

<input style="width: 95%; height: 20px;" type="text"/> Last name	<input style="width: 95%; height: 20px;" type="text"/> First name
Date of birth: <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

1 Purpose of application

- To cover a loan** (Attach proof of loan from a financial institution indicating the names of borrowers, the date and balance of the loan and the monthly payment amount)
 - Mortgage loan Personal loan Agricultural loan Commercial loan Line of credit
 - Monthly payment (principal + interest) or current balance of line of credit used: \$ _____
 - Loan already insured in case of disability? Yes No **If so**, will this loan insurance be cancelled? Yes No
- To cover a lease** (Attach a copy of the lease)
- Income replacement**
 - If the Disability Income Benefit applied for is more than \$2,000, attach proof of income:**
 - Salaried employee: Copy of pay stub
 - Self-employed: T4, T1 and income and expenses statements for the last 2 complete fiscal years.

2 Are you a salaried employee? self-employed?

3 Name and address of your employer or company: _____

4 Type of company (line of business): _____

5 If you are self-employed, what percentage is your interest in the company? _____%

6 Number of years with this employer or self-employed: _____

7 Number of hours worked/week: _____

8 Number of weeks worked/year: _____

9 Number of years in a similar company: _____

10 Type of employment: Temporary Permanent

11 What is your job title? _____

12 Brief description of your duties: _____

13 What percentage of your work is considered as manual work: _____%

14 What is your Annual gross income (including salary, commissions and bonuses): \$ _____

15 Do you have any disability insurance, in force or pending, through your employer? Yes No **If so**, specify.

 Name of the insurance company

 % of salary

16 Do you have any disability insurance (including loan/credit insurance) in force or pending? Yes No **If so, specify.**

Year issued	Name of the insurance company	Monthly benefit
_____	_____	\$ _____/month
_____	_____	\$ _____/month

17 Have you ever received or requested disability benefits? Yes No **If so, specify.**

18 Additional comments

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

Signed at _____ on this _____ day of _____ 20 _____ .

Signature of proposed insured Signature of witness