Simplified Second Chance
Application Form

La Capitale

Note: The contract will be issued by La Capitale Civil Service Insurer Inc. (the Insurer).

Contract No. Leave this blank

1 INSURED'S INFORMATION

INSURED 1

◯ Male ◯ Female	Last name	First name
Last name at birth (if different)	Date of birth Year Month Day	Age / S.I.N.
Address (number and street)		
City	Province	Postal code
Telephone	Email address	Occupation (mandatory)

INSURED 2 – Only complete the shaded sections if the address of Insured 2 differs from that of Insured 1.

◯ Male ◯ Female	Last name	First name
Last name at birth (if different)	Date of birth Year Month Day	Age / S.I.N.
Telephone	Email address	Occupation (mandatory)
Address (number and street)		
City	Province	Postal code

2 POLICYHOLDER'S INFORMATION

Check only one box:
◯ Insured 1 is the policyholder **OR** ◯ Insured 2 is the policyholder

Policyholder's employer (current or past)

VERIFICATION OF POLICYHOLDER'S IDENTITY

Health insurance cards cannot be used in the following provinces: Ontario, Manitoba and Prince Edward Island. In Quebec, health insurance cards cannot be required for identification purposes but if a policyholder chooses to present one, it can be accepted.

I.D.: Use original documents only. ◯ Driver's licence ◯ Health insurance card ◯ Passport
◯ Other photo I.D. issued by a federal or provincial authority: _____

Document No.	Expiry date (if available) Year Month	Issuing authority	Province or country of issue

VERIFICATION OF TAX CLASSIFICATION

Common Reporting Standard (CRS)
Is the policyholder a resident of a jurisdiction other than Canada or the United States for tax purposes? ◯ Yes ◯ No **If so**, enter policyholder's country and the foreign taxpayer identification number.

Country	Idenfication number

THIRD PARTY DETERMINATION

Is the policyholder acting in accordance with the instructions of another person (third party)? ◯ Yes ◯ No **If so**, complete the Third-Party Determination section of the Verification of an Individual's Identity form (IND121E).

3 ELIGIBILITY

You don't need to take a medical exam when applying. To be eligible, you need to be between age 18 and 60[1] inclusive, have a permanent Social Insurance Number (one not beginning with the figure 9) and be able to answer NO to all the questions below. If you answer YES to any of the following questions, you are not eligible for *Simplified Second Chance*.

	INSURED 1	INSURED 2
1– Does your current weight exceed the maximum weight indicated in the table?	○ Yes ○ No	○ Yes ○ No
2– Medical history: Have two or more members of your immediate family (father, mother, brothers, sisters) suffered a cardiac or kidney disorder, cerebrovascular accident (stroke), diabetes, cancer, multiple sclerosis or motor neuron disease before reaching age 60?	○ Yes ○ No	○ Yes ○ No
3– Do you suffer or have you suffered from, showed symptoms of, ever consulted for or been treated for any of the diseases or conditions listed below:		
a) Angina, heart attack, chest pain, heart failure, cerebrovascular accident (stroke), transient cerebral ischemia (TCI), abnormal electrocardiogram or any other heart or blood vessel disorder, type 1 (insulin-dependent) or type 2 diabetes?	○ Yes ○ No	○ Yes ○ No
b) Cancer, tumor, increase in ganglia, colon polyps or other growths, blood disorder, leukemia or other malignant disease, multiple sclerosis, paralysis, epilepsy or any other brain or nervous system disorder?	○ Yes ○ No	○ Yes ○ No
c) Chronic hepatitis, hepatitis B or C or hepatitis B carrier; any disorder of the intestines or colon; AIDS, AIDS-related syndrome or other immune system disorder, positive HIV test results (human immunodeficiency virus), alcohol abuse or drug use not prescribed by a physician?	○ Yes ○ No	○ Yes ○ No
d) Any prostate disorder (nodules, abnormal PSA), breast-related disorders (including lump, cyst, unusual discharge, physical changes, breast biopsy or abnormal mammogram) or kidney disorders?	○ Yes ○ No	○ Yes ○ No
4– With regard to your health, have you ever noticed any symptoms or discomfort for which you have not yet consulted a physician, or have you been advised to undergo a diagnostic test or surgical operation that has not yet been carried out?	○ Yes ○ No	○ Yes ○ No
5– In the last 3 years, have you submitted an application for insurance that was declined, rated with a higher premium or modified in any way?	○ Yes ○ No	○ Yes ○ No

HEIGHT		MALE		FEMALE	
FEET	CM	LB	KG	LB	KG
5'0" – 5'3"	152 – 160	208	94	191	87
5'4" – 5'6"	161 – 168	230	104	213	97
5'7" – 5'9"	169 – 175	250	113	229	104
5'10" – 6'0"	176 – 183	270	122	249	113
> 6'0"	> 183	291	132	274	124

4 SMOKER STATUS

	INSURED 1	INSURED 2
In the last 12 months, have you smoked cigarettes, cigarillos, cigars, a pipe, a bong, a hookah or used betel nut, snuff or marijuana (cannabis) containing any tobacco or nicotine product or used any other form of tobacco or a substitute such as gum, nicotine patch or electronic cigarette?	○ Yes ○ No	○ Yes ○ No

Note 1: To apply for *Simplified Second Chance* with the Health Option, you must be between age 18 and 55 inclusive.

5 CHOICE OF COVERAGE AND INSURED AMOUNT

See the Table of Monthly Premiums for premium rates.

	INSURED 1	INSURED 2
Check the type of insurance: ▪ **T-10:** 10-year renewable fixed-term insurance with a premium that is fixed and guaranteed for the first 10 years, then increases every 10 years until age 75.	☐ **T-10**	☐ **T-10**
▪ **T-75:** Fixed-term insurance to age 75 with a premium that is fixed and guaranteed until age 75.	☐ **T-75**	☐ **T-75**
▪ **T-75 with Health Option:** Fixed-term insurance to age 75 with a fixed, guaranteed premium that is payable to age 65 or until the 25th policy anniversary (but no later than age 75), whichever is later. Reimbursement of premiums prior to death possible starting on the 15th policy anniversary, depending on age at issue. **To apply for the Health Option, you must be between age 18 and 55 inclusive.**	☐ **T-75 with Health Option**	☐ **T-75 with Health Option**
Check the insured amount: This insured amount, combined with any insured amount already in force under an existing *Simplified Second Chance* policy, may not exceed $50,000. If applicable, the portion of the premium corresponding to any amount in excess of the insurance coverage will be reimbursed.	☐ **$10,000** ☐ **$25,000** ☐ **$50,000**	☐ **$10,000** ☐ **$25,000** ☐ **$50,000**

TABLE OF MONTHLY PREMIUMS

T-10 10-YEAR RENEWABLE FIXED TERM

	MALE						FEMALE					
	NON-SMOKER			SMOKER			NON-SMOKER			SMOKER		
AGE	$10,000	$25,000	$50,000	$10,000	$25,000	$50,000	AGE	$10,000	$25,000	$50,000	$10,000	$25,000	$50,000
18 to 25	8.43	11.40	16.42	8.73	14.60	19.25	18 to 25	8.73	11.46	16.25	9.55	13.81	17.38
26 to 30	8.96	12.63	17.88	9.72	16.44	22.79	26 to 30	9.60	13.08	18.04	10.39	15.73	20.58
31 to 35	9.65	14.10	21.04	11.38	20.13	30.08	31 to 35	10.45	14.77	21.00	12.08	19.38	28.83
36 to 40	11.18	17.15	26.21	14.52	26.15	43.75	36 to 40	12.05	17.73	26.63	15.04	24.96	42.88
41 to 45	13.52	22.38	36.75	19.97	38.15	67.54	41 to 45	14.23	22.31	35.71	19.17	34.02	61.75
46 to 50	17.19	30.85	51.25	27.00	57.75	109.00	46 to 50	17.48	29.10	48.71	24.47	46.65	86.54
51 to 55	23.10	46.90	87.50	39.50	92.81	175.33	51 to 55	21.52	37.85	66.50	32.50	63.54	126.33
56 to 60	33.88	70.35	135.79	74.48	166.96	325.50	56 to 60	27.21	49.35	92.42	48.16	103.96	197.42

T-75 FIXED TERM TO AGE 75

	MALE						FEMALE					
	NON-SMOKER			SMOKER			NON-SMOKER			SMOKER		
AGE	$10,000	$25,000	$50,000	$10,000	$25,000	$50,000	AGE	$10,000	$25,000	$50,000	$10,000	$25,000	$50,000
18 to 25	10.08	17.06	28.63	12.53	23.19	40.25	18 to 25	9.80	16.35	26.96	12.40	22.73	39.63
26 to 30	11.32	19.90	34.13	14.55	28.06	50.42	26 to 30	10.58	18.15	30.83	14.08	26.79	47.96
31 to 35	12.60	23.06	40.83	17.68	35.71	65.50	31 to 35	11.92	21.08	36.50	16.36	32.63	59.17
36 to 40	14.46	27.94	50.42	22.00	46.69	88.17	36 to 40	13.63	25.42	45.00	19.02	39.35	72.63
41 to 45	17.13	33.98	62.58	29.38	65.67	125.33	41 to 45	15.89	30.67	55.83	23.77	50.71	95.75
46 to 50	21.11	43.94	82.08	39.80	90.15	175.08	46 to 50	18.28	36.69	67.63	30.73	67.02	127.50
51 to 55	26.62	57.79	110.38	60.58	140.90	274.67	51 to 55	21.83	45.35	85.29	42.10	95.15	183.46
56 to 60	33.59	76.21	146.13	88.22	209.04	410.50	56 to 60	26.54	57.52	109.83	55.97	129.33	251.54

T-75 FIXED TERM TO AGE 75 WITH HEALTH OPTION

	MALE						FEMALE					
	NON-SMOKER			SMOKER			NON-SMOKER			SMOKER		
AGE	$10,000	$25,000	$50,000	$10,000	$25,000	$50,000	AGE	$10,000	$25,000	$50,000	$10,000	$25,000	$50,000
18 to 25	13.63	22.71	34.29	15.75	28.96	48.50	18 to 25	13.87	22.90	33.50	15.25	27.35	49.08
26 to 30	15.55	26.83	41.38	18.81	36.79	62.33	26 to 30	15.88	27.10	40.17	18.05	34.15	59.42
31 to 35	17.78	31.96	52.38	22.67	47.31	83.83	31 to 35	18.23	32.40	50.08	21.46	43.27	79.58
36 to 40	21.72	40.85	70.63	29.23	65.08	115.13	36 to 40	21.94	40.54	67.88	26.95	57.58	103.46
41 to 45	26.75	52.98	97.08	41.88	95.46	187.54	41 to 45	26.20	50.56	92.13	33.38	76.63	142.79
46 to 50	32.62	69.40	136.21	63.11	150.35	295.25	46 to 50	30.62	62.73	118.67	47.23	109.21	213.04
51 to 55	47.04	109.29	212.17	82.29	195.60	387.33	51 to 55	40.33	91.69	179.58	65.27	154.96	305.42

6 BENEFICIARY INFORMATION

Any amount payable during the insured's lifetime is paid to the policyholder.

Any amount payable following a death covered under this benefit is paid to the beneficiary subject to the conditions indicated below.

A beneficiary is not designated: If a beneficiary is not designated, the death 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 death 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 insured.

	Full name of beneficiary	Date of birth (Year Month Day)	Relationship to the insured (in Quebec, relationship to the policyholder)	Check one: Revocable	Irrevocable
INSURED 1				○	○
INSURED 2				○	○

7 PREMIUM PAYMENT METHOD SELECTION

○ **Preauthorized Debit (PAD) (personal)**[2] – Do not enclose a cheque to cover the initial premium. Complete Section 9.

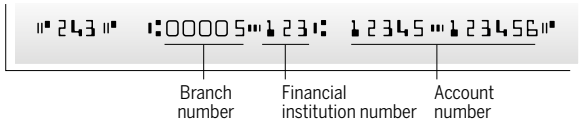
○ **Annual** – Enclose a cheque made payable to La Capitale Civil Service Insurer Inc. for the amount of the total monthly premium, multiplied by 12.

8 PREMIUM PAYOR'S INFORMATON

Check only one box: ○ Insured 1 is the payor **OR** ○ Insured 2 is the payor

9 PREAUTHORIZED DEBIT (PAD) AGREEMENT

Bank account information: ☐ Cheque specimen attached ☐ Banking information provided below:



Branch number _____ Financial institution number _____ Account number _____

Withdrawal date: The _____ of each month (between the 1st and 30th days of the month). If a date is not indicated, it will be selected by the Insurer.

I waive my right to receive advance notice of the amount and the date of the PAD and of any change to the amount and the date.

This agreement may be cancelled upon receipt by the Insurer of 10 days' written notice prior to the scheduled date of the next PAD. To obtain a PAD cancellation form, or for more information about your right to cancel this agreement, contact your financial institution or visit www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information about your recourse rights, contact your financial institution or visit www.cdnpay.ca.

I authorize the Insurer or its mandatary to debit the fixed monthly amounts required for payment due to the Insurer from the account indicated on the enclosed cheque specimen or from the account identified above.

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

X _____
Premium payor's signature

La Capitale Insurance and Financial Services
625 Jacques-Parizeau St, Quebec QC G1R 2G5
Tel.: 418 528-2211 or 1 800 463-4433 | Email: fim@lacapitale.com

Note 2: The monthly premium may be adjusted slightly depending on the date of issue and date of the first preauthorized payment, in order to ensure the total annual premium is withdrawn during the first year.

10 DECLARATIONS AND AUTHORIZATIONS

1– I hereby confirm that the information provided in this application is true, in the knowledge that the Insurer bases its decision to approve or decline my application on this information and I further understand that any incomplete, inaccurate, false or deceitful declarations may cause my insurance contract to be cancelled.

2– I understand that if I am eligible, the insurance will become effective on the date on which the Insurer approves this application, provided that the initial premium has been paid and there have been no changes in the nature of the insurable risk of the proposed insured since the date on which the application was signed. I further agree that the applicable premiums will be those that are in effect on the date on which the application is received by the Insurer.

3– I hereby authorize any person, organization or public or parapublic institution holding personal information about me, including healthcare professionals, medical establishments, the MIB, Inc., financial institutions, insurance and reinsurance companies, personal information agents, investigation or consumer reporting agencies, my employer or my previous employers to disclose this information to the Insurer or to its reinsurers for the purposes of determining my insurability, managing my file and considering my claims. I further authorize, for these same purposes, the Insurer and its reinsurers to disclose the personal information they hold to such individuals or organizations, including the MIB, Inc., request an investigation report relating to me and to make a brief report to MIB, Inc. providing personal information about my health.

4– A photocopy of this authorization is considered as valid as the original.

5– I acknowledge that I have read the important information in the *Simplified Second Chance* leaflet as well as the MIB, Inc. Notice and the Personal Information Protection Notice.

6– Moreover, each and every proposed insured consents to the policyholder taking out this insurance.

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

Insured 1's signature	Insured 2's signature

11 SATISFACTION GUARANTEE

Within 10 days of receipt of my policy, I may cancel my contract by submitting a request in writing and returning the policy to the Insurer at 625 Jacques-Parizeau St, Quebec QC G1R 2G5. I may cancel my contract without giving any reasons for my decision. I will receive a full refund of all premiums already paid to the Insurer.

12 ADVISOR'S PERSONAL INFORMATION

Full name	Code

13 COMMISSIONS

Full name of advisor	Code	Split %
Full name of advisor	Code	Split %

14 SPECIAL INSTRUCTIONS

☐ Check if you would like the policy to be mailed directly to the policyholder.

15 ADVISOR'S DECLARATIONS

I hereby confirm that I have disclosed in writing the names of the companies that I represent, the fact that I am compensated by commission on the sale of insurance products and that I may receive additional compensation in the form of bonuses, convention participation or other incentives, as well as any potential conflicts of interest with regard to this sale.

I declare that I have provided all information about *Simplified Second Chance*, including guaranteed and non-guaranteed elements and any applicable restrictions, reductions and exclusions.

I declare that I hold all necessary licences and certificates for selling the insurance being applied for in the province or territory where it is being purchased.

In signing, I confirm that to the best of my knowledge all the information provided in this insurance application form is complete, accurate, and up-to-date.

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

X _____

Advisor's signature

La Capitale
Insurance and
Financial Services

TO BE READ AND RETAINED BY THE POLICYHOLDER

MIB, INC. NOTICE

Certain information must be collected when an insurer receives an application for insurance, and this information must be as complete as possible. The information collected may be of a medical or personal nature or regard your solvency. To help ensure fair underwriting for all insureds, most insurance companies, including the Insurer, work with an organization known as MIB, Inc. (MIB).

Any information regarding your insurability is treated as confidential. However, the Insurer and its reinsurers may forward a summary of such information to MIB, a not-for-profit organization formed by life insurance companies. This organization enables information to be exchanged among member companies.

If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB will, upon request, supply such company with information in its files.

The Insurer, or its reinsurers, may also disclose the information held in its files to other life insurance companies to which you may submit an application for life or health insurance, or to which a claim may be submitted.

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 in accordance with the procedures set forth in the US Fair Credit Reporting Act. MIB's address is:

MIB, Inc.
330 University Ave, Suite 501
Toronto, ON M5G 1R7
Tel.: 416 597-0590
www.mib.com

MIB receives personal information, and the collection, use and communication of such information are governed by the *Personal Information Protection and Electronic Documents Act* and other provincial legislation. Consequently, MIB safeguards personal information in a manner consistent with standard corporate privacy practices and in accordance with applicable legislation, and information may only be disclosed in accordance with the provisions of the legislation. If you have any questions about how MIB safeguards and protects the confidentiality of your personal information, you can contact MIB's privacy department at privacy@mib.com.

NOTICE CONCERNING THE PROTECTION OF PERSONAL INFORMATION

At La Capitale, we respect your privacy, because we know how important it is to keep your personal information confidential and secure. That is why we have adopted a Personal Information Protection Policy and implemented safeguards to protect your personal information. We collect and use your personal information to manage your Insurance, Annuity, and Credit Financial Services or Related Services insurance file. Your personal information is stored at our offices and protected by high security measures in accordance with the laws and regulations applicable to the protection of personal information. Only our employees, mandataries, distribution partners (such as agents and their firms) and service providers may access your personal information, and solely when such access is required to perform their duties, carry out their mandate or fulfil their service contract. La Capitale may do business with one or more service providers based outside of Canada. It is therefore possible that some of your personal information held by La Capitale may be stored outside of Canada and governed by the laws of foreign countries or states.

If you would like to access your file or make a correction to it, make your request in writing to the following address:

La Capitale Civil Service Insurer Inc.
Individual Insurance and Financial Services
625 Jacques-Parizeau St, PO Box 16040
Quebec QC G1K 7X8

625 Jacques-Parizeau St, PO Box 16040
Quebec QC G1K 7X8