



**LIFE INSURANCE APPLIED FOR:**

Complete this section when selecting:

TermSelect  Term to 100 with or without values

Guaranteed 20-Pay Life  Protector Plus

To select:  Advantage Life Plus  Challenger

please complete the Supplement to the Application for Life Insurance, form # LP343

**TermSelect** Face Amount: \$ \_\_\_\_\_

5 Year  10 Year  20 Year

Convertible & Renewable  Non-convertible & Renewable

**Term to 100** Face Amount: \$ \_\_\_\_\_

With Values  Without Values

**Guaranteed 20-Pay Life** Face Amount: \$ \_\_\_\_\_

**Protector Plus** Face Amount: \$ \_\_\_\_\_

Life Pay  20 Pay

**Additional TermSelect Riders:**

	Convertible & Renewable	Non-convertible & Renewable	Face Amount
<input type="checkbox"/> 5 Year	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> 10 Year	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> 20 Year	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**Additional Benefits**

Children's Insurance Face Amount: \$ \_\_\_\_\_

Waiver of Premium

Accidental Death & Dismemberment Face Amount: \$ \_\_\_\_\_

Payor Waiver of Premium\*

(not available on Term to 100, Guaranteed 20-Pay Life)

\*Name of parent: \_\_\_\_\_

**Other Plan Details**

Special Policy Dates:

Date to save age

Future Date: DD / MM / YYYY YYYY

**Payment Details**

Initial modal premium/deposit: \$ \_\_\_\_\_

Amount paid with this application: \$ \_\_\_\_\_

Planned Periodic Premium/Deposit: \$ \_\_\_\_\_

Mode of Premium Payment/Deposit:

Annual  Semi-Annual  Quarterly Direct Bill

Single Premium/Deposit – Source of Funds \_\_\_\_\_

Pre-Authorized Debit  Monthly P.A.D.\*

Preferred Date of Withdrawal (days 1-28 only) \_\_\_\_\_

\*Complete authorization for Pre-Authorized debit on page 6.

ALL CHEQUES MUST BE MADE PAYABLE TO TRANSAMERICA LIFE CANADA

Does the Proposed Life Insured have any other Life Insurance in force?  Yes  No

If "Yes", complete the following:

Name of Company	Personal/Business	Date of Issue	Amount	Accidental Death
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Insurance History:**

a) Has any company declined to issue, reinstate or renew, rated, modified, postponed or cancelled, any life or health insurance on (i) the Proposed Life Insured, or (ii) any child to be covered under a Children's Rider? If "Yes", please provide name of company, policy number, and any other relevant details in REMARKS section.  Yes  No

b) Is this insurance intended to, or will it in fact, replace, or will it cause a change in, or involve a loan under any insurance or annuity policy? If "Yes", please provide details in REMARKS section and complete Replacement/Comparison Disclosure Form.  Yes  No

c) Within the last 6 months has the Proposed Life Insured or any child to be covered under a Children's Rider applied for life or health insurance with any insurance carrier? If "Yes", please provide name of company, amount applied for, decision and any other relevant details in REMARKS section.  Yes  No

d) Has the Proposed Life Insured ever applied for or received a pension, disability benefit or any compensation because of illness or injury? If "Yes", please provide details in REMARKS section.  Yes  No

MARKS: \_\_\_\_\_

**21. Head Office Changes in Application:**

\_\_\_\_\_

**Complete #22 only if Policy is on a Minor, #23-#30 for Children's rider.**

**22. Policy on a Minor**

Note: Complete this section only if the Proposed Life Insured is less than 16 years of age (less than 18 years of age in the Province of Quebec). Please also note that either a parent or a legal guardian of the Proposed Life Insured must sign this application in addition to the Owner.

a) If the Owner is other than a parent or a grandparent of the Proposed Life Insured, please explain in REMARKS section.

b) Full Name of Parents:  
 Father: \_\_\_\_\_ Mother: \_\_\_\_\_

c) Total amount of life insurance on parents:  
 Father: \$ \_\_\_\_\_ Mother: \$ \_\_\_\_\_

d) Father's occupation: \_\_\_\_\_ Annual income: \$ \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Annual income: \$ \_\_\_\_\_

e) Are there any brothers or sisters of the Proposed Life Insured not insured for the same amounts?  Yes  No If "Yes", please explain in REMARKS section.

REMARKS: \_\_\_\_\_

**23. Children to be Covered Under a Rider:**

First Name	Last Name	Date of Birth (Day/Month/Year)	Sex		Height cm or ft/in	Weight kg or lbs
			M	F		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If any child is less than one year old, indicate birth weight: \_\_\_\_\_

24. a) Are there any children named above who are foster children or children whose legal adoption has not yet been made final?  YES  NO

b) Are there any children on whom coverage is not being requested?  YES  NO

c) Are there any children shown above who do not live with the Owner? If "Yes" to (a), (b) or (c), please provide details in REMARKS section.  YES  NO

25. Has any child ever had, or have you ever been told that any child had been treated for or had, any serious illness, such as diabetes, heart disorder, tuberculosis, asthma, epilepsy or cancer?  YES  NO

26. a) Was any child born with any congenital abnormality, such as Down's Syndrome, spina bifida, or a disorder of the heart, liver, kidney, blood, lung or brain?  YES  NO

b) Has any child developed any impairment, such as Cerebral Palsy, Muscular Dystrophy, AIDS or the AIDS related complex (ARC), or has any child suffered a lack of mental or physical development, or a disorder of the heart, liver, kidney, blood, lung or brain?  YES  NO

27. Does any child have a family history of Huntington's Chorea, diabetes, heart or kidney disease, mental illness, AIDS, or any hereditary disease or disorder?  YES  NO

28. Within the past five years, has any child had any illness, injury, operation, medication, hospital care or medical examination not mentioned above?  YES  NO

29. Is any child now receiving any treatment from a medical advisor, or taking medication of any kind?  YES  NO

30. Has any child

a) ever used alcohol or drugs other than as prescribed by a physician?  YES  NO

b) consulted a physician or a practitioner during the past 3 years for any illness, disease, injury, complaint or symptom not already mentioned?  YES  NO

c) ever been charged or convicted of a criminal offence or had any motor vehicle violations?  YES  NO

d) ever flown in an aircraft other than as a passenger on a scheduled flight or engaged in any hazardous sports?  YES  NO

**REMARKS/DETAILS OF "YES" ANSWERS**

Identify child, question number and circle applicable items. Provide dates, diagnosis, results of investigations, names of medical advisors and medical facilities, and treatment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION, AGREEMENT, CONSENT, ACKNOWLEDGEMENT AND AUTHORIZATION**

We declare that I/We have read all of the questions and answers in this application, and I/We understand the meaning and importance of all such questions and answers.

WE FURTHER DECLARE THAT THE STATEMENTS AND ANSWERS GIVEN IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECTLY RECORDED TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

We understand and agree that:

This application consists of Part I, Section A and B, Part II, the Supplement to the Application, if applicable, this "Declaration, Agreement, Consent, Acknowledgement and Authorization", and any other written statements submitted in connection with this application. Together they shall form the basis for any policy issued on this application. This application does not include the Temporary Insurance Agreement.

No information acquired by any representative of Transamerica shall be binding upon Transamerica unless set out in writing in this application.

Any policy issued on this application will not take effect unless all of the following conditions are satisfied:

- a) the full amount of the first premium is received by Transamerica during the lifetime of all persons proposed to be insured under the policy;
- b) the policy is delivered to the Owner during the lifetime of all persons to be insured under the policy;
- c) all of the statements and answers given in this application continue to be true and complete on the date of delivery of the policy; and
- d) no change has taken place in the insurability of any person proposed to be insured between the time this application was completed and the time the policy was delivered to the Owner as provided above.

Only the President or a Vice-President of Transamerica together with its Secretary has the authority to bind Transamerica or to make any change in this application or the policy, and then only in writing. Transamerica will not be bound by any promise or representation made by any other person. For greater certainty, and without limiting the generality of the foregoing, no broker or agent is authorized to waive, amend or modify any of the terms or provisions in this application or any policy issued thereon.

Notwithstanding the immediately preceding paragraph Transamerica may make certain changes to this application as provided for in question no. 21, Part I – Head Office Changes in Application. Acceptance of a policy shall operate as a notification and approval of such changes or amendments. By accepting the policy, I/We agree to its terms and any changes that Transamerica has outlined in the policy.

If the answer to question no. 10, Part I (Tobacco/Nicotine Use Question) is misstated, or if any other incorrect answer, material misrepresentation or fraudulent statement is made in this application, any policy issued as a result may be rendered void on the grounds of misrepresentation and/or fraud.

All premium payments, must be made payable to Transamerica Life Canada.

I/We further:

- 1. Consent to the completion of an investigative consumer report containing personal information and/or credit information that may be requested for insurance being issued on my/our life(s).
- 2. Acknowledge that I/we have received and fully understand the contents of the:
  - a. Notice of Disclosure by Transamerica Representative
  - b. Notice to Proposed Life Insured Regarding the Medical Information Bureau
  - c. Notice to Proposed Life Insured and Policy Owner Regarding Investigative Consumer Reports
  - d. Notice to Proposed Life Insured and Policy Owner Regarding Establishment of File.
- 3. For the purposes of risk assessment and loss analysis, I/We, hereby authorize and direct any physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the Medical Information Bureau or any other organization, institution, association or person that/whosoever now has or may in future have any records or knowledge concerning me/us or my/our health to give to Transamerica, its authorized representatives and its reinsurers any such information upon the request of Transamerica.
- 4. I/We further authorize a representative of Transamerica to perform such tests, examinations, x-rays, electrocardiograms, blood or urine tests as may be required by Transamerica. I/We 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. Transamerica may release the results of these tests and examinations to physician(s) of the applicable Proposed Life Insured.

A photostatic copy of this Authorization shall be as valid as the original.

Signed at [ ] on [ ] , 20 [ ]

Signature of Proposed Life Insured [ ]
(Parent or legal guardian, if Proposed Life Insured is a minor)

Owner, if other than Proposed Life Insured [ ]

Witness to Signatures [ ]

If the Owner is a corporation, the signature, name and title of the authorized signing officers thereof are required, as stated in the by-laws of the corporation, together with the full legal name of the corporation. If the Owner is a corporation, please attach articles of incorporation/amendment showing its correct legal name.

**APPLICATION FOR TEMPORARY INSURANCE**

DO NOT DETACH

I of the following questions must be answered by the below-named Proposed Life Insured.

PRINT FULL NAME OF PROPOSED LIFE INSURED: [ ]

Note: Temporary Insurance is not available for a person proposed to be insured under a Children's Rider, or who is less than 15 days old or more than 65 years of age. No broker or agent is authorized to waive, amend or modify any of the terms or provisions in this Application for Temporary Insurance or in the Temporary Insurance Agreement (TIA). No representative of Transamerica is authorized to accept any payment, nor will any temporary insurance be provided if (a) any question in this Application for Temporary Insurance is left blank or is answered "es", or (b) the total amount of life insurance with Transamerica on the above-named Proposed Life Insured does or will exceed \$1,000,000 (Cdn.).

- 1. Has the Proposed Life Insured had or ever been told he/she had or consulted a physician for or received treatment for any of the following:
  - a) Disorder of the heart or blood vessels including elevated or high blood pressure? Yes No
  - b) Chest pain, angina, heart attack or stroke? Yes No
  - c) Cancer or tumour? Yes No
  - d) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARCS) or any other immunological disorder? Yes No
- 2. Within the past two years, has any Proposed Life Insured had any symptoms of, treatment for, any medical condition that resulted in hospitalization for more than five days? Yes No
- 3. Has the Proposed Life Insured ever applied for insurance which has been declined, rated or modified in any way? Yes No
- 4. Within the past 90 days has the Proposed Life Insured been unable to perform the normal duties of his/her occupation for fifteen or more working days because of health reasons? Yes No

**DECLARATION**

I/We declare that I/we have read all of the questions, answers and statements in this Application for Temporary Insurance and all of the terms and provisions in the TIA, and understand their meaning and importance.

I/We further declare that the answers given in this Application for Temporary Insurance are true, complete and correctly recorded to the best of my/our knowledge and belief.

I/We understand and agree that this Application for Temporary Insurance and the TIA shall be the basis for any insurance provided thereunder.

Signed at [ ]

on DD / MM / YYYY

(Parent or legal guardian, if Proposed Life Insured is minor)

Owner, if other than Proposed Life Insured(s)

X [ ]

X [ ]

Witness to Signature(s) (Transamerica Representative)

(Print name and title if corporation)

If the Owner is a corporation, the signature, name and title of the authorized signing officers thereof are required, as stated in the by-laws of the corporation, together with the full legal name of the corporation. If the Owner is a corporation, please attach articles of incorporation/amendment showing its correct legal name.

**TRANSAMERICA LIFE CANADA AUTHORIZATION FOR PRE-AUTHORIZED DEBIT (P.A.D.)**

I/We hereby authorize and direct Transamerica Life Canada (Transamerica) to debit the account at the financial institution which is identified on the attached voided specimen cheque (P.A.D. Account) for the purpose of making premium payments to the policies listed below. I/We further authorize such financial institution and any of its branches to deal with these debits as if authorized by me/us. I/We also understand and agree to all of the terms and conditions printed on the reverse side of this form.

Name:

**Account Type:**

Personal Chequing  Chequing/Savings  Current

**This request is to:** Transamerica Life Canada

Establish a new P.A.D. Account  Change existing P.A.D. Account information  Add the policies shown below to an existing P.A.D. Account

(Identify policy number or P.A.D. multiple account number)

Policy Number(s) to Which This Request Applies:

**NOTE: A VOIDED SPECIMEN CHEQUE MUST BE ATTACHED HERETO FOR THIS AUTHORIZATION TO BE EFFECTIVE**

Date:  DD /  MM /  YYYY

Signature(s) of Payor(s)  Name(s) of Payor(s)  Signature of Owner(s), if other than Payor(s)

**DETACH AND GIVE TO POLICYOWNER**  
**RECEIPT for Temporary Insurance**

Transamerica Life Canada (Transamerica) acknowledges receipt of \$

which is at least the full initial modal premium shown in the Application for Life Insurance dated  DD /  MM /  YYYY

on the life of (print full name of Proposed Life Insured)

Name

Signed at  on  DD /  MM /  YYYY

Print full name of Transamerica Representative  Signature of Transamerica Representative

**THIS RECEIPT DOES NOT BIND TRANSAMERICA TO PROVIDE COVERAGE UNDER THE TEMPORARY INSURANCE AGREEMENT UNTIL ALL OF THE TERMS AND CONDITIONS THEREOF ARE SATISFIED.**

*Note: If you do not hear from Transamerica regarding the proposed life insurance within ninety (90) days of the date of your Application for Life Insurance, please contact your Transamerica Representative or Transamerica at its Head Office, 300 Consilium Place, Toronto, Ontario, M1H 3G2.*

**NOTICE TO PROPOSED LIFE INSURED REGARDING THE MEDICAL INFORMATION BUREAU (MIB)**

Information regarding your insurability will be treated as confidential. Transamerica, or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

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

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

**NOTICE TO PROPOSED LIFE INSURED AND POLICYOWNER REGARDING INVESTIGATIVE CONSUMER REPORTS**

You are hereby advised that in connection with this application, an investigative consumer report may be prepared. Information for the report is obtained through personal interviews with your neighbours, friends or others with whom you are acquainted. Such reports are a usual part of the process of evaluating risks for life and health insurance. Inquiries may be made into your character, general reputation, personal characteristics, finances and lifestyle.

It is possible that a representative of a firm employed to make such reports may contact you in person or by telephone. If you would like more details about the nature of this report, you may write to: Underwriting Department, Transamerica Life Canada, 300 Consilium Place, Toronto, Ontario, M1H 3G2.

**TERMS AND CONDITIONS OF PARTICIPATION IN THE PRE-AUTHORIZED DEBIT (P.A.D.)**

**Effective Date**

I/We understand and agree that the Authorization on the reverse side of this form will not take effect unless a voided specimen cheque has been provided with the Authorization. This cheque must identify the financial institution and the account number specified in the P.A.D. (P.A.D. Account).

Provided that the above condition is satisfied, the Authorization will take effect for the policy identified in the Authorization, on the later of the following dates:

- i) the date the Authorization is received by the Head Office of Transamerica Life Canada (Transamerica);
ii) the date the full amount of the first premium for the applicable policy is received by Transamerica's Head Office; and
iii) the date when this policy is first placed in full force and effect by Transamerica.

**General**

I/We also understand and agree to all of the following terms and conditions:

- a) I/We will provide Transamerica with a new voided specimen cheque, if the P.A.D. Account is changed.
b) The amount drawn on the P.A.D. Account shall be a total of all amounts required to pay the applicable premium payments for all policies identified on the reverse and the policy issued pursuant to this application.
c) The Authorization unless terminated, as provided below, shall apply to and be effective under any policy listed on the reverse and the policy issued pursuant to this application, or as a renewal or conversion of such a policy.
d) The Authorization and all its terms and conditions are subject to all of the terms and provisions of the applicable policy.
e) If Transamerica has not received a premium payment within the time required, for example, your P.A.D. is dishonoured, or for any other reason, then the policy will lapse and become null and void, unless it is otherwise provided in the policy.

**Termination**

The Authorization will be terminated only on the earlier of the following dates:

- a) either I/we or Transamerica provide(s) written notice to the other to that effect;
b) a P.A.D. is not honoured by your financial institution when presented by Transamerica, in accordance with Transamerica's then current administrative procedures; and
c) all of the policies to which the Authorization applies are no longer in full force and effect.

I/We further understand and agree that (a) if the Authorization is terminated, a direct modal premium shall become payable for all policies to which the Authorization applies; and (b) the amount and frequency of the premium payable under the policy will be specified in the pages entitled "POLICY DATA" attached to the policy and may, in some cases, be more than the premium payable under a P.A.D. plan.

**TEMPORARY INSURANCE AGREEMENT (the Agreement)**

Transamerica Life Canada (Transamerica) hereby agrees to provide temporary, limited insurance on the life of each Proposed Life Insured named in the applicable Application for Temporary Insurance upon and subject to all of the following terms and conditions.

**Effective Date**

This Agreement shall have no force or effect unless all of the following conditions are satisfied:

- 1. at least the full amount of the initial modal premium, as specified in Question 12 in Part 1 of this application for life insurance made in conjunction with the corresponding application for Temporary Insurance is received by Transamerica no later than the time that the Application for Life Insurance is completed;
2. any cheque or bank draft delivered as the initial modal premium is honoured upon its first presentment for payment;
3. all of the questions in the applicable Application for Temporary Insurance are answered "No";
4. the Proposed Life Insured is not named in the Application for Life Insurance as a person proposed to be insured under a Children's Rider, and is not under 15 days old or more than 65 years of age; and
5. the applicable Application for Temporary Insurance is fully executed.
Provided that all of the foregoing conditions are satisfied, temporary, limited insurance under this Agreement will take effect on the date on which Part I of the Application for Life Insurance was completed.

**Death Benefit**

Subject to all of the terms and conditions of this Agreement, if the Proposed Life Insured under this Agreement dies while this Agreement is in effect, then Transamerica agrees to pay to the applicable beneficiary named in the Application for Life Insurance, and upon receipt of proof of death satisfactory to Transamerica, a death benefit equal to the lesser of:

- 1. the amount of insurance applied for in the Application for Life Insurance in respect of the Proposed Life Insured (excluding any accidental death benefit applied for); and
2. \$500,000.00 (Cdn.)

If the applicable Application for Temporary Insurance is completed in conjunction with an Application for Life Insurance requesting a joint first-to-die or joint last-to-die policy, this Agreement in respect of the surviving Proposed Life Insured(s), will be rendered null and void upon the death of the first Proposed Life Insured.

**Limitations**

This Agreement becomes void if:

- 1. the total amount of life insurance with Transamerica on the Proposed Life Insured does or will exceed \$1,000,000 (Cdn.);
2. the death of the Proposed Life Insured under this Agreement results from suicide, while sane or insane;
3. the Proposed Life Insured under this Agreement dies while committing or attempting to commit a criminal act including, without limitation, driving a motor vehicle while under the influence of alcohol or drugs; or
4. a material fact has not been disclosed, or has been misrepresented, in the Application for Life Insurance or in the applicable Application for Temporary Insurance.

**Termination**

This Agreement will terminate on the earliest of the following dates:

- 1. the date on which the policy issued pursuant to the Application for Life Insurance becomes effective;
2. the date on which Transamerica mails a notice to the Owner in the Application for Life Insurance either (a) terminating this Agreement, or (b) declining to issue the policy applied for;
3. the date on which the Owner in the Application for Life Insurance requests withdrawal of the Application for Life Insurance or the applicable Application for Temporary Insurance; and
4. the date which is ninety (90) days after the date of the Application for Life Insurance.

NOTE: NO BROKER OR AGENT IS AUTHORIZED TO WAIVE, AMEND OR MODIFY ANY OF THE TERMS OR PROVISIONS IN THE APPLICATION FOR TEMPORARY INSURANCE OR IN THIS AGREEMENT.

**THIS PORTION MUST BE DELIVERED TO THE PROPOSED LIFE INSURED AND THE OWNER**

**NOTICE OF DISCLOSURE BY TRANSAMERICA REPRESENTATIVE (Applicable to Residents of British Columbia and Quebec Only)**

The life insurance product you are being offered is supplied by Transamerica Life Canada, a company licensed to conduct business in all provinces and territories of Canada.

In relation to any application by you for the acquisition of the proposed life insurance you are hereby advised that:

- a) For residents of British Columbia: I am acting as a licensed insurance agent or broker representing Transamerica.
For residents of Quebec: I am acting as a certified financial security advisor.

- b) Following the supply to you of the proposed life insurance or the completion of the transaction, and subject to contractual arrangements with Transamerica

and/or [redacted] (Name of Firm/Independent Partnership), I will be entitled to receive commission(s) and/or other compensation from

Transamerica and/or [redacted] (Name of Firm/Independent Partnership).

- c) Neither Transamerica nor any other person, firm, corporation or entity (including myself) may require as a condition of the proposed transaction that you transact any additional or other business with Transamerica or such other person, firm, corporation or entity. Except as otherwise permitted by law, such practice - sometimes known as "tied-selling" - is prohibited.

- d) For residents of Quebec: Commission sharing arrangements, if any, applicable to the proposed life insurance, are outlined as follows:

[redacted] (be sure to disclose the identity of the person or persons sharing the commission).

[redacted] D / M / Y

Name of Transamerica Representative

Signature of Transamerica Representative

Date

**NOTICE TO PROPOSED INSURED AND POLICYOWNER REGARDING ESTABLISHMENT OF FILE**

On receipt of your application for life insurance, the Head Office of Transamerica will establish a file that will contain your personal information including: (a) this application for life insurance, (b) any policy issued, and (c) any claim made in connection with any policy issued.

Such personal information will be used for underwriting, investigations, servicing and administration, and for claims purposes. The employees or authorized representatives of Transamerica responsible for such functions, or any other person whom you authorize or who is authorized by law will have access to the personal information contained in your file.

If allowed by law, you are entitled to consult the personal information contained in this file, and to have any inaccuracies rectified by sending a written request to: Policy Service Department, Transamerica Life Canada, 300 Consilium Place, Toronto, Ontario M1H 3G2.

**REPRESENTATIVE'S REPORT**

1. What is your relationship to the Proposed Life Insured(s)?
2. Has any Proposed Life Insured resided in Canada for less than two years?  Yes  No  
If Yes, state status  Canadian Citizen  Landed Immigrant  Contract Worker
3. Can each Proposed Life Insured read, speak and understand?  English  French  
If No, have you fully explained the details of the Application to each Proposed Life Insured and are you satisfied that the application is fully understood? If No, clarify below:  Yes  No
4. To the best of your knowledge, is this insurance intended to replace or will it cause a change in or involve a loan under any insurance or annuity policy on the Proposed Life Insured?  Yes  No  
*(if "Yes", complete Replacement/Disclosure form)*
5. Purpose of Insurance:  Personal  Business  
If Business, indicate:  Key Person  Stock Repurchase  Buy/Sell  
 Collateral Term  Planned Giving
6. Nature of Business:  Sole Proprietorship  Corporation
7. Current Net Worth of Business: \$   
Net Annual Income of Business last year: \$

8. To be completed by all Agents:

- Have you disclosed to the Client(s) all of the companies that you represent as a Licensed Insurance Broker?  Yes  No
- Have you disclosed to the Client(s) that you will be receiving compensation for the sale of this product?  Yes  No
- Have you made all disclosures to the Client(s) as required by law?  Yes  No
- Have you provided the Client(s) with a copy of the signed policy Illustration?  Yes  No
- Is a signed copy of the Illustration attached?  Yes  No

**AGENT'S NOTES:**

Do you have any knowledge of each Proposed Life Insured's personal habits, health, avocations, finances or reputation that might affect the underwriting risk? If so, please give details below.

  
  
  
  
  
  


I/we hereby declare that the statements and answers given in this application are true, complete and correctly recorded to the best of my/our knowledge and belief, and that I/we am/are not aware of additional information material to the Proposed Life Insured except as stated above in the Representative's Notes and Comments section on this page.

Signed at  on

Signature of Transamerica Representative  Name of Transamerica Representative (please print)

Signature of Transamerica Representative  Name of Transamerica Representative (please print)

**TO BE COMPLETED BY AGENCY STAFF**

Agency Staff:

TA Rep 1:   Agency Name or Number:

TA Rep 2:   GA/SA Code:   Share %

Writing Agent:   GA/SA Code:   Share %

(if other than Rep 1 or 2) Last Name First Name Solicitor:  (4 digits)  (6 digits)

NOTE: PLEASE COMPLETE WHEN PARTNERSHIP, BUSINESS OR FAMILY APPLICATIONS ARE BEING SUBMITTED.						PAYMENT SUBMITTED WITH THIS APPLICATION					
<input type="checkbox"/> Group With <input type="text"/> <input type="text"/>						ALL CHEQUES MUST BE MADE PAYABLE TO TRANSAMERICA LIFE CANADA					
<input type="text"/> Last Name <input type="text"/> First Name											
<input type="text"/> Last Name <input type="text"/> First Name											
Ordered <input checked="" type="checkbox"/> <input type="checkbox"/>	Submitted <input checked="" type="checkbox"/> Part-1 Sec. B <input type="checkbox"/> Part-II <input type="checkbox"/> Para-Med	Ordered <input type="checkbox"/>	Submitted <input type="checkbox"/> Urine/HIV <input type="checkbox"/> Medical <input type="checkbox"/> Blood/HIV	Ordered <input type="checkbox"/>	Submitted <input type="checkbox"/> ECG <input type="checkbox"/> Stress Test <input type="checkbox"/> X-RAY	Ordered <input type="checkbox"/>	Submitted <input type="checkbox"/> Aviation Q <input type="checkbox"/> APS-1 DR. <input type="text"/>	Ordered <input type="checkbox"/>	Submitted <input type="checkbox"/> Inspection <input type="checkbox"/> Sport Q	Ordered <input type="checkbox"/>	Submitted <input type="checkbox"/> Other-1 <input type="checkbox"/> Financial Q

**INSTRUCTIONS TO THE TRANSAMERICA REPRESENTATIVE / ADMINISTRATOR**

You have completed the first part (Part I Section A) of Transamerica's two part application process. The next step is to arrange for the requirements below by an authorized Transamerica Paramedical Company.

<b>Should Your Client Require the following Age and Amount Underwriting Requirements . . . :</b>	<b>Then Please Also Order:</b>
Paramedical or Medical plus Urine/HIV and/or Blood Profile and/or ECG and/or Stress ECG	Part I – Section B – Personal History
Urine/HIV	Part I – Section B – Personal History and Part II only