

Supplement to the Insurance Application Universal Life

Policy no. _____

1 Plan specifics

Plan

ivari Universal™ with bonus
 ivari Universal™ no bonus

Death Benefit Option

Level Increasing

Term Conversion policy # _____

Optimizer Option yes no

Optimizer start year (no earlier than policy year 6) (YYYY) _____

Optimizer minimum Face Amount \$ _____

Payout Options (only available with Increasing Death Benefit option)

For Joint Last-To-Die Universal Life coverage only

Fund Value Payout on last death (default option)
 Fund Value Payout on each death

2 Universal Life (UL) coverages

NAME(S) OF INSURED(S)	COST OF INSURANCE LEVEL TO 100 ART TO 90/15		FACE AMOUNT	COVERAGE STRUCTURE (SELECT ONE TYPE PER UL COVERAGE FACE AMOUNT)			
				SINGLE LIFE	JOINT FIRST-TO-DIE	JOINT LAST-TO-DIE DEDUCTIONS TO:	
						LAST DEATH	FIRST DEATH
			\$				
			\$				

3 Level Cost Rider **DEATH BENEFIT MUST BE LEVEL**

NAME(S) OF INSURED(S)	FACE AMOUNT (Refer to Product Guide for Face Amount minimums and maximums)
	\$
	\$

4 Term Additional Coverage Riders

NAME(S) OF INSURED(S)	COVERAGE PERIOD (Years)			FACE AMOUNT
	10	20	30	
				\$
				\$

5 Critical Illness Protection Rider

NAME OF INSURED	COVERAGE PERIOD (Term)			CRITICAL ILLNESS COVERED CONDITIONS	CRITICAL ILLNESS BENEFIT (Refer to Product Summary for Critical Illness Benefit minimums and maximums)
	10 Year	20 Year	To age 65 (Available on UL only)		
				4 25 + 5 juvenile	\$

6 Additional benefits

	BENEFIT AMOUNT	INSURED
Accidental Death and Dismemberment	\$ _____	_____
Children's Insurance Rider	\$ _____	_____
Waiver of Monthly Deductions		_____
Waiver of Planned Premiums	\$ _____ /YEAR	_____
Payor Waiver of Monthly Deductions		_____ (PAYOR)
Payor Waiver of Planned Premiums	\$ _____ /YEAR	_____ (PAYOR)

7 Interest Options (Accounts) (For premium allocation instructions)

FOR ALL INTEREST OPTIONS, A 5% MINIMUM ALLOCATION IS REQUIRED

Treasury Bill Interest Option (no minimum)	%
Fixed Rate Interest Options (A \$500 minimum applies to the Fixed Rate Interest Options)	
1 Year Fixed Rate Interest Option	%
5 Year Fixed Rate Interest Option	%
10 Year Fixed Rate Interest Option	%

Index Interest Options

Index Allocation Interest Options	
Aggressive Growth	%
Growth	%
Balanced	%
Conservative	%

Passive Index Interest Option

Canadian Equity Total Return	%
Canadian Bond II	%
U.S. Large Capitalization Total Return	%
Can-U.S. Large Capitalization	%
U.S. New Technologies Total Return	%
Can-U.S. 21st Century	%
European Equity Total Return	%
Can-European	%
Japanese Equity Total Return	%
Can-Asian	%

Managed Index Interest Options

ivari CI Conservative Portfolio	%
ivari CI Balanced Portfolio	%
ivari CI Growth Portfolio	%
ivari CI Maximum Growth Portfolio	%
AGF American Growth Class	%
CI U.S. Stock Selection	%
CI Canadian Small/Mid Cap Equity Income	%
CI Select Canadian Equity	%
CI U.S. Equity Class	%
Dynamic Global Discovery®	%
Dynamic Value Fund of Canada®	%
Fidelity Canadian Balanced	%
Fidelity Canadian Disciplined Equity®	%
Fidelity NorthStar®	%
Fiera SFI – Canadian Universe Bond	%
Fiera Canadian Equity	%
imaxx Canadian Fixed Pay	%
Invesco EQV International Equity Class	%
Mackenzie Cundill Canadian Balanced	%
Mackenzie Cundill Value	%
TD Dividend Growth	%
Total	100 %

8 Withdrawal order for monthly deductions

Monthly deduction Interest Option: _____ (specify Interest Option)

The Default Withdrawal Order applies if no Monthly Deduction Interest Option is specified.

9 Automatic transfer to Fixed Rate Interest Option

I understand that all amounts allocated to the Fixed Rate Interest Option term of _____ years will be held in the Treasury Bill Interest Option until such amount exceeds \$499.99 at which time the balance in the Treasury Bill Interest Option will be transferred to the selected Fixed Rate Interest Option term. The Treasury Bill Interest Option is not available if the Automatic Transfer Option is selected.

10 Note to Policy Owner

Commencing on the later of the Policy Date and the date upon which ivari receives the first Premium at the Head Office, the Total Fund Value will bear interest in accordance with the Interest Options chosen by the Owner in this Supplement. If no Interest Option is chosen and there are no outstanding delivery requirements, any Premium received will earn interest in accordance with the Treasury Bill Interest Option until a completed allocation form is received. The allocation contained in this Supplement shall continue in full force and effect until ivari receives at its Head Office a subsequent duly completed authorization and direction on its approved form.

Application for the universal life insurance policy will also constitute a request for the Side Account and an acknowledgement of the automatic fund transfers that may occur between the universal life insurance policy and the Side Account.

11 Declaration & Agreement

This Supplement forms a part of the applicable Insurance Application and provides the details of the insurance for which I am applying. The Owners acknowledge and agree that the interest rate applicable to the Index Interest Options may be either positive or negative depending on the performance of the particular Designated Index. A negative interest rate will reduce the Total Fund Value, the Cash Surrender Value, the Net Cash Surrender Value, the maximum Benefit Amount for a Living Benefit and the Death Benefit.

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

INSURED 1

INSURED 2

(Parent or legal guardian, if Insured is minor)

(Parent or legal guardian, if Insured is minor)

Witness to Signature(s) (I have witnessed all signatures)

Owner, if not a Insured

Owner, if not a Insured

Print name of signing officer and title, if entity owned

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, together with the full legal name of the entity. Please ensure the **Policy Ownership for Corporate & Non-corporate entities or Trusts form (IP-LP1747)** is fully completed.



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