

Policyholder's last name	Policyholder's first name
Application or Contract No.	

### 1 CHILDREN'S INFORMATION FOR THE CHILDREN'S LIFE INSURANCE RIDER

The children must be the proposed insured's as indicated on the child's birth certificate or by virtue of legal adoption. All the proposed insured's children under age 18 must be identified. When there are more than 4 children, use as many additional questionnaires as necessary.

	Last name	First name	Sex	Date of birth		
				Year	Month	Day
Child 1	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_	_	_
Child 2	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_	_	_
Child 3	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_	_	_
Child 4	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_	_	_

### 2 INSURED AMOUNT

Insured amount: \$ \_\_\_\_\_ The insured amount must be the same for all children.

### 3 BENEFICIARY INFORMATION

**A beneficiary is not designated:** If a beneficiary is not designated, any benefit will be paid to the policyholder, if living, or to his or her estate.

**Revocable and irrevocable beneficiaries:** A beneficiary designation is revocable unless otherwise indicated. However, in Quebec if the named beneficiary is the person to whom the policyholder is married or civilly united, this designation is considered irrevocable unless the policyholder indicates that he or she wishes for the designation to be REVOCABLE.

Designating an irrevocable beneficiary can have significant consequences. To replace a beneficiary designated as irrevocable, or carry out certain changes or transactions, the beneficiary's consent must be obtained. A minor irrevocable beneficiary cannot consent to a change or transaction, and the minor irrevocable beneficiary's parents and legal guardian are also unable to sign a document in that regard on his or her behalf.

**Minor beneficiary:** Outside Quebec, if a minor is the designated beneficiary, it is recommended that a trustee also be designated. By naming a trustee, the benefit is payable to the trustee who will hold it in trust for the minor beneficiary until he or she is of legal age (not applicable in Quebec). Any amount payable to a beneficiary who has reached the age of majority is payable directly to this person. In Quebec, the minor beneficiary's legal guardian will receive the payable benefit, unless an official trustee has been named.

**Estate, successors and legal heirs:** The terms "estate", "successors" or "legal heirs" refer to the policyholder's estate, successors or legal heirs, and not those of the child.

Last name	First name	Date of birth			Relationship to the children (in Quebec, relationship to the policyholder)	Check one	
		Year	Month	Day		Revocable	Irrevocable
_____	_____	_	_	_	_____	<input type="checkbox"/>	<input type="checkbox"/>

**4 OTHER INSURANCE IN FORCE OR PENDING**

**CHILD 1**

Does the child currently hold a life (**LIFE**) or critical illness (**CI**) insurance contract or have a pending application for any of these types of insurance?  
 Yes  No **If so**, provide the details of these contracts or applications.

			<b>Year and month issued (check if pending)</b>		
<b>LIFE</b>	<b>CI</b>	<b>Insured amount</b>	<b>Company name</b>	Year	Month Pending
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	_ _ _ _	_ _ _ _  <input type="checkbox"/>

**CHILD 2**

Does the child currently hold a life (**LIFE**) or critical illness (**CI**) insurance contract or have a pending application for any of these types of insurance?  
 Yes  No **If so**, provide the details of these contracts or applications.

			<b>Year and month issued (check if pending)</b>		
<b>LIFE</b>	<b>CI</b>	<b>Insured amount</b>	<b>Company name</b>	Year	Month Pending
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	_ _ _ _	_ _ _ _  <input type="checkbox"/>

**CHILD 3**

Does the child currently hold a life (**LIFE**) or critical illness (**CI**) insurance contract or have a pending application for any of these types of insurance?  
 Yes  No **If so**, provide the details of these contracts or applications.

			<b>Year and month issued (check if pending)</b>		
<b>LIFE</b>	<b>CI</b>	<b>Insured amount</b>	<b>Company name</b>	Year	Month Pending
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	_ _ _ _	_ _ _ _  <input type="checkbox"/>

**CHILD 4**

Does the child currently hold a life (**LIFE**) or critical illness (**CI**) insurance contract or have a pending application for any of these types of insurance?  
 Yes  No **If so**, provide the details of these contracts or applications.

			<b>Year and month issued (check if pending)</b>		
<b>LIFE</b>	<b>CI</b>	<b>Insured amount</b>	<b>Company name</b>	Year	Month Pending
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	_ _ _ _	_ _ _ _  <input type="checkbox"/>

**5 PREVIOUS INSURANCE COVERAGE**

**CHILD 1**

Has the child ever had a life (**LIFE**) or critical illness (**CI**) insurance application declined, deferred, modified, cancelled or rated with a higher premium?  
 Yes  No **If so**, provide details on these applications.

<b>Year</b>	<b>Month</b>	<b>LIFE</b>	<b>CI</b>	<b>Company name</b>	<b>Decision</b>	<b>Reason</b>
_ _ _ _	_ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**5 PREVIOUS INSURANCE COVERAGE (cont.)**

**CHILD 2**

Has the child ever had a life (**LIFE**) or critical illness (**CI**) insurance application declined, deferred, modified, cancelled or rated with a higher premium?  
 Yes  No **If so**, provide details on these applications.

Year	Month	LIFE	CI	Company name	Decision	Reason
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**CHILD 3**

Has the child ever had a life (**LIFE**) or critical illness (**CI**) insurance application declined, deferred, modified, cancelled or rated with a higher premium?  
 Yes  No **If so**, provide details on these applications.

Year	Month	LIFE	CI	Company name	Decision	Reason
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**CHILD 4**

Has the child ever had a life (**LIFE**) or critical illness (**CI**) insurance application declined, deferred, modified, cancelled or rated with a higher premium?  
 Yes  No **If so**, provide details on these applications.

Year	Month	LIFE	CI	Company name	Decision	Reason
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**6 NON-MEDICAL INFORMATION**

Answer all questions by checking YES or NO. For each "YES" answer, provide details in Section 9 Additional Information.

**Alcohol and drugs**

6.1 Has the child ever consulted, been treated or hospitalized for alcohol or drug abuse?

CHILD 1		CHILD 2		CHILD 3		CHILD 4	
Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Driving record**

6.2 Has the child ever had his or her driver's licence restricted or revoked, or does the child have 3 or more violations of the highway safety code?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Aviation and hazardous sports**

6.3 In the last 2 years, has the child flown a plane, taken flying lessons, taken part in scuba diving, skydiving, hang gliding or any other hazardous sport or activity or does he or she plan to do so?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**7 MEDICAL INFORMATION**

Answer all questions by checking YES or NO. For each "YES" answer:

- Circle the relevant illness, condition or situation.
- Provide details in Section 9 Additional Information.

Has the child consulted, been treated or hospitalized for cardiac or cerebral malformation, diabetes, cancer, tumor, leukemia, kidney disorder, asthma, convulsions, epilepsy, neurological disorder, depression, anxiety, liver disorder or Hepatitis B or C or is he or she a carrier of Hepatitis B or C or Acquired Immune Deficiency Syndrome (AIDS) or does he or she have an AIDS-related condition or tested positive for HIV?

CHILD 1		CHILD 2		CHILD 3		CHILD 4	
Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

