



Individual insurance

Policy change without evidence of insurability

Version: July 2023

Beneva Inc.
1225 Saint-Charles Street West, Suite 200
Longueuil, Quebec J4K 0B9

Instructions for advisors

Please complete this form for policy changes that don't require evidence of insurability.

If the policy has more than two insureds, please complete a second form.

If there is more than one policyowner, EACH policyowner must sign section I of this form.

To request a policy change with evidence of insurability, please complete an application (FIND0035A).

To request a policy change or reinstatement for accident / sickness insurance products, please complete the appropriate form, either the Policy Change form for Individual Disability Plan (FIND0040A) and/or the Policy Change form for AcciGuard (FIND0039A).

A – General information

New policy / amendment to be sent to: Advisor Policyowner(s)

Policyowner 1 (to be completed if change of address)

First and last names

Address (civic number, street)

City

Province

Postal code

Telephone

Policy number _____

Policyowner 1 (to be completed if change of address)

Same address as Policyowner 1

First and last names

Address (civic number, street)

City

Province

Postal code

Telephone

B – Changes requested

If the policy is not already governed by the tax rules in effect as of January 1st 2017, certain changes that do not require evidence of insurability may cause a change to the tax rules applicable to the policy.

If there is more than one policyowner on the policy for which a change is being requested, EACH policyowner must sign section I of this form.

B1 – Common changes Please check appropriate box.

Deletion of insured (at monthly premium due date following the reception of the request)

Name of insured(s)

Deletion of benefit or additional benefit (at monthly premium due date following the reception of the request)

Name of insured(s)

Benefit

Reduction of face amount (at monthly premium due date following the reception of the request)

Name of insured(s)

Benefit

\$ _____
Reduction to

For a conversion towards a whole life insurance or enhanced term-100 life insurance, section D must be completed.

For a conversion towards a universal life insurance, sections D, E, F and G must be completed.

Total conversion on the existing policy – Not available if the existing policy is a universal life insurance policy governed by the tax rules in effect before January 1st 2017.
Applicable when there is more than one benefit in force.

Total conversion on a new policy

• Simplified Term Life insurance may be converted only to a Simplified Whole Life insurance.

Partial conversion on the existing policy – Not available if the existing policy is a universal life insurance policy governed by the tax rules in effect before January 1st 2017.

Preserve the face amount balance Cancel the face amount balance

Partial conversion on a new policy

Preserve the face amount balance Cancel the face amount balance

• Simplified Term Life insurance may be converted only to a Simplified Whole Life insurance.

• Complete also section B4 if conversion is towards a universal life insurance.

• For any conversion of a policy for which the premium payment frequency is annual or semi-annual, please attach the balance of premium by cheque, in accordance with section C1 of this form.

Name of insured(s)

Previous benefit

New benefit

\$ _____
Face amount converted

Name of insured(s) that must be canceled

Continuation Privilege of the \$20,000 Critical Illness Rider in case of conversion

If the \$20,000 Critical Illness Rider (the «Rider») is attached to the benefit that you wish to convert, you have the option to maintain the Rider in force after the conversion, in accordance with the Continuation Privilege indicated in the Rider. Do you wish to maintain your \$20,000 Critical Illness Rider in force after the conversion, in accordance with your Continuation Privilege?

No Yes

Exchange program

- Available after the 1st anniversary and prior to the 5th anniversary of the Term 10 benefit and Term Plus T10 to Term Plus T35.

- Available for Term 10 benefits issued as of January 1st, 2011. Available for new generation Term Plus October 2019.

Term 10 to Term 20 Name of insured(s) _____

Term 10 to Term 70 Name of insured(s) _____

Term Plus (actual term) _____ to Term Plus (new term) _____ Name of insured(s) _____

The exchange will be applied on the existing policy and the additional benefits will remain, unless stated otherwise. However, if the exchange concerns a Term 10 benefit that is a rider on a universal life insurance policy governed by the tax rules in effect before January 1st 2017, the exchange will be applied on a new policy. The exchange is available only for a term higher than the actual term and for a benefit available at the time of the exchange.

Change to the death benefit option within the first 12 months (for Term Plus contracts only)

From Level to Decreasing From Decreasing to Level

Division of Multi-Life or Multi-Insureds coverage (at monthly premium due date following the reception of the request) – \$25 fee (for universal life insurance: \$50 fee)

- Complete a new application without completing the personal and medical history sections, for the insured being removed from the policy. For a **whole life insurance or enhanced term-100 life insurance, section B4** is also required in the new application. For a **universal life insurance, sections B4, B5, B6 and F** are also required in the new application.
- Complete the *Change of Owner* form (FIND0206A) to change the policyowner or beneficiary, as the case may be, for the insured that remains on the policy.

Change of Joint coverage to Individual coverage → **to the pro rata of face amount per number of insureds**

(at monthly premium due date following the reception of the request) – \$50 fee

Name of insured(s) that must be canceled _____

- Complete a new application without completing the personal and medical history sections, for all insureds requiring an individual coverage. For a **whole life insurance or enhanced term-100 life insurance, section B4** is also required in the new application. For a **universal life insurance, sections B4, B5, B6 and F** are also required in the new application.

Other change (specify) _____

B2 – Increase of face amount without evidence of insurability (e.g. Term Plus, Loan Insurance, Mortgage Insurance, Decreasing Term Plus)

- For any Increase of face amount without evidence of insurability on a policy for which the premium payment frequency is annual or semi-annual, please attach the balance of premium by cheque, in accordance with section C1 of this form.

Please check appropriate box and include all pertinent documents in all cases.

Increase of face amount (Term Plus or Loan Insurance)

This option must be exercised within 60 days following the acquisition of a new loan or the increase of the current loan or one of the life events indicated in the contract.

The total of all increases requested **cannot exceed the LESSER** amount of 25% of the sum insured **OR** \$100,000.

Increase of monthly indemnity (Term Plus or Loan Insurance)

This option must be exercised at the same time the increase of face amount is done on the life insurance coverage of Term Plus or Loan Insurance. The monthly indemnity will be increased in proportion to the increase of the face amount under the life insurance coverage.

Increase of face amount (Mortgage Insurance)

This option must be exercised within 60 days following the acquisition of a new loan or the increase of the current loan.

The total of all increases requested **cannot exceed the LESSER** amount of 25% of the sum insured at issue **OR** \$100,000 **OR** the actual increase of the mortgage loan or the amount of the new loan.

Increase of monthly annuity (Decreasing Term Plus)

This option must be exercised within 30 days following the contract's anniversary date.

The increase for **any given year cannot exceed** 15% of the initial monthly annuity as indicated in the contract. The total of all increases requested **cannot exceed** 50% of the initial monthly annuity indicated in the contract.

Name of insured 1: _____

Name of insured 2: _____

Increase to: \$ _____

Increase to: \$ _____

Declaration of insured 1

I attest that I am not disabled.

X _____ | Y | Y | Y | Y | M | M | D | D |

Signature of insured 1

Date

Declaration of insured 2

I attest that I am not disabled.

X _____ | Y | Y | Y | Y | M | M | D | D |

Signature of insured 2

Date

B3 – Changes without evidence of insurability for universal life insurance

Please check appropriate box.

Cost of insurance – \$25 fee*The net amount at risk remains the same following a change in the cost of insurance.*

- from YRT to T20-YRT (UL Investment only)
- from YRT 85/20 to T20-YRT (UL Investment only)
- Change to T100*

*The T100 cost of insurance is only available on certain universal life insurance products.

Death benefit and Indexation – \$25 fee from Increasing to Level from Level to Increasing (*net amount at risk remains the same*)**Indexation** from Indexed to Non-Indexed**Face amount adjustment**

- Change from Maximizer option to Increase option
- Change from Increase option to No Increase option
- Change from Maximizer option to No Increase option
- Change from Increase and Decrease option to No Increase option

 Change of billed premium

New annual premium \$ _____ New modal premium \$ _____

B4 – Conversion to universal life insurance

Please join an illustration signed by the policyowner(s).

Cost of insurance type	<input type="checkbox"/> Yearly Renewable Term (YRT) <input type="checkbox"/> T100 <input type="checkbox"/> Other (specify): _____
Death benefit option	<input type="checkbox"/> Level death benefit (only available for the YRT cost of insurance type) <input type="checkbox"/> Increasing death benefit When the death benefit is increasing: For a Joint, Last to die policy, funds will be payable upon last death.
Annual billing premium (including all additional benefits, if any)	\$ _____
Face amount adjustment (tax exemption) If there is no option chosen, the "No Increase" option will be applied by default.	<input type="checkbox"/> Option 1: No Increase – No face amount increase (transfer of the excess funds to the transitory deposit account); <input type="checkbox"/> Option 2: Exempt Test Increase – Face amount increase (maximum 8%) and, if necessary, transfer of the excess funds to the transitory deposit account; <input type="checkbox"/> Option 3: Increase and Decrease – Increase and decrease of the face amount (minimum equals initial face amount); <input type="checkbox"/> Option 4: Maximizer (complete the "Information for the Maximizer option" section below). The Maximizer option is only available for the YRT cost of insurance type.

Maximizer option

- Do not forget to specify durations and face amount.
- In the absence of details regarding the durations and minimum face amount, the default values are as follows: The beginning of duration will correspond to *10 years from the issue date*, the end of the duration will correspond to *100 years less the insured's age at issue* and the minimum face amount will correspond to *face amount of the policy*.

Optimization of exemption test

- Beginning of the duration: _____ years (minimum duration: 10 years from issue date)
- End of the duration: _____ years (maximum duration: 100 years minus the age of the insured at the issue date)
- Minimum face amount: \$ _____ (minimum \$25,000, maximum face amount chosen)

Investment options and percentage split

- Please indicate your investment choices and percentage split below.
- The total percentage split must equal 100% (minimum 10% per account).
- In case no investment account is chosen, premiums and deposits are credited in the daily interest account.
- For two accounts or more, if no split percentage is specified, premiums and deposits are equally divided between the accounts.

In order to help you choose an appropriate investment strategy, it is necessary to assess your risk tolerance and the amount of return you hope to achieve, while taking into account your time horizon. Each investor's target asset allocation mix is determined according to their situation, needs and constraints. With these factors in mind, it is necessary that your financial security advisor / representative establishes your investor profile with you in order for him/her to advise you accordingly.

Managed accounts		Interest accounts	
Conservative Strategy	%	Daily interest account	%
Balanced Strategy	%	1-year guaranteed interest account	%
Growth Strategy	%	3-year guaranteed interest account	%
Aggressive Strategy	%	5-year guaranteed interest account	%
100% Equity Strategy	%	10-year guaranteed interest account	%
CI Canadian Asset Allocation	%	Indexed accounts	
CI Global Income and Growth	%	Canadian Money Market (3-month Treasury Bill)	%
Guardian Conservative Monthly Income	%	Canadian Bonds (FTSE Canada Universe Bond)	%
Guardian Monthly Income	%	Canadian Equity (S&P/TSX)	%
PIMCO Bond	%	US Equity (S&P 500)	%
PIMCO Global Bond	%	US Equity, Technology (MSCI US IM Information Technology 25/50)	%
Triasima Canadian Equity	%	Small Cap US Equity (S&P SmallCap 600)	%
Guardian Canadian Dividend Equity	%	International Equity (MSCI EAFE)	%
Hillsdale US Equity	%	Global Equity (MSCI World Ex Canada)	%
Fiera Capital Global Equity	%	Emerging Market Equity (MSCI Emerging Markets)	%
TD Global Dividend Equity	%	Other (specify)	
C WorldWide International Equity	%		%
Lazard Global Infrastructure	%		%
Fisher Emerging Markets Equity	%		%
CI Global Real Estate	%		%
			TOTAL
			100%

C – Payment of premiums

In accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations, the financial security advisor / representative must complete the *Determination of Politically Exposed Persons and Heads of International Organizations (FRA1234A)* form for any lump sum deposit of \$100,000 or more for a universal life insurance product.

C1 – General information

Total premium amount for this policy change request: \$ _____

New billing premium for the policy following the change (universal life insurance only): \$ _____

Method of payment

Enclosed cheque for the amount of \$ _____ Date of cheque | Y | Y | Y | Y | M | M | D | D |

Cashed on reception of this change request.

Pre-authorized debit drawn from the same bank account associated with the policy number mentioned in section A of this form

Pre-authorized debit drawn from a new bank account (complete section C2 and attach a specimen cheque)

C2 – Pre-authorized debit agreement

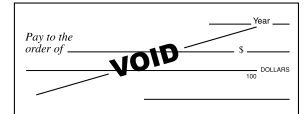
- I hereby authorize Beneva Inc. to debit my account as per my instructions and/or as detailed in the contract of insurance, for monthly recurring payments and/or one time payments from time to time, in payment of all charges, including any applicable financing charges and taxes, arising from the contract of insurance.
- The amount of the pre-authorized debit may be increased or decreased at a later date as a result of endorsements, cancellation, exclusions or renewal of the contract of insurance. I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as variable amount pre-authorized debits. I understand that the same method of payment will apply upon renewal of the contract of insurance, if applicable, unless I notify Beneva Inc. before the renewal date of the contract of insurance.
- I understand that depending on the product chosen, a monthly payment will result in a higher annualized premium.
- If a pre-authorized payment is returned due to insufficient funds (NSF), Beneva Inc., is authorized to re-submit the payment. Any charges incurred as a result of NSF may be added to the subsequent pre-authorized payment.
- I agree to inform Beneva Inc., by way of a letter, of any change in the account information provided in this Agreement at least ten (10) business days prior to the next debit to my account.
- I agree to the debiting of my account each month on the day selected in this **Policy Change** form or the next business day.
- I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as Personal.
- I agree and understand that Beneva Inc. will not notify me before each withdrawal.**
- In the event that I instruct Beneva Inc. to change the amount of the pre-authorized debit, I waive the right to receive the required notice.
- I may cancel this authorization for pre-authorized debits at any time, subject to providing Beneva Inc. with thirty (30) days notice in writing. I may contact my financial institution about my rights regarding cancellation, or visit www.cdnpay.ca for a sample cancellation form.
- I understand that Beneva Inc. reserves the right to terminate this Agreement upon fifteen (15) days notice in writing.
- Any cancellation of this Agreement will not terminate or otherwise have any bearing on any Agreement that exists with Beneva Inc. whatsoever with respect to any contract of insurance, so long as payment is provided by an alternate method accepted by Beneva Inc.
- I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Beneva Inc.

Premium Accounting

1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9

Please attach a specimen cheque, on which you have written "VOID", for the account to be debited.



Name of Financial Institution

Address, City, Province and Postal Code of the Branch

Branch Financial Institution Number Account Number

Authorization

For a joint account, all account holders must sign if more than one signature is required on cheques issued from the account.

Name of Account Holder or Authorized Person (in capital letters) X Signature | Y | Y | Y | Y | M | M | D | D | Date

Name of Account Holder or Authorized Person (in capital letters) X Signature | Y | Y | Y | Y | M | M | D | D | Date

D – Declaration of tax residence of policyowner(s) (self-certification)

(applicable to a conversion towards a whole life insurance, enhanced term-100 life insurance and universal life insurance)

The information provided in the Declaration of Tax Residence section must be correct and complete. The policyowner(s) must provide Beneva Inc. with a new tax residence declaration within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate (for example, changing a bank account for one in a financial institution in a country other than Canada, changing an address for an address in a country other than Canada, etc.).

The policyowner is a corporation or other type of entity

For **whole life insurance** or **enhanced term-100 life insurance**, the Declaration of Tax Residence must be completed on the form *Declaration of Tax Residence (Self-Certification) - Entity* (FRA1748A).

For **universal life insurance**, the Declaration of Tax Residence must be completed on the form *Verification of the Identity of Corporations and Other Entities* (FRA1235A).

Policyowner 1 (individual)	Policyowner 2 (individual)
<p>Check (✓) all options that apply to you:</p> <p><input type="checkbox"/> I am a tax resident of Canada</p> <p><input type="checkbox"/> I am a tax resident of a jurisdiction other than Canada or the United States → If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) - Individual</i> (FRA1737A) is required.</p> <p><input type="checkbox"/> I am a tax resident of the United States → If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) - Individual</i> (FRA1737A) is required.</p>	<p>Check (✓) all options that apply to you:</p> <p><input type="checkbox"/> I am a tax resident of Canada</p> <p><input type="checkbox"/> I am a tax resident of a jurisdiction other than Canada or the United States → If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) - Individual</i> (FRA1737A) is required.</p> <p><input type="checkbox"/> I am a tax resident of the United States → If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) - Individual</i> (FRA1737A) is required.</p>

E – Policyowner(s) identity verification (applicable to a conversion towards a universal life insurance)

For universal life (UL) insurance: The financial security advisor/representative must verify the identity of each policyowner as required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (the Act).

How are you verifying the identity of each policyowner, for a UL insurance?

Check the box(es) that apply:

- In the physical presence of each person:** using an **authentic (original), valid and unexpired (if applicable) government-issued photo identification document** → If you check this box, indicate below for each person, the identification document that has been reviewed, its number, its expiration date (if applicable) and jurisdiction. If the document selected below is "Other photo identification document admissible by Law", please specify the type of document verified. In Quebec, you are not allowed to request the client's Health Card, but you can accept it only if the client offers it to you. In the provinces of Ontario, Manitoba, Nova Scotia and Prince Edward Island, the use of a Health Card for identification purposes is prohibited.
- Using the dual process method (if verification done remotely or if identification document not valid):** using two legible, valid and up-to-date documents from two different, independent and reliable sources → If you check this box, the form *Dual process method for identity verification - Individual - Financial security advisor/ Representative declaration* (FRA1913A) is required.

Policyowner 1	Policyowner 2
_____ Name of the policyowner (as appearing on the document)	_____ Name of the policyowner (as appearing on the document)
_____ Principal business or detailed occupation and field of activity (if retired, indicate the last profession and field of activity)	_____ Principal business or detailed occupation and field of activity (if retired, indicate the last profession and field of activity)
_____ Name of employer	_____ Name of employer
_____ Employment status (e.g. employee, executive, owner, self-employed, etc.)	_____ Employment status (e.g. employee, executive, owner, self-employed, etc.)
<input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Citizenship card with photo	<input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Citizenship card with photo
<input type="checkbox"/> Other photo identification document admissible by Law (specify): _____	<input type="checkbox"/> Other photo identification document admissible by Law (specify): _____
_____ Document number Jurisdiction	_____ Document number Jurisdiction
Y Y Y Y M M D D Document expiration date	Y Y Y Y M M D D Document expiration date

F – Third party determination (applicable to a conversion towards a universal life insurance)

In accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations, the financial security advisor / representative must take reasonable measures to determine, with regard to the present conversion, if the policyowner(s) is (are) acting on behalf of a third party (individual or entity).

When you must determine whether a “third party” is involved, it is not about who “owns” the money, but rather about who gives instructions to deal with the money. If the individual in front of you is acting on someone else’s instructions, that someone else is the third party.

When the premium payer is a different person or entity than the policyowner(s), the payer is considered a third party and the section below must be completed.

Is (are) the policyowner(s) acting on behalf of a third party (individual or entity) or is there a third party to this contract?

- Yes → complete the “Third party identification” section below.
- No
- It is impossible to determine whether the policyowner(s) is (are) acting on behalf of a third party, but I have reasonable grounds to believe that he/she (they) is (are).
→ complete the “Third party identification” section below.

Is the person or entity paying the premiums/amounts in the insurance contract different from the policyowner(s)?

- Yes → complete the “Third party identification” section below.
- No

Third party identification (if applicable)

Name of the third party

Date of birth (if third party is an individual)

Full permanent address of the third party

Telephone number of the third party

Principal business or occupation: provide complete and detailed information, including the job title, the field of activity, the name of the employer and the employment status (employee, executive, owner, self-employed, etc.); if retired, provide the details on the last occupation prior to retirement

Relationship between the third party and the policyowner(s)

If the third party is an entity:

Business number

Place of issuance of its certificate of constitution

If you cannot obtain the above-mentioned information on the third party, please provide the reasons in the space below:

If you cannot determine if the policyowner is acting on behalf of a third party, but have reasonable grounds to suspect that he is, please provide the reasons in the space below:

G – Purpose of insurance (applicable to a conversion towards a universal life insurance)

G1 – Personal insurance

- Income / Loan protection Estate conservation Charitable donations

G2 – Business insurance

- Buy / sell agreement Collateral loan (specify the amount: \$ _____) Estate planning

- Key person protection Other (specify): _____

H – Notice to proposed insured(s) and policyowner(s)

Notice regarding the protection of your personal information

Protecting your personal information is a priority for Beneva¹. For this reason, we want to inform you that we collect, use and disclose your personal information only with your consent, unless otherwise permitted by law, and only for the time necessary to:

- identify you
- establish and update your profile, needs and objectives
- evaluate your applications and eligibility for our products and services
- provide you with advice related to your situation
- administer your contracts as well as your products or services (e.g. : pricing, underwriting, enrolment, claims processing, etc.)
- comply with legal and regulatory requirements (e.g. : preventing, detecting or deterring violations, cyber threats, fraud, etc.)
- obtain your feedback on our products and services
- provide you with personalized offers and advice about our products and services (refer to your right to withdraw consent) based on your preferences and in compliance with the rules governing electronic and telephone communications
- conduct studies and research, including the design and application of statistical models, some of which may allow for creating or inferring new information about you

How does Beneva collect your personal information?

We may collect your personal information over the telephone, in person, and through the use of our forms and our digital platforms.

Who does Beneva share your personal information with?

For the purposes described above, and only in connection with your products and services, we share your personal information with our affiliates and distribution networks and with third parties, some of which may be located outside of Quebec and Canada.

These third parties may include:

- other financial institutions, such as insurers and reinsurers
- other organizations or entities that have information about you, including insurance, fraud or claims information
- intermediaries
- credit assessment agencies
- government departments, agencies or regulatory authorities
- employers
- claims-related service providers, such as healthcare professionals and auto repair shops
- other agents and service providers (technology services, printing and mailing services, etc.)

Please note that in all cases, we ensure that they respect the protection of your personal information.

What are your rights regarding access and rectification?

You may access your personal information or request the correction of incomplete or inaccurate information. Send us a request to the following address:

Personal Information Protection Officer

Beneva
625 rue Jacques-Parizeau
Quebec QC G1R 2G5
ResponsablePRP@beneva.ca.

For more information about our personal information protection practices, please refer to the complete version of our Personal Information Protection Statement at www.beneva.ca.

Your consent for the collection, use and disclosure of your personal information is necessary in order to provide the product or service requested or offered. You have the right to withdraw your consent, but Beneva will not be able to continue providing you with its products or services.

For the sole use of Beneva financial advisors (BFA)

Consent to receive personalized offers and advice on products and services (optional)

I consent to the necessary collection, use and disclosure of my personal information by Beneva to service providers as well as websites and applications belonging to third parties to receive personalized offers and advice on products or services.

I understand that I may withdraw my consent by calling 1 844 781-0860 or visiting Beneva.ca

Policyowner 1 Policyowner 2

1. The term "Beneva" refers to Beneva Inc., its affiliates and their mutual insurance companies and distribution networks. Affiliates of Beneva Inc. designates La Capitale Financial Security Insurance Company, Beneva Investment Services Inc., Beneva Insurance Company Inc., L'Unique General Insurance Inc. and Unica Insurance Inc.

I – Signatures If there is more than one policyowner on the policy for which a change is being requested, EACH policyowner must sign this section.

I (we) ask Beneva Inc. to change the policy mentioned in section A of this form, based on the information provided in said form. This form is deemed to form part of the insurance contract between the policyowner(s) and Beneva Inc. The change(s) will take effect on the date Beneva Inc. will process this request.

II (we) agree that I (we) received the advisor's explanations concerning the possibility of a tax rule change that certain changes, which require evidence of insurability, may cause, if any. As such, the entire policy could be subject to the tax rules in effect as of January 1st 2017, if it is not already the case.

I (we) declare that the information provided in the Declaration of Tax Residence section is correct and complete and agree to provide Beneva Inc. with a new tax residence declaration within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

I(We) declare that the information provided on this form with respect to universal life insurance (if applicable) concerning my(our) contact information, identification information, occupation (including job title, field of activity, name of employer and employment status) and the purpose of insurance is accurate, complete and has been correctly indicated, and I(we) agree to promptly notify Beneva Inc. or my(our) financial security advisor/representative of any change in this information. In such a case, the financial security advisor/representative will forward the updated information to Beneva Inc. without delay.

I (We) acknowledge that I (we) have read the notice regarding the protection of personal information and I (we) accept its terms.

_____ this _____ day of _____ of year _____
Signed at (city and province) Date

X _____ **X** _____
Signature of policyowner 1 Signature of policyowner 2

X _____ **X** _____
Signature of the policyowner(s) for the payment of the universal life change fees from the accumulate funds

X _____ **X** _____
Signature of the irrevocable beneficiary(ies) of original policy

If the policyowner(s) is (are) an entity (entities):

_____ **X** _____
Name and title of authorized signatory Signature

_____ **X** _____
Name and title of authorized signatory Signature

J – Financial security advisor’s / representative’s report

J1 – Information about financial security advisor / representative

The following information is necessary for this form to be processed and for commissions to be paid.

Name of service advisor (in capital letters)

Agency

Code of financial security advisor / representative

Share % (multiples of 5%)

Telephone number

Name of other advisor sharing commission (if applicable) (in capital letters)

Agency

Code of financial security advisor / representative

Share % (multiples of 5%)

Telephone number

Name of other advisor sharing commission (if applicable) (in capital letters)

Agency

Code of financial security advisor / representative

Share % (multiples of 5%)

Telephone number

J2 – Signature of financial security advisor / representative

I confirm that I have provided an “Advisor Disclosure Statement” to the policyowner(s) disclosing the following:

- the name of the company or companies I represent at this moment;
- that I will receive compensation such as commissions for the sale of life and critical illness insurance company products;
- that I may receive additional compensation in the form of bonuses, conference programs or other incentives; and
- that I have disclosed any conflict of interest that I may have with respect to this transaction.

I declare that I have a valid licence for the territory where this form has been signed.

I hereby declare that all information in this form is true and complete to the best of my knowledge.

Identity verification of the policyowner(s) (applicable for universal life insurance)

I have verified the identity of the person(s) who signed this form as policyowner(s) using a method permitted in accordance with the requirements of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations.

Third party determination (applicable for universal life insurance)

In accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations, I have taken reasonable measures to determine if the policyowner(s) is (are) acting on behalf of a third party.

Ongoing monitoring of business relationships (applicable for universal life insurance)

When the person(s) who has(have) signed this form as policyowner(s) notifies (notify) me of an update to their contact information, identification information, occupation (including job title, field of activity, name of employer and employment status) or the purpose of insurance, I agree to inform Beneva Inc. without delay.

Name of financial security advisor / representative (please print)

X

Signature of financial security advisor / representative

Date | Y | Y | Y | Y | M | M | D | D |

Comments and details of financial security advisor / representative
