



Group Life Insurance Conversion Privilege

If your life insurance coverage under the Wawanesa Life group policy reduces or terminates on or prior to Age 65, you may be eligible to convert all or part of the coverage being lost to an individual life insurance policy, without having to submit a health questionnaire or undergo a medical examination. Written application and the first month's premium **must be** received by Wawanesa Life **within 31 days** of the date that your group life insurance coverage reduces or terminates. If you die within 31 days of the date that your life insurance terminates, your Life Insurance benefit will be paid to your beneficiary even if you did not apply to convert your coverage.

The rates for all plans are as follows. The premium may be paid on an annual or semi-annually basis by cheque payable to The Wawanesa Life Insurance Company; or monthly by PAD (Pre-Authorized Debit).

Instructions

Section 1. Applicant - to be completed by the plan member requesting conversion. Include in this section:

- Your full name and address
- Home phone number
- Social Insurance Number
- Date of Birth
- Sex

Section 2. Group Policy Information – to be completed by the plan administrator of the group. Include in this section:

- Group Policy Number
- Date employment terminated or life insurance reduced
- Name of employer
- \$ amount of terminated or reduced life insurance

Section 3. Policyowner, if different than the applicant – to be completed. Include in this section:

- Full name and address
- Social Insurance Number
- Relationship to Plan Member
- Contingent Policyholder (in the event of the Applicant's death)
 - Name
 - Relationship to Plan Member

Section 4. Beneficiary

Include in this section:

- Name of Beneficiary
- Relationship to Plan Member



Section 5. Policy Details

- Chose one of the three available plans that you would like to convert to.

1 year Term	This plan provides temporary life insurance from the date of issue for one year only and is non-renewable. The coverage will terminate after one year but can be converted prior to the expiry date, without medical evidence, to a Whole Life policy or Term to Age 65.
Term to Age 65	This plan provides temporary life insurance from the date of issue, until the insured reaches age 65. This policy cannot be converted to another form of insurance, and will terminate when the insured reaches age 65. It has no cash value.
Whole Life	This plan provides lifetime coverage. The premium is guaranteed and the policy will develop a cash value. The policy will be credited with dividends annually commencing at the end of the second policy year.

- Volume – the dollar amount of insurance. The maximum amount of insurance that may be converted is the lesser amount of the amount of insurance being terminated or reduced or \$200,000 or the amount of insurance that terminated less the amount of insurance provided by any replacing group policy within 31 days of the termination.
- Premium Frequency – choose annually, semi-annually or monthly, using pre-authorized debit.
- Dividend Option Elected

Section 6 – Consent & Disclosure Regarding Personal Information

Section 7 – Signatures

Plan Member signature

Applicant if different from Plan Member

Witness Signature



The following are annual rates per each \$1,000 of coverage.

Age	1 Year Term		Term To Age 65		Whole Life		Age	1 Year Term		Term To Age 65		Whole Life	
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female
20	2.02	1.46	3.74	2.24	6.58	5.59	43	4.47	3.44	9.19	5.81	19.79	16.70
21	2.02	1.46	3.76	2.31	6.80	5.87	44	4.85	3.69	9.67	6.04	20.88	17.50
22	2.03	1.46	3.78	2.39	7.04	6.15	45	5.26	3.95	10.18	6.28	22.03	18.33
23	2.03	1.46	3.81	2.47	7.32	6.46	46	5.76	4.23	10.62	6.42	23.24	19.19
24	2.04	1.46	3.83	2.55	7.64	6.78	47	6.30	4.53	11.08	6.57	24.51	20.09
25	2.04	1.46	3.85	2.63	7.99	7.12	48	6.90	4.85	11.56	6.71	25.85	21.03
26	2.05	1.48	4.00	2.74	8.35	7.46	49	7.55	5.19	12.07	6.87	27.26	22.02
27	2.06	1.51	4.16	2.85	8.75	7.83	50	8.27	5.56	12.59	7.02	28.75	23.05
28	2.07	1.53	4.32	2.97	9.18	8.22	51	9.03	6.01	13.19	7.18	30.31	24.13
29	2.08	1.56	4.49	3.09	9.63	8.63	52	9.87	6.50	13.82	7.35	31.95	25.26
30	2.08	1.59	4.66	3.22	10.10	9.04	53	10.78	7.03	14.48	7.52	33.67	26.45
31	2.17	1.67	4.91	3.37	10.61	9.49	54	11.78	7.60	15.17	7.69	35.46	27.68
32	2.26	1.75	5.17	3.54	11.14	9.95	55	12.88	8.21	15.90	7.87	37.44	29.07
33	2.35	1.83	5.44	3.71	11.73	10.46	56	13.88	8.91	17.04	8.36	39.39	30.41
34	2.45	1.93	5.73	3.88	12.33	10.95	57	14.96	9.67	18.27	8.87	41.42	31.81
35	2.55	2.02	6.04	4.07	12.98	11.49	58	16.12	10.50	19.59	9.42	43.57	33.29
36	2.71	2.15	6.37	4.27	13.67	12.05	59	17.37	11.39	21.00	10.00	45.77	34.82
37	2.89	2.30	6.72	4.48	14.41	12.64	60	18.73	12.36	22.51	10.62	47.27	35.88
38	3.08	2.45	7.09	4.70	15.17	13.23	61	20.47	13.47			49.64	37.54
39	3.28	2.61	7.48	4.93	15.99	13.87	62	22.38	14.67			52.08	39.26
40	3.49	2.79	7.89	5.17	16.86	14.53	63	24.47	15.98			54.68	41.09
41	3.79	2.99	8.30	5.38	17.79	15.23	64	26.75	17.40			57.34	43.00
42	4.11	3.21	8.74	5.59	18.77	15.95	65	29.24	18.95			60.22	45.08

To calculate the Annual premium for the **Whole Life Product**:
 = Rate x Number of thousands of coverage + \$75 Annual Policy Fee

To calculate the Annual premium for the **One Year Term or Term to Age 65 Product**:
 = Rate x Number of thousands of coverage + \$65 Annual Policy Fee

To determine the **Monthly Premium** for any product:
 = Annual Premium x 0.09

*Rates are subject to change without notice



GROUP CONVERSION APPLICATION

SECTION 1. PLAN MEMBER

Name _____ Social Insurance Number

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Address _____ Date Of Birth (YYMMDD)

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City _____ Prov _____ Male Female

Postal Code

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 Telephone

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SECTION 2. GROUP POLICY INFORMATION

Group Policy Number G Policy Sponsor _____

Date Benefit Terminated/Reduced _____ Amount of Benefit Terminated/Reduced \$ _____

YYMMDD

SECTION 3. POLICYOWNER, if other than applicant

Name _____ Social Insurance Number

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Address _____ Postal Code

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Relationship to Applicant _____

Contingent Policyowner: in the event of Policyowner's death, the Contingent Policyowner will be

Name _____ Relationship _____

SECTION 4. BENEFICIARY

Name _____ Relationship _____

SECTION 5. POLICY DETAILS

Insurance Plan: 1 Year Term Term to Age 65 Whole Life Volume \$ _____

Premium Frequency: Annual Semi-Annual PAD (Pre-Authorized Debit)

Dividend Option Elected: On Deposit Cash Premium Reduction (not available with PAD)

SECTION 6. CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: establishing and maintaining communications with me; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

I understand that Wawanesa Life may share my personal information with the following people, organizations and service providers: Wawanesa Life employees and agents who require this information to perform their jobs; claims investigators, investigative agencies, providers of information processing and storage, programming, printing, mailing and distribution services; applicable reinsurance companies; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

I understand that any restriction or withdrawal of my consent may result in Wawanesa Life being unable to process the claim being applied for.

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance:

Vice President, General Counsel and Secretary, The Wawanesa Life Insurance Company, 900 – 191 Broadway, Winnipeg, Manitoba R3C 3P1

SECTION 7. REQUEST FOR REGISTRATION/SIGNATURE

THE STATEMENTS AND ANSWERS MADE IN THIS APPLICATION, OR ANY SUPPLEMENT TO THIS APPLICATION, ARE TRUE AND COMPLETE. IT IS AGREED THAT DELIVERY TO AND ACCEPTANCE BY THE POLICYOWNER OF THIS POLICY, ISSUED IN CONSEQUENCE OF THIS APPLICATION, SHALL RATIFY ANY AMENDMENTS MADE BY THE WAWANESA LIFE INSURANCE COMPANY SET OUT IN THE "AMENDMENTS" SECTION.

Signed at _____ In the province of _____ Date _____ (YYMMDD)

WITNESS

APPLICANT

POLICYOWNER (if other than Applicant)

PLEASE RETURN THIS FORM TO: 400 – 200 MAIN STREET, WINNIPEG, MB R3C 1A8