No

12.1 Have you ever been diagnosed and/or treated for gestational diabetes? ○ Yes ○ No

Currently Pregnant ○ Yes ○ No

Fully recovered with confirmed normal glucose levels ○ Yes ○ No

Blood, Glandular or Endocrine Disorders

13. Have you ever been diagnosed with, treated for, or advised to take long-term medication (such as blood thinners) for:

a) any blood disorder; including anemia beyond simple iron deficiency, thalassemia major, hemophilia, sickle cell disease [excluding trait], clotting or coagulation disorders, or hemochromatosis)? ○ Yes ○ No

b) any blood clot or increased risk of clots (such as deep vein thrombosis, pulmonary embolism, or recurrent clots)? ○ Yes ○ No

c) any endocrine or glandular disorder or thyroid disease (excluding uncomplicated hypothyroidism)? ○ Yes ○ No

Neurological

14. Have you ever consulted or been diagnosed and/or treated for:

a) Stroke (CVA), TIA (transient ischemic attack), brain aneurysm (including subarachnoid hemorrhage, arteriovenous malformation, or cavernous angioma), carotid stenosis, blockage or occlusion, disease or narrowing of the carotid arteries, or carotid surgery/procedures such as stenting or endarterectomy? ..... ○ Yes ○ No

b) Tremor, neuropathy, severe chronic headaches requiring medication, nerve inflammation or nerve disorder (including numbness, tingling, and/or muscle weakness), blindness or partial blindness (excluding if present at birth or due to injury/accident), deafness or partial deafness (excluding if present at birth or due to injury/accident), epilepsy and/or seizures, unexplained fainting, loss of consciousness, or near-fainting episodes requiring medical investigation or specialist consult? ..... ○ Yes ○ No

c) Memory loss, global amnesia, dementia, Alzheimer's, Parkinson's, Huntington's chorea, motor neuron disease, amyotrophic lateral sclerosis (ALS), muscular dystrophy, myotonic dystrophy, multiple sclerosis (MS), cerebral palsy, autism, Down syndrome, cognitive disorder, head/brain injury, paralysis, or any other disorder of the brain or nervous system? ..... ○ Yes ○ No

Mental Health Conditions

15. Have you ever consulted, been diagnosed, hospitalized and/or treated for bipolar, schizophrenia, schizoid affective disorder, personality disorder, eating disorder, psychosis, suicidal thoughts or attempts or self-harm? ..... ○ Yes ○ No

15.1 Have you ever consulted, been diagnosed, or treated for depression and:

a) Had symptoms, treatment or taken medication within the past 10 years, **OR** ..... ○ Yes ○ No

b) Ever required hospitalization or inpatient care? ..... ○ Yes ○ No

15.2 Have you ever consulted, been diagnosed, hospitalized and/or treated for anxiety, panic disorder or PTSD and:

a) Had symptoms, treatment or taken medication within the past 3 years, **OR** ..... ○ Yes ○ No

b) Ever required hospitalization or inpatient care? ..... ○ Yes ○ No

15.3 Have you been advised to undergo any psychiatric or psychological consultation, treatment, or assessment that has not been completed, or do you have ongoing symptoms that are not currently well controlled? ..... ○ Yes ○ No

Respiratory

16. Have you ever consulted, been diagnosed and/or treated for cystic fibrosis, pulmonary fibrosis, chronic obstructive pulmonary disease (COPD), emphysema or any other disease or disorder of the lungs, breathing or respiratory system? ○ Yes ○ No

16.1 Have you ever consulted, been diagnosed and/or treated for any type of sleep apnea (including obstructive, central or mixed sleep apnea)? ○ Yes ○ No

16.2 Have you ever consulted, been diagnosed, hospitalized and/or treated for asthma? ○ Yes ○ No

a) Mild (occasional symptoms, less than 5 attacks per year, occasional use of bronchodilators) ○ Yes ○ No

b) Moderate (daily symptoms, more than 5 attacks per year, continuous treatment, use of oral steroids) ○ Yes ○ No

c) Severe (daily symptoms, 3 or more emergency room visit in the past 12 months, one or more hospitalizations in the past 12 months ○ Yes ○ No

16.3 Have you ever consulted, been diagnosed and/or treated for sarcoidosis? ○ Yes ○ No

16.4 Have you ever consulted, been diagnosed and/or treated for tuberculosis? ○ Yes ○ No

a) On current treatment ○ Yes ○ No

b) Treatment completed and fully resolved with no residuals or complications such as the lungs ○ Yes ○ No

c) More than once occurrence ○ Yes ○ No

d) Extra-pulmonary manifestations ○ Yes ○ No

Gastrointestinal and Liver

17. Have you ever consulted, been diagnosed and/or treated for:

a) Ulcerative colitis or Crohn's Disease? ○ Yes ○ No

b) Hepatitis, fatty liver, liver fibrosis, cirrhosis, alcoholic hepatitis, chronic liver disease, alcohol-related liver disease, primary biliary cholangitis, primary sclerosing cholangitis or other disorders of the liver? ○ Yes ○ No

c) Barrett's esophagus, esophageal varices, intestinal or rectal bleeding, and other disorders of the bowel, esophagus, stomach, gallbladder, or pancreas? ○ Yes ○ No

Kidney, Bladder and Reproductive Organs

18. Have you ever consulted, been diagnosed and/or treated for:

a) Renal failure, chronic kidney disease, polycystic kidney disease, abnormality in the urine (such as blood or protein), recurrent kidney stones, glomerulonephritis, ongoing kidney dialysis or any other disorder affecting the kidney or bladder? ○ Yes ○ No

b) Proteinuria, nephritis, nephropathy, disorder of the prostate, breast, ovaries, genital organs, uterus and cervix including abnormal tests such as Pap and PSA tests? ○ Yes ○ No

Immune System

19. Have you ever consulted, been diagnosed and/or treated for human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS) or AIDS related complex (ARC)? ○ Yes ○ No

19.1 Have you ever consulted, been diagnosed and/or treated for lupus, psoriatic arthritis, rheumatoid arthritis, scleroderma, CREST syndrome, connective tissue disorder, autoimmune disorder, any immunodeficiency or other issue related to the lymph nodes or any autoimmune condition not already listed? ○ Yes ○ No

Family History

20. Do you have any immediate family members (father, mother, brothers or sisters) who have been diagnosed before age 60 with cancer (including leukemia, lymphoma and Hodgkin's disease), heart disease, cardiomyopathy. stroke/CVA, Alzheimer's or Parkinson's disease? ○ Yes ○ No

20.1 Do you have any immediate family members (father, mother, brother or sister) who have been diagnosed with polycystic kidney disease (PKD), Huntington's disease, Lynch syndrome, multiple sclerosis, muscular dystrophy, amyotrophic lateral sclerosis (also called ALS or Lou Gehrig's disease), hereditary nonpolyposis colorectal cancer (HNPCC) or any other hereditary disease or disorder? ○ Yes ○ No

Exams, Consults and Conditions

21. Do you have symptoms/pain or complaints such as or related to abdominal pain, chronic pain, unexplained bleeding and/or rectal bleeding, weakness, dizziness, fatigue or unspecified pain for which you have not yet consulted or sought treatment? ○ Yes ○ No

21.1 Have you ever had or ever been told you had, any disease, condition, abnormality or hereditary disorder not already mentioned? ○ Yes ○ No

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.

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"), 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

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 a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members.

Personal information disclosed to MIB, 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 **canadadisclosure@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").

Signature of **INSURED/OWNER**

OPTIONS REGARDING YOUR PERSONAL INFORMATION

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

Promotional communications about ivari products and services you may be eligible for.

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: ○ Yes ○ No

Access to ivari's client portal.

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: email address

Disclosing information used for underwriting to your advisor and their supporting associates.

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: ○ Yes ○ No

Disclosures – Important information about ivari's policies

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

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.

Note: Effective January 1, 2017, new tax rules for life insurance policies have taken effect. If a policy was issued prior to 2017, certain changes made to an existing policy may impact its policy's tax status. Ensure you talk to your advisor to fully understand how any changes may affect your existing policy.

Section 4 Declaration

By signing, I/we confirm that:

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

ACKNOWLEDGEMENT AND AGREEMENT

I/We 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) Where underwriting is required, 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.
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/We have received and fully understand the contents of the **Advisor Compensation** under **Disclosures** where applicable.
9. As the Owner, I/we acknowledge that I/we have an obligation under the *Income Tax Act* and other applicable tax legislation to notify ivari of any changes in my/our tax residency status. I/We acknowledge that the information contained in this application and information regarding my/our policy, contract and account may be reported to Canada Revenue Agency (CRA) or other tax authorities.

I/We 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.

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

_____ _____

Signature of **INSURED** Signature of **ADVISOR**

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, MIB, 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 of _____ on _____
(DD/MM/YYYY)

_____
Signature of **INSURED**

Section 5 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). ***Note:*** *Completing applications in person with the client is regarded as a best practice.*

   Advisor 1: ○ Yes ○ No If ***no***, explain why: _____

   Advisor 2: ○ 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

3. Does any advisor have a relationship* with the 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: _____

4. By signing below, I acknowledge that I have disclosed, where applicable, the following items to the Owner 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: Do you have any knowledge of each Proposed Insured's personal habits, health, avocations, finances, or reputation that might affect the underwriting risk? If ***"yes",*** give details below.

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 not aware of additional information material to the Insured 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 is acting on behalf of a third party.

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

Signature of **ADVISOR** | Name of Advisor

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

Distributor name: _____ **Code:** _____

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

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

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

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

The fastest and easiest way to send us your completed and signed forms is through our online tool, *Send documents* on ivari.ca. By using this tool, forms are sent instantly and securely.

SAVE PRINT CLEAR

ivari® and the ivari logos are trademarks owned by ivari Holdings Inc.