



TURBO APPLICATION TO: Unity Life of Canada, (The Insurer). The undersigned applies for insurance to be issued on the basis of statements and answers to the following questions on all parts of the application and any other evidence of insurability.

1. PROPOSED LIFE INSURED

a) NAME b) BIRTHDATE (M/D/Y) c) AGE

d) ADDRESS (including Postal Code) e) BIRTHPLACE f) GENDER M / F

g) E-MAIL ADDRESS h) S.I.N.

i) OCCUPATION j) EMPLOYER

k) ANNUAL EARNED INCOME l) ESTIMATED NET WORTH

2. OWNER (if other than Proposed Life Insured)

a) NAME b) MAILING ADDRESS

c) RELATIONSHIP TO PROPOSED LIFE INSURED d) E-MAIL ADDRESS

3. INSURANCE

a) PLAN OF INSURANCE b) FACE AMOUNT

(Please use Unity Life Long Form Application for requests of \$1 million + or Joint First to Die Plans)

c) RIDERS: WP ADB CTR(include child(ren)'s name(s), D.O.B, gender & face amount on Agent's Report or Supplemental Application)

Child Name	Date of Birth (MMM/DDD/YYYY)	Face amount

d) For **LifeCare** only: Juvenile Rider ROP/RPU Rider

e) MODE OF PREMIUM PAYMENT Annual Semi-Annual Pre Authorized Cheque (PAC)

Select Withdrawal Date (1st, 8th, 15th and 22nd available) _____

PREMIUM PAID WITH APPLICATION \$ _____

f) If VOID cheque attached, draw first premium from stated account.

4. Beneficiary * In Quebec, a spouse will automatically be considered as irrevocable unless otherwise indicated.
If the beneficiary predeceases the Insured, the insurance proceeds are payable to the Contingent Beneficiary if any, or to the estate of the owner.

A. The Beneficiary for life coverage is as stated below.
B. The Beneficiary of any children's rider will be the owner of the policy, unless otherwise stated below.
C. For LifeCare Plan/Rider, the beneficiary is the Proposed Insured, unless otherwise stated below.
D. For LifeCare Plan, the beneficiary for Return of Premium on Death is the Owner, unless otherwise stated below.

Type of Coverage (Specify A,B,C,D as above)	Name	Relationship to Insured	% Share	Date of Birth (M/D/Y)	Revocable or Irrevocable* (R or I)	Primary/Contingent Beneficiary (P or C)

E. Trustee for minor beneficiary

FIRST LAST RELATIONSHIP TO INSURED APPLICABLE AGE OF MAJORITY

5. APPLICABLE TO THE PROPOSED INSURED (Please give details of ALL YES answers)	YES	NO
a) Have you used any form of nicotine product in the <input type="radio"/> past 12 months? <input type="radio"/> past 24 months?	<input type="radio"/>	<input type="radio"/>
b) Have you ever been told that you have or been treated for diabetes, cancer, heart disease, alcoholism, drug abuse or high blood pressure?	<input type="radio"/>	<input type="radio"/>
c) Will this insurance result in the termination or reduction in value of any existing insurance? (If yes, follow replacement procedures)	<input type="radio"/>	<input type="radio"/>
Please provide details of "yes" answers _____		

6. UNDERWRITING CONTACT INFORMATION	
a) Home Phone ()	b) Business Phone ()
c) Call me at <input type="radio"/> home <input type="radio"/> business	d) Best Day _____ Best Time _____
e) Special Instructions (Please use Broker's Report for additional space) _____	

Each undersigned agrees that: (a) the statements and answers contained in all Parts of the Application and any other evidence of insurability are true and complete and form the basis of the contract of insurance applied for or issued; (b) the contract will not take effect until the policy has been delivered to the Proposed Life Insured/Owner (or in the province of Quebec, the date the policy is issued) and the first premium has been paid to the Insurer or its agent with no change in the insurability of each Proposed Life Insured from the time of completion of the application to the time of delivery of the policy; (c) no person other than the President or Vice President together with the Secretary or Actuary of the Insurer has the power to change or modify the policy or contract on behalf of the Insurer or to waive the Insurer's rights or requirements and any such change, modification or waiver must be in writing, signed by such officers.

Each undersigned acknowledges receipt of a form describing the Medical Information Bureau (M.I.B.) AND AUTHORIZES M.I.B. to give the Insurer and its reinsurers any information in its files. Each undersigned authorizes any licensed physician, medical practitioner, hospital, clinic or medically related facility, insurance company or other organization, institution or person having records or knowledge of the health of any Proposed Life Insured to provide same to the Insurer. A photographic copy of this authorization shall be as valid as the original.

Unity Life of Canada and its duly sponsored and authorized agents and brokers and participating reinsurers adhere to the Personal Information Protection and Electronic Documents Act (Canada) (PIPEDA) and any other applicable privacy legislation of your province or territory. Your personal information will be used only for the purposes we have identified and will-be conveyed only to the applicable department, authorized agency or servicing bureau and/or wholly owned subsidiary for servicing. All such information will be safeguarded in accordance with applicable legislation.

You have the right to request access to your personal information to verify its accuracy and completeness and to request amendments. Please submit your request in writing to, Privacy Officer, Unity Life of Canada, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8.

Unity Life may use your personal information to determine other insurance products and services that may meet your needs and to offer them to you. If you do not wish your information to be used for any of these future offerings, check here or you can write to us at Unity Life of Canada, 1660 Tech Avenue, Suite 3, Mississauga, Ontario, L4W 5S8 Attn: Privacy Officer.

The language of the policy and all correspondence shall be the same as that of the application unless requested otherwise.

Dated at _____ this _____ day of _____, _____

Signature of Proposed Life Insured

Signature of Owner(s)

Witness to all signatures

PRE-AUTHORIZED CHEQUE PLAN CONDITIONS

DETACH AND GIVE TO OWNER IF PAC AUTHORIZATION HAS BEEN COMPLETED

1. The deduction day for the pre-authorized cheque plan withdrawal will be the policy anniversary day, unless otherwise agreed upon.
2. Unity Life requires 10 days written notice of any changes in account information. A new specimen cheque is required for change in financial institution.
3. The pre-authorized cheque plan may be terminated:
 - a) By the payor(s) or Unity Life subject to 10 days written notice to the other.
 - b) Immediately by Unity Life, if any cheque is not honoured on presentation, or if Unity Life has refunded the amount of such cheque to the named financial institution upon request.
4. Except as provided above, the pre-authorized cheque plan shall not restrict any right or privileges contained in the policy (ies).
5. The expression "cheque" used in this request and in these conditions includes any magnetic or computer produced paper tape that is or purports to be a direction to credit an amount to Unity Life and to debit such amount to the account indicated on Page 2.

TEMPORARY INSURANCE AGREEMENT AND RECEIPT

DETACH AND GIVE TO OWNER IF TIA HAS BEEN COMPLETED

TERMS, LIMITATIONS AND CONDITIONS

PREMIUM – NO COVERAGE will take effect under this Agreement unless the advance payment is at least equal to one-twelfth of the total annual premium.

DATE COVERAGE BEGINS

Temporary Life Insurance under this Agreement will begin on the date of this Agreement but only if this Application has been completed on the same day.

DATE COVERAGE TERMINATES – 90 DAY MAXIMUM

Temporary Life Insurance under this Agreement will terminate automatically on the earliest of:

- a) 90 days from the date of this Agreement, or
- b) the date that insurance takes effect under the policy applied for, or
- c) the date a policy, other than applied for, is offered, or
- d) the date the Company mails notice of termination of coverage to the owner's mailing address designated in this Application.

The Company may terminate coverage at any time.

SPECIAL LIMITATIONS

- a) There is no coverage under this agreement: a) if there is fraud or material misrepresentation in the answers to the Temporary Insurance Agreement questions, the application form, or any other questionnaire/interview completed in connection with the application for insurance; or b) the Proposed Insured suffers a critical illness, death or disability directly or indirectly caused by a drug or alcohol-related condition, or by self-inflicted injury or sickness, while sane or insane; or c) the Proposed Insured is diagnosed with any form of cancer or benign brain tumour or the date of any sign/symptom, or any medical consultation or test, that leads to any diagnosis of any form of cancer or benign brain tumour occurs within 90 days of the application under the critical illness definition; or d) the Proposed Insured is diagnosed with any other defined critical illness and death occurs from this illness within 30 days of the diagnosis.
- b) There is no coverage under this agreement if the Proposed Insured is aged 65 or over, or 30 days of age or less.
- c) There is no coverage under this agreement if the cheque submitted as payment is not honoured on presentation.
- d) No person has the authority to modify or waive any requirements or conditions of this agreement.

AMOUNT OF COVERAGE - \$500,000 MAXIMUM FOR ALL APPLICATIONS AND AGREEMENTS

If the Proposed Insured dies while this temporary insurance is in effect when applying for Life Insurance, or incurs a Critical Illness while this temporary insurance is in effect when applying for Critical Illness Insurance, the Company will pay, upon approval of a claim, to the designated beneficiary THE LESSER OF (a) \$500,000, or (b) the amount of all benefits applied for in the Application, including any accidental or supplemental benefits if applicable. This total benefit limit applies to all insurance applied for under this and any other current applications to the Company and any other Temporary Life Insurance Agreement with the Company.

It is acknowledged that the sum of \$ _____ was paid to the Company at the time of the completion of this application.

Date _____ Signature of Agent _____

Disclosure statement for the Province of B.C.

DETACH AND PRESENT TO PROPOSED INSURED

Pursuant to S.90 of the Financial Institutions Act of British Columbia, the financial product you are being offered is supplied by Unity Life, a company licensed to carry on business in British Columbia.

In relation to any application you make for the acquisition of life insurance, annuities or other financial products,

- a) I am acting as a licensed insurance broker on behalf of the company,
- b) I will be entitled to receive commission from the company on successful completion of this transaction. This commission may take the form of an acquisition commission and/or an on-going service commission; and
- c) There is no condition associated with this transaction requiring that you must transact additional or other business with either the Company or myself.

Name and address of agent

Signature of Agent

IMPORTANT M.I.B. PRE-NOTICE

DETACH AND PRESENT TO PROPOSED INSURED

Information regarding your insurability will be treated as confidential. We, or our reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life, disability 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 in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction. The address of MIB's information office is: Medical Information Bureau, 330 University Avenue, Suite 501, Toronto, Ontario M5G 1R7. Telephone (416) 597-0590.

We, or our reinsurers, may also release information in your file to other life insurance companies to whom you may apply for life, disability or health insurance or to whom a claim for benefits may be submitted.