



POLICY LOAN APPLICATION

POLICY NUMBER(S)

NAME OF LIFE INSURED

TERMS AND CONDITIONS

The Wawanesa Life Insurance Company is authorized and directed to pay out of the loan monies:

FIRSTLY, any indebtedness existing under the policy;

SECONDLY, the following: _____;

THIRDLY, by cheque to the undersigned, the amount of \$_____ or the maximum amount obtainable under the policy if less than the amount of the cheque requested.

In consideration of the loan the undersigned agree that this application and the loan shall be and remain subject to the following terms and conditions:

1. This application and the loan shall be subject to the provisions of the policy.
2. The policy is assigned to the Company as security for the loan and interest accruing, which shall be a first charge and lien on the policy and on any monies payable.
3. This loan will bear interest at the rate of _____% per year. The Company reserves the right to change this rate on each policy anniversary but such rate may not be more than _____% per year. Interest shall accrue from day to day on the amount of the loan from time to time remaining unpaid and shall be payable to the Company on each premium due date or, if the policy is paid up, at the end of each policy year. Interest not paid when due shall be added to the loan and shall bear interest on the same terms.
4. If, at any time, the amount of the loan together with all other indebtedness against the policy, including accrued interest, equals or exceeds the surrender value of the policy, the policy shall lapse and be void, except in respect to any rights contained in the policy to reinstate the policy.
5. Acceptance of this application by the Company at its Executive Office shall constitute a policy loan agreement, to which the undersigned shall then be and remain parties, and who do declare that they are each of legal age and legally competent and entitled to become parties to such an agreement.

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; 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; providers of information processing and storage, programming, printing, mailing and distribution services; 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.

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.

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, the undersigned, hereby apply to The Wawanesa Life Insurance Company for policy loan under the provisions of and on the security of the above noted policy.

I confirm that I have read, understood and accepted the terms and conditions contained in the Consent & Disclosure Regarding Personal Information.

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

_____ Date

_____ Signature of Policy Owner

_____ Signature of Beneficiary

(if beneficiary is irrevocable or policy issue date is prior to July 1, 1962)

_____ Signature of Assignee

(if policy is assigned)

PLEASE RETURN FORM TO: The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8
TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com