

# ENCRYPTED Declarations & Authorizations Signature Form for **Instant Issue/Quick Issue CI** Applications

Please print and complete/sign by hand.

When completed, please scan, email  
or fax to the Executive Office



**Wawanesa**  
**Life<sup>®</sup>**

**DECLARATIONS AND AUTHORIZATIONS**

I, the Life Insured/Policy Owner understand and agree that:

1. Once the policy is issued and received by the Policy Owner, the Policy Owner will inspect the policy to verify that its terms are satisfactory and as requested. If the policy is not returned to Wawanesa Life within 30 days from the date of the policy delivery letter, the Policy Owner accepts the policy.
2. No statement, representation or promise made in respect of the insurance applied for shall be deemed to have been communicated to or binding on Wawanesa life unless set out in this application.
3. No independent insurance broker is authorized to amend, alter, modify or waive the terms of this application, or any contract of insurance issued.

**I declare that the statements and answers made in this application and in any supplement to this application are true, complete and correctly recorded and will form the basis of any contract issued.**

**For the Quick Issue Critical Illness Application:**

I acknowledge having received the notices regarding MIB, Inc. and Investigative Reports, and consent to such reports being obtained by Wawanesa Life. Should an unfavorable report be obtained from MIB, Inc., any premiums paid with the application will be refunded and coverage will not be in force during the investigation period.

I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB, Inc., Motor Vehicle Department concerning my drivers abstract, or other organization, institution or person that has any records or knowledge of me or my health or of my children or their health to give Wawanesa Life or its reinsurer(s) any such information. I authorize Wawanesa Life to perform such tests, examinations, x-rays, electrocardiograms, urinalysis, general blood profiles including blood tests for AIDS as may be required to medically underwrite this application for insurance.

I authorize the Medical Director of Wawanesa Life to release all medically related information obtained during the underwriting process to my personal physician or other medical practitioner. I authorize Wawanesa Life to disclose information regarding the underwriting factors, if applicable, to my Wawanesa Life independent insurance broker.

**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; receiving payments of insurance premiums and policy loan repayments; withdrawing premiums from and depositing funds into my account (applicable if PAD Agreement is signed); 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 have read and understood that Wawanesa Life may share my personal information with the required people, organizations and service providers as described in the Notice of Consent & Disclosure Regarding Personal Information on Customer Copy, who may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

I recognize that in providing services to me in the future and providing me with the benefits included in the policy I am applying for, Wawanesa Life may need to collect, use and disclose additional personal information about me. I confirm that this consent applies to that personal information as well.

I understand that any restriction or withdrawal of my consent may result in Wawanesa Life being unable to provide me with the product or service being applied for or having to terminate the policy.

*You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at [www.wawanesalife.com](http://www.wawanesalife.com).*

*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: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8.*

**SIGNATURES**

I confirm that all of my answers to the declarations are truthful and complete to the best of my information, knowledge and belief. I further confirm that I have read, understood and accepted the terms and conditions of the agreements, declarations and

authorizations contained in **APPLICATION #** \_\_\_\_\_.

A photocopy or an electronic reproduction of this document will be as valid as the original.

Signing with an electronic signature implies consent for us to conduct business with you electronically and to use e-signatures on documents needed to be signed by you or us.

Signed at \_\_\_\_\_ in the province of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**INSURED (Signature)**

\_\_\_\_\_  
**POLICY OWNER, if other than Insured (Signature)**

\_\_\_\_\_  
**PAD ACCOUNT HOLDERS, if other than the Policy Owner or Insured (Signature)**

\_\_\_\_\_  
**WITNESS (Signature)**



PRE-AUTHORIZED DEBIT (PAD) (if applicable)

(a) Bank Account Information

- Use my current Wawanesa Life PAD under Policy # ... or PAD#: ... or
Establish a new PAD and use:
Details from initial premium cheque Details from VOID cheque (attached) Information provided below:

(b) Account Owner Name (c) Account Owner Address (if different from Policy Owner) (d) Phone No.
Transit # Fin. Inst. # Account # Branch Address Withdrawal date:
Policy date or \_\_\_\_
Note: Grace period starts from Policy date. If withdrawal date is after Policy date, grace period will be reduced.

PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION (if applicable)

I request and authorize Wawanesa Life to make withdrawals from the account designated above or from any subsequently designated account in order to make policy payments and/or specific payments on loan indebtedness, under the following terms:
1. Withdrawals will be made according to the payment frequency indicated on the application on the policy issue date unless a particular withdrawal day is specified.
2. If a monthly PAD is returned as insufficient funds, the next PAD amount will be for the two months of premium. Notification will be provided prior to this double withdrawal.
3. I may revoke my authorization at any time, subject to providing written notice of 10 days to Wawanesa Life.
4. I have certain recourse rights, provided under the personal PAD agreement, if any debit does not comply with the agreement.
5. I may provide written request to add/delete policies to the PAD agreement or change bank information without completing a new PAD agreement.
6. I waive the right to receive 10 days' notice of an increase or decrease in the amount of the automatic withdrawal due to premium changes during the underwriting process.

ALLOCATION OF THIS SALE

Table with columns: ALLOCATION FACTORS (FIRST YEAR, RENEWAL) and rows for AGENT OF RECORD, SERVICING AGENT, and OTHER, each with a BROKER NUMBER field.

INDEPENDENT INSURANCE BROKER'S DECLARATION

I declare that I have asked and fully recorded the answers of all proposed lives insured to all questions on this application, and that I know of nothing that is material to their insurability that has not been recorded herein. I am aware of and in compliance with the Company's Sales Code of Ethics.

Confirming Disclosure: I have provided the applicant(s) with written materials advising: about the company(s) I currently represent, that I receive compensation (such as commissions or a salary) for the sale of life and health insurance products, that I may receive additional compensation in the form of bonuses or other incentives, and of any conflicts of interest I may have with respect to this transaction.

SELLING BROKER (please print) SELLING BROKER (signature)



**APPLICATION FOR INSURANCE  
CUSTOMER COPIES**

**INDEPENDENT INSURANCE BROKER PROCEDURES**

**THE PAGES LABELED CUSTOMER COPIES 1 AND 2 MUST BE GIVEN TO THE POLICY OWNER.**

**NOTICES & DISCLOSURE STATEMENTS**

**Receipt for Payment**

Receipt for Payment must be completed and given to the Policy Owner.

**Independent Insurance Broker Disclosure Statement**

This section must be completed and signed by the selling independent insurance broker.

**Change in Insurability** (for Quick Issue CI Applications only)

This notice must be given to the Policy Owner.

**The Notice of MIB, Inc.** (for Quick Issue CI Applications only)

This notice must be given to the Policy Owner.

**The Notice of Consent to Obtain & Release Medical/Underwriting Information** (for Quick Issue CI Applications only)

This notice must be given to the Policy Owner.

**The Notice of Consent & Disclosure Regarding Personal Information**

This notice must be given to the Policy Owner.

**RECEIPT FOR PAYMENT**

RECEIVED \$\_\_\_\_\_ FOR INSURANCE APPLIED FOR IN AN APPLICATION WITH THE SAME DATE AS THIS RECEIPT,  
ON THE LIFE OF \_\_\_\_\_

\_\_\_\_\_  
DATE SIGNATURE OF INDEPENDENT INSURANCE BROKER

**INDEPENDENT INSURANCE BROKER DISCLOSURE STATEMENT**

The following disclosure notice must be completed by the independent insurance broker and provided to you, in writing prior to you entering into this financial transaction. Please ask your independent insurance broker for further information or details.

1. I, \_\_\_\_\_, am a licensed insurance broker in the province of \_\_\_\_\_.
2. This transaction is between you and WAWANESA LIFE.
3. In soliciting this transaction, I am representing WAWANESA LIFE and \_\_\_\_\_  
(Name of Agency)
4. In the past 12 calendar months, the majority of the insurance or financial products that I have sold were issued by the following companies: \_\_\_\_\_.
5. I am committed to selling on the basis of needs.
6. Upon completion of this transaction, I will receive compensation from WAWANESA LIFE and may receive additional compensation in the form of bonuses or other incentives.
7. The nature and extent of my relationship with WAWANESA LIFE is as an independent insurance broker.
8. I and WAWANESA LIFE are prohibited from requiring you to transact additional business with WAWANESA LIFE or any other person or corporation as a condition of this transaction.
9. I declare the following conflicts of interest, if any: \_\_\_\_\_

\_\_\_\_\_  
DATE SIGNATURE OF INDEPENDENT INSURANCE BROKER

**CHANGE IN INSURABILITY** (for Quick Issue CI Applications only)

If there is a change in insurability of any individual proposed for insurance subsequent to the completion of the application and prior to the date on the policy delivery letter mailed to the Policy Owner, The Wawanesa Life Insurance Company must be notified in order to properly evaluate the risk. If the change in insurability is not communicated and the Company is not given a chance to assess the risk, any policy issued pursuant to this application shall not take effect.

Change in insurability includes: a change in occupation or lifestyle that would increase risks to the insured's life or health; any change that would cause the insured to answer health or lifestyle questions differently than when they applied for the insurance; the diagnosis or identification of any health-related condition; and any pending or completed medical tests or exams.



**NOTICE OF MIB, INC. (for Quick Issue CI Applications only)**

Information regarding your insurability will be treated as confidential. We, or our reinsurers may, however, make a brief report thereon to MIB, Inc., a non-profit membership organization of insurance companies which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life and health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 330 University Avenue, Suite 501, Toronto, ON Canada M5G 1R7, telephone number (416) 597-0590.

We, or our reinsurers, may also release information in our file to other life insurance companies to whom you may apply for life and health insurance, or to whom a claim for benefits may be submitted.

**NOTICE OF CONSENT TO OBTAIN & RELEASE MEDICAL/UNDERWRITING INFORMATION (for Quick Issue CI only)**

In the processing of the application for insurance, The Wawanesa Life Insurance Company may obtain records, investigative or medical reports containing personal information about the individuals proposed for insurance.

As part of the underwriting process, the Medical Director of Wawanesa may need to release medically related information obtained during the underwriting process to your personal physician or other medical practitioner. We may also need to disclose information regarding the underwriting factors to your Wawanesa Life independent insurance broker.

**NOTICE OF CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION**

We collect, use and disclose personal information in order to administer the products and services you have requested. Personal information is collected, used and disclosed for the purposes of: establishing and maintaining communications with you; underwriting risks on a prudent basis; investigating and paying claims; receiving payments of insurance premiums and policy loan repayments; withdrawing premiums from and depositing funds into your account (applicable if PAD Agreement is signed); detecting and preventing fraud; offering and providing products and services to meet your needs; compiling statistics; and acting as required or authorized by law.

We may share your personal information with the following people, organizations and service providers: Wawanesa Life employees and independent insurance brokers who require this information to perform their jobs; third party providers who require this information to provide their services, which may include paramedical agencies, underwriters, claims investigators, investigative agencies, providers of information processing and storage, programming, printing, mailing and distribution services; applicable reinsurance companies to allow them to evaluate and administer any insurance risk that they accept; MIB, Inc. as explained in the notice provided; people to whom you have granted access; and people who are legally authorized to view your personal information. These people, organizations and service providers may be in other provinces or jurisdictions outside Canada. The information may be shared as required by the laws of those jurisdictions.

In order to provide services to you in the future and provide you with the benefits included in the policy, Wawanesa Life may need to collect, use and disclose additional personal information about you. We may not require you to provide consent at that time.

Any restriction or withdrawal of your consent may result in Wawanesa Life being unable to provide you with the product or service being applied for or having to terminate the policy.

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**THE WAWANESA LIFE INSURANCE COMPANY**  
**400-200 MAIN STREET, WINNIPEG, MB R3C 1A8**  
**PHONE: 1-204-985-3940**  
**TOLL FREE: 1-800-263-6785**  
**FAX: 1-888-985-3872**  
**wawanesalife.com**