



## TERM EXCHANGE FORM

The Exchange Option is available as of the 1<sup>st</sup> anniversary of the coverage and prior to the 5th policy anniversary or age 65 (whichever comes first).

Please refer to our [Administrative Guidelines](#) for Exchange options and eligibility requirements.

**Note:** No charges apply for change processing. A \$50 charge will apply to reverse the change. The reversal is only available within 21 calendar days from the date the change was processed.

| <b>SECTION 1 – OWNER/INSURED INFORMATION</b> |                                  | <b>CURRENT PLAN:</b>  |
|--|----------------------------------|---|
|  |                                  | <input type="checkbox"/> <b>TERM 10</b> <input type="checkbox"/> <b>TERM 20</b> |
| Policy Number                                | Owner Name (first, middle, last) | Date of Birth (dd/mm/yyyy)  |
| Address (number, street and apartment)       |                                  | Email Address   |
| Address (city)                               | Address (Province)               | Address (Postal code)   |
| Joint Owner Name (first, middle, last)       |                                  | Date of Birth (dd/mm/yyyy)  |
| Address (number, street and apartment)       |                                  | Email Address   |
| Insured Name (first, middle, last)           |                                  | Date of Birth (dd/mm/yyyy)  |
| Insured Name (first, middle, last)           |                                  | Date of Birth (dd/mm/yyyy)  |

| <b>SECTION 2 – PURPOSE OF POLICY</b> (Mandatory for all policy changes)   |   |  |  |  |   |   |                               |  |   |                                      |  |  |
|---|---|--|--|--|---|---|-------------------------------|--|---|--------------------------------------|--|--|
| <p><b>Indicate the purpose of the policy:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Short Term Savings</td> <td><input type="checkbox"/> Retirement / Long Term Savings</td> <td><input type="checkbox"/> Business / Key Person Protection / Buy Sell Agreement</td> </tr> <tr> <td><input type="checkbox"/> Income Creation</td> <td><input type="checkbox"/> Income / Family Protection</td> <td><input type="checkbox"/> Legacy / Inheritance / Estate Protection</td> </tr> <tr> <td><input type="checkbox"/> Gift</td> <td><input type="checkbox"/> Mortgage / Debt Insurance</td> <td><input type="checkbox"/> Education Purposes</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other _____</td> </tr> </table> | <input type="checkbox"/> Short Term Savings             | <input type="checkbox"/> Retirement / Long Term Savings                        | <input type="checkbox"/> Business / Key Person Protection / Buy Sell Agreement | <input type="checkbox"/> Income Creation | <input type="checkbox"/> Income / Family Protection | <input type="checkbox"/> Legacy / Inheritance / Estate Protection | <input type="checkbox"/> Gift | <input type="checkbox"/> Mortgage / Debt Insurance | <input type="checkbox"/> Education Purposes | <input type="checkbox"/> Other _____ |  |  |
| <input type="checkbox"/> Short Term Savings   | <input type="checkbox"/> Retirement / Long Term Savings | <input type="checkbox"/> Business / Key Person Protection / Buy Sell Agreement |  |  |   |   |                               |  |   |                                      |  |  |
| <input type="checkbox"/> Income Creation  | <input type="checkbox"/> Income / Family Protection     | <input type="checkbox"/> Legacy / Inheritance / Estate Protection              |  |  |   |   |                               |  |   |                                      |  |  |
| <input type="checkbox"/> Gift   | <input type="checkbox"/> Mortgage / Debt Insurance      | <input type="checkbox"/> Education Purposes                                    |  |  |   |   |                               |  |   |                                      |  |  |
| <input type="checkbox"/> Other _____  |   |  |  |  |   |   |                               |  |   |                                      |  |  |

| <b>SECTION 3 – COVERAGE AMOUNTS TO BE EXCHANGED TO:</b>  |                      | <input type="checkbox"/> <b>TERM 20</b> | <input type="checkbox"/> <b>TERM 30/65</b> |
|--|----------------------|---|--|
| Insured  | Existing Term Amount | New Term Amount                         | Remaining Term Amount                      |
| <b>Life 1</b>  |                      |   |  |
| <b>Life 2</b>  |                      |   |  |
| <p><b>Note:</b> Any coverage amount of the existing term not accounted for will be canceled.</p> |                      |   |  |



## TERM EXCHANGE FORM

### SECTION 4 - PRIVACY CONSENT

#### THE OWNER(S) AND LIFE INSURED(S):

1. Declare and agree that the personal information willingly provided by me/us to the independent insurance broker/advisor and/or The Equitable Life Insurance Company of Canada (the "Company"), and/or any other personal information that is collected about me in accordance with the Application as set out below, will be used for the purposes of underwriting; servicing; administration; improving and developing insurance and/or reinsurance related tools, studies, algorithms and products; post-issue auditing; risk management and managing risk exposure; determining Canadian or foreign tax payor status; and claims processing and adjudication relating to this Application, any resulting insurance and any supplementary documents.
2. Understand and authorize that for the above purposes the personal information on file is accessible to, and may be exchanged with: authorized employees of the Company; MIB, LLC, as provided for in the MIB Notice; the Company's sales distribution network; other insurers and participating reinsurer(s); service providers and other companies retained by the Company; medical professionals; Canadian or foreign tax authorities; and any other person or party whom I/we authorize.
3. Acknowledge receiving the Notice Regarding MIB and authorize the Company to obtain information from the MIB, LLC.
4. Consent to the obtaining of a consumer report (credit report) containing personal and/or credit information.
5. Acknowledge that the Company may use automated processing with respect to the issuance and administration of the policy(ies) I/we have applied for.
6. Authorize the Company to perform all tests, including, without limitation, examinations, x-rays, electrocardiograms, and blood tests as may be required to underwrite this Application for insurance. Such tests may include tests to determine the presence of various diseases including the antibodies or virus related to Acquired Immunodeficiency Syndrome (AIDS). The Company may disclose to its reinsurer(s), my/our attending physician(s), health service providers, and the MIB, the results of all such tests and personal information necessary to fulfill any of the identified purposes in this Application. I/we understand and agree that any positive results for HIV, hepatitis, or any other communicable diseases will be reported to the appropriate Public Health Authority.
7. Acknowledge that my/our personal information may be processed and stored outside of Canada and may therefore be subject to the laws of those jurisdictions. If my/our policy is issued in Quebec, my personal information will be stored outside Quebec.
8. Authorize the Motor Vehicle Division in any province requiring such authorization to permit the Company or any investigative agency on behalf of the Company to be given a copy of all driving record information relevant to this Application.
9. Authorize any physician, practitioner, hospital, clinic, or other medical-related facility, insurance company, the MIB or any other organization, institution or person that has any record or knowledge of the person(s) on whose life (lives) this insurance is applied for, or his/her (them or their) health, to give full particulars of such information, including any prior medical history, to the Company or its reinsurers, and authorize the Company to disclose such information to my/our attending physician(s). This may include, but is not limited to, information related to medical testing, laboratory procedures and test results, prescriptions, use of medications, drug and/or alcohol use and/or rehabilitation, illness (including mental illness), medical conditions, infectious diseases, physical activity, fitness, biometrics, nutrition, and any other health related information that may affect the decision to insure or reinsure the proposed life (lives) insured.
10. Declare and agree that if providing contact information for a beneficiary, I/we are authorized to act on their behalf and therefore consent and authorize the collection, use and communication of their personal information for contact purposes.
11. Consent to the use of my/our email addresses to establish a Client Access account and provide associated notices, electronically deliver policy documents and communicate electronically for other policy administration purposes.
12. Authorize the disclosure of the underwriting decision(s) on this Application to the Company's reinsurers.
13. Authorize the Company to provide my/our health, medical and lifestyle information obtained during its underwriting process, regardless of the source, to my advisor for the purposes of explaining to me/us any adverse assessment of my insurability.
14. Consent and agree to: (a) this Application being transmitted to the Company electronically and received by the Company as the Owner's original application for insurance; and (b) electronic delivery to me/us of the policy, if issued, and any other documents or future written communications relating to the policy.
15. Agree that a photostatic or electronic copy of these authorizations shall be as valid as the original.

See [www.equitable.ca](http://www.equitable.ca) for further details about the Company's privacy practices and for information about how to contact the Company's Privacy Officer.



## TERM EXCHANGE FORM

### SECTION 5 - LEGAL INFORMATION

#### THE OWNER(S) AND LIFE INSURED(S) DECLARE AND AGREE THAT:

1. I/we certify that the information provided on this form is current, correct and complete.
2. The insurance being applied for in this Application or such insurance approved by the Company shall not take effect unless:
  - a. the policy is delivered or accepted in the manner specified in 2(c); and
  - b. the first policy premium is paid; and
  - c. there is no change in the insurability of the Proposed Life Insured(s) between the date this Application was signed by the Proposed Life Insured(s) and: (i) the date of delivery of the life policy to the Owners resident in Provinces and Territories other than Quebec; or (ii) the date the Application for a life policy is accepted by the Company without modification for Owners resident in Quebec.
3. Knowledge of or notice to any person shall not constitute knowledge of or notice to the Company unless disclosed in this Application. No person, other than an Authorized Officer of the Company, shall have authority to place the Company under any risk or obligation, or approve insurability.
4. Acceptance of any policy issued on this Application shall be a ratification of any changes or corrections in or additions to this Application which the Company may make in the Endorsements.
5. If the Application is made by an Owner other than a Proposed Life Insured: (a) any policy issued under this Application, including all rights thereunder, shall be under the full control of the Owner, subject to the provisions of such policy; and (b) the person(s) on whose life (lives) this insurance is applied for consents to the insurance being placed on his/her (their) life (lives).
6. They know of nothing not disclosed in the Application affecting the insurability of the Proposed Life Insured(s).
7. FAILURE TO DISCLOSE EVERY FACT WITHIN THE OWNER(S) AND PROPOSED LIFE INSURED(S) KNOWLEDGE THAT IS MATERIAL TO THE INSURANCE BEING APPLIED FOR, OR MATERIAL TO THE INSURABILITY OF THE PROPOSED LIFE INSURED(S), OR, ANY MISREPRESENTATION OR MISSTATEMENT OF ANY FACTS, STATEMENTS, INFORMATION OR ANSWERS GIVEN AND CONTAINED IN THE APPLICATION, INCLUDING ANY PARAMEDICAL OR MEDICAL PART II AND ANY WRITTEN STATEMENTS GIVEN AS EVIDENCE OF INSURABILITY SHALL RENDER ANY INSURANCE ISSUED IN CONNECTION WITH THE APPLICATION VOIDABLE BY THE COMPANY.
8. I/we acknowledge:
  - a. receiving from my/our Advisor disclosure of and an explanation of: the companies the Advisor represents, licensing, commissions, additional compensation, conflicts of interest, the MIB Notice, and if applicable the Temporary Insurance Agreement or Agreements; and
  - b. reviewing the Sales Illustration with my/our Advisor and understanding the Sales Illustration.
9. I/we request all future correspondence from the Company in  English  French

#### MARKETING CONSENT:

1. The Owner(s) and the Proposed Life Insured(s) authorize the Company to use the information in this Application and its existing files to provide information to me/us about its other products and services.  Yes  No

|   |
|---|
| Signed at _____ this _____ of _____ 20 _____<br>(city) (province) (day) (month) |
|---|

\_\_\_\_\_  
**\*Signature of Person to be Insured (Life 1)**

\_\_\_\_\_  
**\*Signature of Person to be Insured (Life 2)**

\_\_\_\_\_  
**Signature of Owner(s) (if other than Person to be Insured)**

\_\_\_\_\_  
**Signature of Joint Owner (if applicable)**

\_\_\_\_\_  
**Signature of Advisor**

\_\_\_\_\_  
**Assignee signature (required if the policy is assigned)**

\_\_\_\_\_  
**Signature of Beneficiary (if preferred or irrevocable)**

\*Signature required for each Person to be Insured who has attained their **16th, (18th in Quebec)** birthday at the date hereof.

\*Signature of parent/legal guardian of children under attained age **16, (18 in Quebec)**



## TERM EXCHANGE FORM

### SECTION 6 - ADVISOR'S INFORMATION

#### ADVISOR'S INFORMATION

MGA Name: \_\_\_\_\_ MGA No: \_\_\_\_\_

MGA Phone: \_\_\_\_\_ MGA Fax: \_\_\_\_\_ MGA Email: \_\_\_\_\_

| Advisor's Name | Advisor's No | Servicing                | Commission % | Advisor's Phone |
|----------------|--------------|--------------------------|--------------|-----------------|
|                |              | <input type="checkbox"/> |              |                 |
|                |              | <input type="checkbox"/> |              |                 |
|                |              | <input type="checkbox"/> |              |                 |

All correspondence to Advisor in  English  French

Advisor's Email Address: \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Supervising Advisor's Signature \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_

#### ADVISOR'S NOTES

#### CONFIRMATION OF ADVISOR/BROKER DISCLOSURE

The Insurance product you are applying for is underwritten and supplied by Equitable, licensed to conduct business in all provinces and territories of Canada. The advisor/broker soliciting this insurance application is a licensed independent broker representing Equitable through an independent agency, and will receive compensation from Equitable if a policy is issued and comes into effect, and will continue receiving ongoing compensation if you continue to keep the policy in force. The advisor/broker may be eligible for additional compensation, such as bonuses and travel incentives, depending on the volume or persistency of business the advisor/broker places with Equitable during a given time period. You are not obligated to transact any other business with Equitable, the advisor/broker or any other person or entity as a condition of the Application.

**Please note:** Equitable® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable® is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.668.4095.