

ScotiaLife[®] Guaranteed Life Insurance Application Form

Underwritten by Scotia Life Insurance Company

100 Yonge St., Suite 400, Toronto, Ontario M5H 1H1

scotialifefinancial.com

IT'S SIMPLE TO APPLY: **1** Complete, sign and return this form to the address above. *or* **2** Call toll-free **1-800-387-9844** to speak with a representative.

IMPORTANT: Coverage is available to Canadian residents aged 50-75.

1. Information about you

First Name Initial Last Name

Street Address

City/Town Province/Territory Postal Code

Telephone Number

Is this insurance intended to replace any existing life insurance coverage on your life? Yes No

2. Your Beneficiary

Any Benefit Amount payable upon your death will be paid to the Beneficiary named below, which must be someone other than yourself. If there is no validly designated Beneficiary, the benefit amount will be paid to your estate.

First Name Initial Last Name

Beneficiary's relationship to you

3. Coverage Amount Use the Premium Table to determine the coverage amount that is right for you.

1. Have you used any tobacco products, nicotine substitutes, or marijuana in any form within the last 24 months? Yes No

2. Date of Birth

3. Gender Male Female

4. Coverage Amount Requested

5. Monthly Premium

I understand and agree: (i) that in order to administer any coverage issued to me, Scotia Life Insurance Company ("Scotia Life") can release my personal information to third party administrators (some of which may be located outside of Canada and subject to local law); and (ii) to be bound by the terms of the Scotiabank Group Privacy Agreement.

I declare that all of the information stated in this application and in any other statements or answers submitted in connection with this application including, without limitation, age, date of birth, gender, and smoking status, is complete and accurate. I understand and agree that any false statements, material misrepresentations or omissions in this application or in any other statements or answers submitted in connection with this application may cause any coverage issued as a result of this application to be null and void.

I understand and agree: (i) that this coverage is subject to certain limitations, restrictions and exclusions described in the Policy; (ii) that any coverage issued based on this application will only become effective on the Policy Date specified in the Policy Schedule provided the first premium is paid by that date; and (iii) that the provisions of coverage are described in the Policy.

In order to allow for uninterrupted insurance coverage, **I authorize and direct** The Bank of Nova Scotia ("Scotiabank"), if applicable, to release to Scotia Life and its affiliates any changes in my name, address or telephone number or the account number of the Scotiabank account from which my premiums are debited.

I hereby apply for ScotiaLife Guaranteed Life Insurance underwritten by Scotia Life Insurance Company ("ScotiaLife").

I understand and agree: (i) that the principle provisions of coverage are described in the Policy, which will be sent to me upon approval of my application; and (ii) that if I wish to terminate my insurance coverage, I must notify Scotia Life by calling 1-800-387-9844.

Your Application must be fully completed and signed in order to be processed.

Please complete the reverse. 

Pre-Authorized Debit (PAD) Agreement

I **acknowledge and agree** that any withdrawals pursuant to this Pre-Authorized Debit (PAD) Agreement are for personal services, and that the amount of the monthly premium (including applicable taxes) collected through this Agreement may vary (e.g., sales tax changes). I **understand and agree** that I will receive confirmation of my PAD at least five (5) days in advance of the first premium debit. I **understand and agree** that if I make changes to the original PAD Agreement, or if there is a sales tax increase, written notification may not be provided by Scotia Life Insurance Company ("Scotia Life") unless explicitly requested by me. I **agree to waive the requirement that Scotia Life notifies me of any payments, after the first payment, whether the amount of the monthly premium is changed or not.** This Agreement will cancel automatically if Scotia Life is unable to make a withdrawal from my account.

I **understand and agree** that when I give Scotia Life this authorization to debit my account, it is the same as delivering a notice to my financial institution where I maintain my account. My financial institution will debit the account I specify in the same manner as if I had given written instructions. The financial institution will not check if the debit was in accordance with this authorization as a condition of honouring the debit.

I **acknowledge** that this authorization is to remain in effect until Scotia Life has received written notification from me of its change or termination. I must provide Scotia Life with notification at least thirty (30) days before the next debit is scheduled at the address provided below or by calling toll-free 1-800-387-9844. I will provide Scotia Life with another authorization or Agreement if required.

I **acknowledge** that Scotia Life may not assign this authorization to another company or person to permit them to debit my account for these payments without providing at least ten (10) days prior written notice to me.

I **acknowledge** that 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 the PAD Agreement. To obtain more information on my recourse rights or to obtain a sample PAD cancellation form, I may contact my financial institution or visit www.cdnpay.ca. I may contact Scotia Life to provide notices, make inquiries, obtain information or seek recourse with respect to any debits under this Agreement at the address provided below or by calling toll-free 1-800-387-9844.

Scotia Life Insurance Company
100 Yonge St., Suite 400
Toronto, Ontario M5H 1H1

Payment Method

If paying by pre-authorized chequing or savings account, I **acknowledge and agree** that I have received, read and fully understand the content of the Pre-Authorized Debit (PAD) Agreement found at the top of this form. I agree to all the terms and conditions of the Agreement and I **authorize and direct** Scotia Life to automatically collect the monthly premiums (including applicable taxes) for coverage through a Pre-Authorized Debit (PAD) through the account I have indicated below. I declare that I have the right to authorize payment of premiums from that account.

PLEASE ATTACH A VOID CHEQUE.

Transit (Branch) Number: Bank Number: Account number:

or, If paying by pre-authorized credit card account, I **authorize and direct** Scotia Life to automatically collect the monthly premiums for my coverage by debiting the account indicated below. I declare that I have the right to authorize the payment of premiums from that account.

Scotiabank Credit Card Number: Expiry Date:

In order to allow for uninterrupted insurance coverage, I **authorize and direct** Scotiabank, if applicable, to release to Scotia Life and its affiliates any changes in my name, address or telephone number or the account number of the Scotiabank account from which my premiums are debited. I declare that: (i) the information about me (including age and date of birth) stated in the Application is complete and accurate; and (ii) I have the right to authorize the payment of premiums from the above-noted bank or credit card account.

X _____ Date : ____ / ____ / ____

We would like to inform you of all the worthwhile benefits available to you as a Scotia Life customer. However, if you would rather not receive mailings, telephone calls or e-mails about ScotiaLife Financial products and services, please call 1-800-387-9844.



ScotiaLife Guaranteed Life Insurance Smoker Monthly Premium Table

Age	Smoker Monthly Premium for \$5,000 Coverage		Smoker Monthly Premium for \$10,000 Coverage		Smoker Monthly Premium for \$15,000 Coverage		Smoker Monthly Premium for \$20,000 Coverage		Smoker Monthly Premium for \$25,000 Coverage	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
50-51	\$19.15	\$27.55	\$38.30	\$55.10	\$57.45	\$82.65	\$76.60	\$110.20	\$95.75	\$137.75
51-52	20.05	29.05	40.10	58.10	60.15	87.15	80.20	116.20	100.25	145.25
52-53	21.00	30.65	42.00	61.30	63.00	91.95	84.00	122.60	105.00	153.25
53-54	22.00	32.30	44.00	64.60	66.00	96.90	88.00	129.20	110.00	161.50
54-55	23.00	34.10	46.00	68.20	69.00	102.30	92.00	136.40	115.00	170.50
55-56	24.10	35.95	48.20	71.90	72.30	107.85	96.40	143.80	120.50	179.75
56-57	25.45	38.15	50.90	76.30	76.35	114.45	101.80	152.60	127.25	190.75
57-58	26.85	40.50	53.70	81.00	80.55	121.50	107.40	162.00	134.25	202.50
58-59	28.35	43.00	56.70	86.00	85.05	129.00	113.40	172.00	141.75	215.00
59-60	29.95	45.65	59.90	91.30	89.85	136.95	119.80	182.60	149.75	228.25
60-61	31.60	48.50	63.20	97.00	94.80	145.50	126.40	194.00	158.00	242.50
61-62	33.65	51.70	67.30	103.40	100.95	155.10	134.60	206.80	168.25	258.50
62-63	35.80	55.20	71.60	110.40	107.40	165.60	143.20	220.80	179.00	276.00
63-64	38.10	58.90	76.20	117.80	114.30	176.70	152.40	235.60	190.50	294.50
64-65	40.55	62.80	81.10	125.60	121.65	188.40	162.20	251.20	202.75	314.00
65-66	43.15	67.00	86.30	134.00	129.45	201.00	172.60	268.00	215.75	335.00
66-67	46.65	72.25	93.30	144.50	139.95	216.75	186.60	289.00	233.25	361.25
67-68	50.45	77.90	100.90	155.80	151.35	233.70	201.80	311.60	252.25	389.50
68-69	54.60	83.95	109.20	167.90	163.80	251.85	218.40	335.80	273.00	419.75
69-70	59.00	90.50	118.00	181.00	177.00	271.50	236.00	362.00	295.00	452.50
70-71	63.85	97.60	127.70	195.20	191.55	292.80	255.40	390.40	319.25	488.00
71-72	68.40	103.65	136.80	207.30	205.20	310.95	273.60	414.60	342.00	518.25
72-73	73.30	110.05	146.60	220.10	219.90	330.15	293.60	440.20	366.50	550.25
73-74	78.55	116.90	157.10	233.80	235.65	350.70	314.20	467.60	392.75	584.50
74-75	84.15	124.10	168.30	248.20	252.45	372.30	336.60	496.40	420.75	620.50

Premiums are based on applicant's age on the date we receive the completed Application.

Smoker means an Insured who has used any tobacco products, nicotine substitutes or marijuana in any form at any time during the twenty-four (24) consecutive months immediately preceding the Policy Date or most recent reinstatement date for the coverage of that person.

Want a different coverage amount?
Call toll-free 1-800-387-9844 to speak with a representative.

ScotiaLife Guaranteed Life Insurance Non-Smoker Monthly Premium Table

Age	Non-Smoker Monthly Premium for \$5,000 Coverage		Non-Smoker Monthly Premium for \$10,000 Coverage		Non-Smoker Monthly Premium for \$15,000 Coverage		Non-Smoker Monthly Premium for \$20,000 Coverage		Non-Smoker Monthly Premium for \$25,000 Coverage	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
50-51	\$12.25	\$15.70	\$24.50	\$31.40	\$36.75	\$47.10	\$49.00	\$62.80	\$61.25	\$78.50
51-52	12.90	16.65	25.80	33.30	38.70	49.95	51.60	66.60	64.50	83.25
52-53	13.55	17.60	27.10	35.20	40.65	52.80	54.20	70.40	67.75	88.00
53-54	14.20	18.55	28.40	37.12	42.60	55.68	56.80	74.23	71.00	92.75
54-55	14.90	19.50	29.80	39.00	44.70	58.50	59.60	78.00	74.50	97.50
55-56	15.70	20.65	31.40	41.30	47.10	61.95	62.80	82.60	78.50	103.25
56-57	16.65	21.85	33.30	43.70	49.95	65.55	66.60	87.40	83.25	109.25
57-58	17.60	23.05	35.20	46.10	52.80	69.15	70.40	92.20	88.00	115.25
58-59	18.70	24.25	37.40	48.50	56.10	72.75	74.80	97.00	93.50	121.25
59-60	19.80	25.65	39.60	51.30	59.40	76.95	79.20	102.60	99.00	128.25
60-61	21.00	27.10	42.00	54.20	63.00	81.30	84.00	108.40	105.00	135.50
61-62	22.45	28.25	44.90	56.50	67.35	84.75	89.80	113.00	112.25	141.25
62-63	24.00	29.45	48.00	58.90	72.00	88.35	96.00	117.80	120.00	147.25
63-64	25.70	31.20	51.40	62.40	77.10	93.60	102.80	124.80	128.50	156.00
64-65	27.45	33.40	54.90	66.80	82.35	100.20	109.80	133.60	137.25	167.00
65-66	29.35	35.75	58.70	71.50	88.05	107.25	117.40	143.00	146.75	178.75
66-67	31.85	38.85	63.70	77.70	95.55	116.55	127.40	155.40	159.25	194.25
67-68	34.60	42.30	69.20	84.60	103.80	126.90	138.40	169.20	173.00	211.50
68-69	37.55	46.00	75.10	92.00	112.65	138.00	150.20	184.00	187.75	230.00
69-70	40.80	50.00	81.60	100.00	122.40	150.00	163.20	200.00	204.00	250.00
70-71	44.30	54.40	88.60	108.80	132.90	163.20	177.20	217.60	221.50	272.00
71-72	47.80	58.85	95.60	117.70	143.40	176.55	191.20	235.40	239.00	294.25
72-73	51.55	63.65	103.10	127.30	154.65	190.95	206.20	254.60	257.75	318.25
73-74	55.60	68.90	111.20	137.80	166.80	206.70	222.40	275.60	278.00	344.50
74-75	59.95	74.50	119.90	149.00	179.85	223.50	239.80	298.00	299.75	372.50

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