



APPLICATION FOR NON-UNDERWRITING CHANGE - G3

Policies settled on or after January 1, 2017

Use this form to apply for a non-underwriting change to a policy.

Instructions:

1. Every question must be completed, including selecting yes or no. When "yes" is selected, details must be provided.
2. Where additional forms are required, complete and submit these with the Application for Non-Underwriting Change - G3.
3. SIN must be provided if Owner(s) is/are a tax resident of Canada.
4. Use Application for Underwriting Change - G3 ([#374G3](#)) if you are:
 - a. applying for a change which requires underwriting;
 - b. applying for a change which is not listed on this form; or
 - c. applying for multiple changes to the same policy.

POLICY AND OWNER INFORMATION

Change request for policy #: _____

Owner name: _____ Joint owner name: _____

Owner phone number: _____ Owner email address: _____

Owner country of birth: _____ Owner SIN: _____

Insured name: _____ Insured date of birth (dd/mm/yyyy): _____

PURPOSE OF POLICY (mandatory for all policy changes)

Indicate the purpose of the policy:

- | | | |
|---|---|--|
| <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: _____ | | |

REQUESTED CHANGE - Please indicate the requested change.

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.

Requirements may vary, based on actual change requested. Advisors refer to online administration guide on Equinet®. Policy owners please contact your advisor or Equitable.

- Addition of return of premiums rider to critical illness insurance:**
 - Return of premiums at expiry (ROPE) - available on 10 year renewable to age 75 plans only. Submit a [671BCF](#) to designate a Beneficiary change.
 - Return of premiums at surrender/expiry (ROPS/E) - available on level pay and 20 pay plans. Submit a [671BCF](#) to designate a Beneficiary change.
- Deletion/decrease** – Riders, benefits, insureds.
- Exchange Option** – 10 year Term plans to 20 year or 30/65 (coverage must be in effect for at least 1 year and no more than 5 years).
- Change privilege for critical illness** – Refer to policy contract for available options. (Change Privilege for CI will follow old/rates version.)
- Death Benefit Option** – Change account value protector to level.
- Cost of Insurance change from Yearly Renewable Term (YRT) to Level** (at attained age and original rates)
- Separate Policy Option or Option to Elect Individual Policies** – Include a [671BCF](#) to update beneficiary designations, a [671OC](#) to make an ownership change, and a 378 to update premium payment information. Please complete the relevant sections of the Application (#350) according to the chart below.



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| Type of change: | Complete the following sections on Form 350 | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|-----------------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 | 10 | 11 | 17 | 18 | 20 | Other |
| OTE | Term | X | X | X | | | | X | X | X | X | X | X | X | |
| | Equimax® | X | X | X | X | | | | X | X | X | X | X | X | Include signed illustration |
| | Equation Generation® IV | X | X | X | | X | X | | X | X | X | X | X | X | Include signed illustration |
| | Equitable Generations™ | X | X | X | | X | X | | X | X | X | X | X | X | Include signed illustration |

SECTION 1 – PLAN SPECIFICATIONS ONCE CHANGE COMPLETED

Note: must include existing coverage that should remain in force after the change is complete.

| Insured(s) name | Plan description | Amount | Premium |
|-----------------|------------------|--|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly | Total: |



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SECTION 2 – PRIVACY CONSENT

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

1. Declare and agree that the personal information willingly provided by me/us to the independent insurance broker/advisor and/or to Equitable in accordance with this Application will be used for the purposes of servicing and administering my insurance contract. It may also be used for improving and developing insurance and/or reinsurance related tools, algorithms and products; post-issue auditing; risk management and managing risk exposure; determining Canadian or foreign tax positions or issues; claims processing and adjudication related to the related insurance contract(s) and any resulting insurance and 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 Equitable; Equitable's sales distribution network; other insurers and reinsurers, including reinsurers' service providers and other companies related to Equitable; medical professionals; Canadian or foreign tax authorities; and any other person(s) whom I/we authorize.
3. Acknowledge that Equitable may use automated processing with respect to the issuance and administration of the policy(ies) if I/we have applied for.
4. 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/our personal information will be stored outside Quebec.
5. 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.
6. Authorize the disclosure of the underwriting decision(s) on this Application to Equitable's reinsurers.
7. Consent and agree to [a] this Application being transmitted to Equitable electronically and received by Equitable as the Owner's original application; and [b] electronic delivery by me/us of the insurance contract, if issued, and any other documents or future written communications relating to the insurance contract.
8. Agree that a photocopy or electronic copy of these authorizations shall be as valid as the original.

See www.equitable.ca for further details about Equitable's privacy practices and for information about how to contact Equitable's Privacy Officer.



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SECTION 3 – LEGAL INFORMATION

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

1. I/we certify that the information provided on this form is current, correct and complete. For Universal Life and Whole Life policies, I/we will notify Equitable within 30 days of any change to my/our name, address, email address, occupation, identification information, tax residency, U.S. citizenship status or tax identification numbers.
2. The insurance being applied for in this Application or such insurance approved by Equitable 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 between the date this Application was signed by the proposed life insured and:
 - (i) the date of delivery of the Critical Illness policy to the Owner; or
 - (ii) the date of delivery of the policy as accepted by the Owner resident in Provinces and Territories other than Quebec; or
 - (iii) the date the Application for a life policy is accepted by Equitable without modification for Owners resident in Quebec.
3. Knowledge or notice to any person shall not constitute knowledge of or notice to Equitable unless disclosed in this Application. No person other than an Authorized Officer of Equitable shall have authority to place the Company under any risk or obligation or approve insurability.
4. Acceptance of any policy issued based on this Application shall be ratification of any changes or corrections in or additions to this Application which Equitable may make in the Endorsements.
5. If the application is made by an Owner other than the 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. There is no other existing fact affecting the insurability of the person(s) to be insured.
7. FAILURE TO DISCLOSE EVERY FACT WITHIN THE OWNER(S)'S AND PROPOSED LIFE INSURED(S)'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 EVIDENCE AND ANY WRITTEN STATEMENTS GIVEN AS EVIDENCE OF INSURABILITY SHALL RENDER ANY INSURANCE ISSUED IN CONNECTION WITH THIS APPLICATION VOIDABLE BY EQUITABLE.
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, 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 Equitable in: English French

MARKETING CONSENT

The Owner(s) and the proposed life insured(s) authorize Equitable 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



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SECTION 3 – LEGAL INFORMATION (CONTINUED)

9. The Company is authorized to provide my health, medical and lifestyle information obtained during its underwriting process, regardless of the source, to my advisor for the purposes of explaining to me any adverse assessment of my insurability.

Yes No

FAILURE TO DISCLOSE EVERY FACT WITHIN THE OWNER(S), PERSONS(S) TO BE INSURED KNOWLEDGE THAT IS MATERIAL TO THE INSURANCE BEING APPLIED FOR, OR MATERIAL TO THE INSURABILITY OF THE PERSON(S) TO BE INSURED, OR, ANY MISREPRESENTATION OR MISSTATEMENT OF ANY FACTS, STATEMENTS, INFORMATION OR ANSWERS GIVEN AND CONTAINED IN THIS APPLICATION AND ANY WRITTEN STATEMENTS GIVEN AS EVIDENCE OF INSURABILITY, SHALL RENDER ANY INSURANCE ISSUED IN CONNECTION WITH THIS APPLICATION VOIDABLE BY THE COMPANY.

Signed at _____ this _____ of _____ 20____.
(city) (province) (day) (month)

***Signature of Person to be Insured**

Signature of Witness to all signatures

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

Owner(s) S.I.N.

***Signature of Person to be Insured**

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)**



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SECTION 4 - TRANSLATION AGREEMENT AND DECLARATION

Was this application translated for any Proposed Life Insured(s) and/or owner(s) in a language other than English? Yes No
if "Yes", you must complete the sub sections below.

Note: The translator must be 18 years of age or older and may not be:

- a beneficiary,
- an Owner,
- Proposed Life Insured, or
- any other person who has an interest in the policy (excluding the advisor).

4.1 Proposed Life Insured(s) and/or Owner(s) agreement

In this section, you and your refer to the Proposed Life Insured(s) and/or Owner(s).

1. Who was this application translated for in a language other than English?

Life 1 Life 2 Owner 1 Owner 2

2. Do you agree that your answers to the questions asked and translated for you are complete and true, and do you understand they form part of the application?

Life 1 Yes No Life 2 Yes No Owner 1 Yes No Owner 2 Yes No

Note: If "No", we are unable to continue with your application at this time. The application must not be submitted.

3. Do you also agree that this application was fully explained to you in your preferred language, and do you understand the content provided by the translator?

Life 1 Yes No Life 2 Yes No Owner 1 Yes No Owner 2 Yes No

Note: if "No". we are unable to continue with your application at this time. The application must not be submitted.

4. Name of person who provided the translation:

| | | |
|-------------------------|----------------|-----------|
| Translator's first name | Middle initial | Last name |
|-------------------------|----------------|-----------|

5. Relationship to Proposed Life Insured(s) and/or Owner(s):

| | | | |
|--------|---|---------|---|
| Life 1 | <input type="checkbox"/> Advisor <input type="checkbox"/> Other Indicate _____ | Owner 1 | <input type="checkbox"/> Advisor <input type="checkbox"/> Other Indicate _____ |
| Life 2 | <input type="checkbox"/> Advisor <input type="checkbox"/> Other Indicate _____ | Owner 2 | <input type="checkbox"/> Advisor <input type="checkbox"/> Other Indicate _____ |

6. In what language were the questions translated?

| | | | |
|-------------------------|--|---------|--|
| Proposed Life Insured 1 | | Owner 1 | |
| Proposed Life Insured 2 | | Owner 2 | |

4.2 Translator's declaration/signature

In this section, you and your refer to the translator.

By signing below, you declare that for any Proposed Life Insured(s) and/or Owner(s) indicated above in sub-section 18.1, you:

- faithfully and truly translated this application and the answers provided to you,
- read over the entire contents of this application and explained the nature and contents to be completed, and
- everyone appeared to understand the contents of this application and provided all requested information.

You also declare that you do not have any interest in this application and are age 18 or older.

| | | |
|-----------------|-------------------|--|
| Province signed | Date (dd/mm/yyyy) | Translator's signature (if other than advisor) |
|-----------------|-------------------|--|



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SECTION 5 – ADVISOR’S INFORMATION

Advisor 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)



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| | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the Owner(s) and the Proposed Life Insured(s) speak and read the language in which this application is written? (If no how was the application completed? Provide detail in Advisor's notes below) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has there been prior contact with Head Office regarding the Proposed Life Insured(s)? (If yes give dates and reference of last Head Office letter, and person or department contact in Advisor's Notes below.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you the Proposed Life Insured, Owner, payor or beneficiary on this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a related party of the Proposed Life Insured(s) or Owner(s)? A related party includes: a) immediate family members such as a spouse, parent, grandparent, child, grandchild, or in-law b) a corporation where the Advisor or an immediate family member, individually or together own 50% or more of any class of shares of the corporation c) where the Advisor is incorporated, any director, officer, employee or agent of the Advisor, and any parent, subsidiary or affiliated corporation of the Advisor (If "YES" give details in Advisor's Notes below.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you know of: a) Any criticism of the Proposed Life Insured(s) or Owner(s) character, habits, mode of living, or business reputation, past or present? (If yes, provide details in advisor's notes below) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Any additional information which would assist in underwriting this application? (If yes, provide details in Advisor's Notes below) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was this sale derived from a financial needs analysis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I have held and viewed the documentation provided by the Proposed Life Insured(s) and the Owner(s) for verification of their identity, and confirmation of the information provided on this application | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have made a reasonable effort to determine if the Owner(s) are acting on behalf of a third party. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I have reviewed and explained the Sales Illustration to the Owner(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I confirm that I have disclosed the following to the Owners: a) the life or critical illness policy, if issued, is underwritten and managed by Equitable; b) the company or companies I represent; c) I am an independent broker/advisor representing Equitable; d) I am a life agent licensed by the Insurance Council of British Columbia and/or the Financial Services Commission of Ontario, if applicable; e) I receive compensation and will continue receiving servicing/renewal commissions, if a policy is issued and comes into effect, and if it remains in force; f) I may be eligible for additional compensation, such as bonuses and travel incentives, depending on the volume or persistency of business I place with Equitable; g) I have disclosed any conflicts of interest I may have regarding this application. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I have reviewed the information provided in this application with the proposed Owner(s) and to the best of my knowledge, it is complete and true | <input type="checkbox"/> | <input type="checkbox"/> |

ADVISOR'S NOTES



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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.