



Policy Service Application

500-5000 Yonge Street
Toronto, ON M2N 7J8
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ivari.ca

YOU MUST PROVIDE YOUR SOCIAL INSURANCE NUMBER (SIN) IF YOU ARE REQUESTING A SURRENDER/LOAN OR ANY OTHER TYPE OF REDEMPTION FOR TAX REPORTING PURPOSES

1 Policy Owner contact information (Please complete)

Insured name(s) <i>(if change of name, show old name here and complete question 10)</i>	Owner's telephone number
Owner's name(s)	Policy number(s)
Owner's name(s)	Owner's SIN
Email address*	

How should we contact you if we have a question about this specific request?

Email Through my advisor Other _____

(Street number and name) _____ Apt. _____

City _____ Province _____ Postal code _____ Country _____

Is this a new address? yes no If "yes," provide previous address.

(Street number and name) _____ Apt. _____

City _____ Province _____ Postal code _____ Country _____

2 Decrease – Sum Insured, Face Amount or Benefit

On the life of _____ from \$ _____ to \$ _____

On the life of _____ from \$ _____ to \$ _____

Change planned periodic premium/deposit to \$ _____ **Note:** Must meet plan minimum.

Effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at Head Office.

MANDATORY FOR UNIVERSAL LIFE PLANS

A surrender charge will apply during the surrender charge period. I/We hereby acknowledge and agree to the surrender charge.

3 Rider or coverage cancellation

Plan _____ on the life of _____

Plan _____ on the life of _____

Change planned periodic premium/deposit to \$ _____

Effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at Head Office.

MANDATORY FOR UNIVERSAL LIFE PLANS

A surrender charge will apply during the surrender charge period. I/We hereby acknowledge and agree to the surrender charge.

4 Term exchange program

I/We elect to exchange from a 10 year term to a: 20 year term 30 year term

On the life of _____ base rider Coverage no.: _____

On the life of _____ base rider Coverage no.: _____

On the life of _____ base rider Coverage no.: _____

Effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at Head Office.

ANY REQUEST INDICATED ON THIS PAGE MUST BE SIGNED AND DATED ON PAGE 4

Policy Service Application

Loans and partial surrenders may cause your universal life policy to lapse if not adequately funded. These transactions may cause a taxable consequence.

5 Surrender request **PAYMENT DETAILS IN SECTION 7 MUST BE COMPLETED**

a) Partial surrender:

- I/We elect a partial surrender of \$ _____ net gross
- Maximum partial surrender
- Maximum surrender less balance of cost of insurance charges based on billing mode
- 10% free partial surrender (Refer to Cost and Provisions in the Contract)

Money is to be withdrawn from: registered non-registered

If your policy was issued with a level death benefit, the Face Amount will be reduced by the gross partial withdrawal. If there is more than one universal life coverage, the Face Amount(s) will be reduced proportionately in accordance with the terms of your contract.

b) Full surrender (cancel policy):

- I/We elect a full surrender/cancellation

6 Loan request **SELECT LOAN TYPE AND AMOUNT. PAYMENT DETAILS IN SECTION 7 MUST BE COMPLETED.**

I/We request a loan in accordance with the policy provisions:

Loan type: **Select one. (Note: If you have an existing loan, the loan type option will default to your current loan type)**

- Fixed Interest Option loan/Fixed Investment Option loan
- Standard loan

Requested loan amount: \$ _____ maximum loan available ILS Maximum loan

If you are taking a loan as part of a financial planning concept that utilizes the deductibility of the loan interest, speak with your independent financial advisor to ensure that the loan type selected satisfies the objectives of that arrangement.

An Allocation form (PS425) will be required if money is in fund(s) where a loan is not allowed. Refer to contract for further details.

7 Payment instructions for surrender, withdrawal or loan **THE DEFAULT METHOD OF PAYMENT WILL BE CHEQUE MAILED TO OWNER**

Select payment type: Pay by direct deposit to your bank account. Select one of the 2 options below:

- Use banking information currently on file (payor must be same as Owner, or if different, the default payment will be by cheque to Owner)
- Use banking information on attached void cheque (void cheque must be pre-printed and in owner's name). If submitting a letter/direct deposit form from your financial institution in place of a VOID cheque, it must be signed by a bank representative and/or stamped by your bank.

Mail cheque to Owner

Mail cheque to distributor

Mail cheque to advisor (If sending to advisor Owner must sign here: _____)

8 Policy loan repayment

Any loan repayment must be clearly marked as such; otherwise, it will be considered a premium payment. If the payment is received after the policy anniversary the system will have automatically established a new policy loan. Pre-authorized debit (PAD) withdrawals to repay a loan cannot be established if the Policy is not currently on this method of payment for premiums.

Enclosed is a loan repayment in the amount of \$ _____

Increase my PAD withdrawal by \$ _____ for my loan repayment.

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9 Policy split or severance

I/we request a policy split in accordance with the policy provisions.

Not all policies can be split or severed (consult the provisions of your contract). If any information differs from the original policy, please complete and submit signed forms:

- Notice of Transfer of Ownership for Insurance Products form (PS371)
• Change of Beneficiary form (PS367)
• Pre-authorized Debit (PAD) for Insurance Products form (PS375)

A \$50.00 administration fee is required for EACH new policy issued except for former NN Life policies.

Cheque is enclosed.

For Joint First-to-Die policies, if any joint insured(s) were issued with a sub-standard rating, underwriting is required on each rated joint insured. Complete the Policy Change Application (LP386).

For Joint Last-to-Die policies, if any joint insured(s) were issued with a sub-standard rating, policy split is not available.

Effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at Head Office.

10 Name change

USE THE CHANGE OF BENEFICIARY FORM (PS367) TO DESIGNATE A BENEFICIARY AND THE NOTICE OF TRANSFER OF OWNERSHIP FOR INSURANCE PRODUCTS FORM (PS371) TO DESIGNATE A NEW OWNER

Insured Owner Beneficiary Payor New name:

Reason (marriage, court order, etc.):

A copy of the name change documentation must be submitted. The company is now authorized to transact any business under the Policy in the new name.

Corporations: please attach articles of amalgamation/amendment showing correct legal name.

Old signature

New signature

11 Duplicate policy request – lost policy declaration and indemnification

\$50.00 fee enclosed: yes no Note: If \$50.00 fee is not enclosed no duplicate policy will be issued.**

If "no," state reason:

Insured:

As the Owner of the Policy, I request that the company issue a duplicate Policy, or statement of coverage, because the original Policy is lost or destroyed. Other than as shown on the records of the Company, to the best of my knowledge and belief, no other person has any claim or interest in the Policy or possession of it:

- No exceptions
Exceptions noted in Remarks section. The appropriate consent(s) and/or release(s) must be submitted together with your request.

In consideration of the issuance of a duplicate Policy, or statement of coverage, I agree to indemnify the Company from all losses which may directly or indirectly result from the granting of this request. I further agree that the duplicate Policy, if issued, is provided as a customer service only and does not replace the terms of the original Policy contract including any amendments/endorsements attached thereto by ivari at the time of issue or thereafter.

** As legislated, no charge for the first duplicate request for owner(s) residing in the provinces of Alberta, British Columbia, Ontario and Manitoba.

12 Premium payment mode change

a) Direct billing: Annually Semi-annually Quarterly

b) If pre-authorized debit is requested, complete the Pre-authorized Debit (PAD) for Insurance Products form (PS375).

Remarks (please indicate section number)

Remarks section with multiple horizontal lines for text entry.

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Surrender/Partial withdrawal declaration

Upon payment of a partial surrender amount under the policy, ivari shall have no further liability with respect to the amount so paid; and

Upon payment of the full surrender amount under the policy, ivari will be discharged from all of its obligations and liabilities under the policy and all related documents. The policy is hereby discharged and terminated.

Each of the undersigned declares that no proceedings in bankruptcy are pending against him/her/it and that his/her/its property is not subject to any assignment for the benefit of creditors, or to any lien, and that the policy is free of encumbrances, except as follows:

- None
Exceptions noted in Remarks section. The appropriate consent(s) and/or release(s) must be submitted together with your request.

If the Policy is currently assigned, the request must be signed by the Assignee or accompanied by a release of assignment in the form acceptable to ivari. If the request is made by the Owner's personal representative, the request must be accompanied by a notarial copy of the probated will or letters of administration. If the request is made by the Owner's Committee or Guardian a court order authorizing same is required.

Notice regarding collection, use and disclosure of personal information

The personal information provided in this application will be added to your existing file. It may be used to administer services and process claims. It may also be shared with managing general agencies, distributors, market intermediaries and their employees and agents, your independent advisors and ivari's reinsurers for such purposes. If necessary, it may also be shared with your beneficiaries to process a claim.

You have the option to provide your Social Insurance Number (SIN) now to avoid any future delays. It will be used only for tax reporting, record keeping and identification, as needed. Certain transactions requested under the universal life policy may require you to provide the SIN before processing. You may withdraw consent at any time by contacting ivari's Client Services department using the contact number listed on your policy.

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

You may access your file and request corrections to your personal information by sending us a written request to:

Privacy Officer, ivari, 500-5000 Yonge Street, Toronto, ON M2N 7J8.

*Canada's anti-spam legislation regulates the distribution of email messages to consumers. To comply with this law, ivari is required to obtain your consent for the purposes of sending you email messages regarding policy information, product information and marketing material. By providing your email address, you consent to receiving email messages as outlined above from ivari. You may withdraw your consent at any time by contacting ivari.

Signatures ALL OWNERS MUST SIGN

I/We have read and fully understand the contents of the notice regarding collection, use and disclosure of personal information as stated above and acknowledge and consent to the collection, use and disclosure of my/our personal information by the company and its affiliates for the purposes identified therein.

Witness signature

Policy Owner signature and title (if applicable)

Witness signature

Policy Owner signature and title (if applicable)

Witness signature

Preferred/Irrevocable Beneficiary signature (if applicable)

Assignee signature (including stamp if assignee is a financial institution)

Dated at City Province this DD/MM/YYYY

If the Owner is an Entity, the signature, name and title 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.

Distributor/Advisor information

Distributor's/Advisor's office

Independent advisor Code

Independent advisor Code

Enclosed is: Policy Cheque for \$

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