

# LIFE INSURANCE DELIVERY SUMMARY

PLEASE COMPLETE AND RETURN

Name of Life Insured:	Policy #:
Name of Policy Owner:	Application Date:
Insurance Company:	Policy Type:
Policy Approved Date:	Contract Effective Date:
Face Amount Of Insurance:	Plan and Riders:
Premium:	Mode of Payment:
Primary Beneficiary:	Contingent Beneficiary:
Insurance Advisor:	

- All figures for premiums and benefits are in Canadian Dollars.
- Investment return values on Universal Life policies are not guaranteed and are shown for illustration purposes only.
- Have there been any changes in health or insurability of the proposed insured(s), which would require a change to any answer or statement made in the application?  
Yes  No
- Has any person proposed for insurance had any symptoms of any disease or condition, consulted or been attended by a physician or other health practitioner since the date of the original application?  
Yes  No
- Has any life insured:
  - made an application for life or health insurance or reinstatement of any life or health policy pending with any other companies since the date of the original application?  
Yes  No
  - had any application for insurance (life or health) modified, declined or postponed by any other company since the date of the above mentioned application?  
Yes  No
- If you have answered **YES** to any of the questions #1, 2, 3a or b, please provide full details on the reverse of this form. Any material change in health or health investigation must be reported to the issuing insurance company in order to review any changes in the Policy Application, Underwriting and Policy Issue process.

7. **Disability and Critical Illness Insurance were offered to the insured and the insured:**

- Accepted**
- Declined**

As of January 1, 2004, the Privacy Act and The Personal Information Protection and Electronic Documents Act (PIPED Act) covers the collection, use or disclosure of personal information in the course of any commercial activity within a province, including provincially regulated organizations.

This information has been collected to assist you in the process of application for insurance and for the purpose of advising you of current and future needs and assisting in the settling of claims. Please indicate below if you wish John Q. Broker /MGA to continue to maintain your personal information on file, the collection and maintenance of which is governed by the PIPED Act. This may include:

1. Copies of applications for insurance including medical and financial information;
2. Copies of forms and correspondence submitted to your insurer(s);
3. Copies of correspondence with you;
4. Copies of any claim information provided to your insurer(s).

Please mark only one of the two options below. I wish John Q. Broker /MGA to:

- Maintain this information on file
- Destroy any information that you have on file, governed by the PIPED Act

Your policy includes a copy of your application and the medical report if one was completed. Please review all the questions and answers provided. Make sure the answers are complete and correct. If there are any errors or omissions they should be dealt with during the 10 day right of rescission.

*I declare that the answers to all questions on the photocopy of the original application are true and correct and there has been no change in my insurability since the date of the original application and receipt of this policy. My signature below verifies that I have received, reviewed and understand the provisions of my Life Insurance policy and PIPED Act.*

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Signature of Policy Owner

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Date

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Signature of Life Insured

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Date

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Witness to the above signature(s)

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Date