

## Supplement to the Insurance Application prosperity Universal Life

Policy no.

### 1 Plan specifics

**Plan**

prosperity universal life™ insurance

**Death Benefit Option**

Level Increasing

**Term Conversion policy #** \_\_\_\_\_

**Optimizer Option** Yes No

Optimizer start year (no earlier than policy year 11) (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)			
				JOINT LAST-TO-DIE DEDUCTIONS TO:			
				JOINT SINGLE LIFE	FIRST-TO-DIE	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 Planned Premiums	\$ _____ /YEAR	_____
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**

<b>Treasury Bill Interest Option</b> (no minimum)	%
<b>Fixed Rate Interest Options</b> (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	%

<b>ivari Asset Allocation Portfolio Index Interest Options</b>	
ivari Asset Allocation Portfolio Conservative	%
ivari Asset Allocation Portfolio Balanced	%
ivari Asset Allocation Portfolio Growth	%
ivari Asset Allocation Portfolio Aggressive Growth	%

<b>Passive Index Interest Options</b>	
Canadian Bond II	%
Canadian Equity Total Return	%
European Equity Total Return	%
U.S. Large Capitalization Total Return	%
Japanese Equity Total Return	%
U.S. New Technologies Total Return	%

**Managed Index Interest Options**

ivari CI Conservative Portfolio	%
ivari CI Balanced Portfolio	%
ivari CI Growth Portfolio	%
ivari CI Maximum Growth Portfolio	%
AGF Elements Conservative Portfolio	%
AGF Elements Balanced Portfolio	%
AGF Elements Growth Portfolio	%
AGF Elements Global Portfolio	%
Franklin Quotential Balanced Income Portfolio	%
Franklin Quotential Balanced Growth Portfolio	%
Franklin Quotential Growth Portfolio	%
Franklin Quotential Diversified Equity Portfolio	%
Fiera SFI – Canadian Universe Bond	%
Fiera Canadian Equity	%
imaxx Canadian Fixed Pay	%
CI Canadian Small/Mid Cap Equity Income	%
CI Canadian Balanced	%
CI Select Canadian Equity	%
CI U.S. Equity Class	%
Dynamic Strategic Yield®	%
Fidelity Canadian Asset Allocation	%
Fidelity Canadian Balanced	%
Fidelity Canadian Disciplined Equity®	%
Fidelity NorthStar®	%
Invesco Canadian Premier Balanced	%
Invesco EQV International Equity Class	%
Mackenzie Cundill Canadian Balanced	%
Mackenzie Cundill Value	%
TD Dividend Growth	%
<b>Total</b>	<b>100 %</b>

**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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