

All documents can be faxed or emailed back to:

Fax: 1-800-522-3124 / (514) 841-5699

Email: conversion@standardlife.ca

Producer code (6 digits)	Producer name	Sales office (5 alpha numeric characters)																																																																																																																																										
1 Life Insured and Owner information – Complete in all cases (For more than 1 Life insured, complete additional forms as required)																																																																																																																																												
Group policy number(s)		<input type="checkbox"/> Male <input type="checkbox"/> Female																																																																																																																																										
Life Insured <input type="checkbox"/> Participant <input type="checkbox"/> Dependant																																																																																																																																												
First name	Middle name	Last name																																																																																																																																										
Date of birth (DD/MM/YYYY)		S.I.N number																																																																																																																																										
Present address (Street, City, Province)		Postal code																																																																																																																																										
E-mail address																																																																																																																																												
Owner(s) <input type="checkbox"/> Life Insured (if the Owner is the Life Insured, please check the box and go directly to section 2)																																																																																																																																												
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*If there is more than 1 life insured, please complete an additional form and check here <input type="checkbox"/>																																																																																																																																												
2 The undersigned request(s) and authorize(s) Standard Life to change the above policy(ies) as follows:																																																																																																																																												
Amount to be converted: \$ _____																																																																																																																																												
Type of conversion coverage: <input type="checkbox"/> One year Term <input type="checkbox"/> Level Term to 65 <input type="checkbox"/> Whole Life Pay to Age 65 <input type="checkbox"/> Whole Life Pay to Age 75																																																																																																																																												
<input type="checkbox"/> Whole Life Pay to Age 100 <input type="checkbox"/> Whole Life 20 pay <input type="checkbox"/> Whole Life 25 pay <input type="checkbox"/> Whole Life 30 pay																																																																																																																																												
Are you totally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																												
In addition to this application for Group conversion, have you also applied for life insurance on an individual basis with Standard Life? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																												
3 Smoking Habits																																																																																																																																												
Have you used any substance or product containing tobacco, nicotine (including the nicotine patch or gum), or marijuana in the last 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
4 Health (ONLY COMPLETE IF YOU WISH TO DETERMINE IF YOU QUALIFY FOR A PREMIUM DISCOUNT)*																																																																																																																																												
Have you ever had an application for insurance rated, declined or postponed?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
Is your weight either above or below for your height according to the table below?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Feet / Centimeters</th> <th colspan="2">Minimum Weight</th> <th colspan="2">Maximum Weight</th> <th rowspan="2">Feet / Centimeters</th> <th colspan="2">Minimum Weight</th> <th colspan="2">Maximum Weight</th> </tr> <tr> <th>Pounds</th> <th>Kilograms</th> <th>Pounds</th> <th>Kilograms</th> <th>Pounds</th> <th>Kilograms</th> <th>Pounds</th> <th>Kilograms</th> </tr> </thead> <tbody> <tr><td>4'8" / 142 cm</td><td>82</td><td>37</td><td>146</td><td>66</td><td>5'8" / 172 cm</td><td>121</td><td>55</td><td>219</td><td>100</td></tr> <tr><td>4'9" / 145 cm</td><td>85</td><td>39</td><td>152</td><td>69</td><td>5'9" / 175 cm</td><td>125</td><td>57</td><td>225</td><td>102</td></tr> <tr><td>4'10" / 147 cm</td><td>88</td><td>40</td><td>157</td><td>71</td><td>5'10" / 178 cm</td><td>129</td><td>59</td><td>232</td><td>105</td></tr> <tr><td>4'11" / 150 cm</td><td>91</td><td>41</td><td>162</td><td>74</td><td>5'11" / 180 cm</td><td>132</td><td>60</td><td>238</td><td>108</td></tr> <tr><td>5'0" / 152 cm</td><td>95</td><td>43</td><td>168</td><td>76</td><td>6'0" / 183 cm</td><td>136</td><td>62</td><td>244</td><td>111</td></tr> <tr><td>5'1" / 155 cm</td><td>98</td><td>44</td><td>174</td><td>79</td><td>6'1" / 185 cm</td><td>140</td><td>64</td><td>251</td><td>114</td></tr> <tr><td>5'2" / 157 cm</td><td>101</td><td>46</td><td>179</td><td>81</td><td>6'2" / 188cm</td><td>144</td><td>65</td><td>258</td><td>117</td></tr> <tr><td>5'3" / 160 cm</td><td>104</td><td>47</td><td>184</td><td>84</td><td>6'3" / 190 cm</td><td>148</td><td>67</td><td>264</td><td>120</td></tr> <tr><td>5'4" / 162 cm</td><td>108</td><td>49</td><td>189</td><td>86</td><td>6'4" / 193 cm</td><td>152</td><td>69</td><td>271</td><td>123</td></tr> <tr><td>5'5" / 165 cm</td><td>111</td><td>50</td><td>196</td><td>89</td><td>6'5" / 195 cm</td><td>156</td><td>71</td><td>278</td><td>126</td></tr> <tr><td>5'6" / 167 cm</td><td>114</td><td>52</td><td>203</td><td>92</td><td>6'6" / 198 cm</td><td>160</td><td>73</td><td>285</td><td>130</td></tr> <tr><td>5'7" / 170 cm</td><td>118</td><td>54</td><td>208</td><td>95</td><td>6'7" / 200 cm</td><td>164</td><td>74</td><td>292</td><td>133</td></tr> </tbody> </table>		Feet / Centimeters	Minimum Weight		Maximum Weight		Feet / Centimeters	Minimum Weight		Maximum Weight		Pounds	Kilograms	Pounds	Kilograms	Pounds	Kilograms	Pounds	Kilograms	4'8" / 142 cm	82	37	146	66	5'8" / 172 cm	121	55	219	100	4'9" / 145 cm	85	39	152	69	5'9" / 175 cm	125	57	225	102	4'10" / 147 cm	88	40	157	71	5'10" / 178 cm	129	59	232	105	4'11" / 150 cm	91	41	162	74	5'11" / 180 cm	132	60	238	108	5'0" / 152 cm	95	43	168	76	6'0" / 183 cm	136	62	244	111	5'1" / 155 cm	98	44	174	79	6'1" / 185 cm	140	64	251	114	5'2" / 157 cm	101	46	179	81	6'2" / 188cm	144	65	258	117	5'3" / 160 cm	104	47	184	84	6'3" / 190 cm	148	67	264	120	5'4" / 162 cm	108	49	189	86	6'4" / 193 cm	152	69	271	123	5'5" / 165 cm	111	50	196	89	6'5" / 195 cm	156	71	278	126	5'6" / 167 cm	114	52	203	92	6'6" / 198 cm	160	73	285	130	5'7" / 170 cm	118	54	208	95	6'7" / 200 cm	164	74	292	133	
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Have you lost more than 15 pounds in the last year without deliberately trying to do so through an adjustment in diet and/or exercise?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
In the previous 5 years, have you:																																																																																																																																												
• Been advised to reduce consumption of alcohol, or drugs (prescription or otherwise)?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
• Been convicted of drinking while driving?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
• Used any illegal drugs, such as cocaine, or any narcotics?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
• Been off work for more than 2 consecutive weeks due to illness?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
Have you ever had any known indication of, been treated for, or received a recommendation for treatment of any of the following:																																																																																																																																												
• Heart or circulation problems, angina, heart attack, chest pain, stroke, diabetes?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
• Disorder of the kidney, lungs or genital organs including the prostate or breast?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
• Hepatitis or other condition of the liver, intestine, pancreas, or stomach?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
• Cancer, tumour, skin lesion, anaemia, blood disorder, haemophilia, or leukemia?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
• Disorder of the brain or nervous system?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
Are you:																																																																																																																																												
• Presently awaiting, or been referred for, any medical consultation or medical tests (other than pre- or post-natal care)?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
• Presently awaiting any test results, or aware of any abnormal results?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
• Aware of any symptoms or complaints for which you have not yet sought medical advice?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										
Have you had, or been recommended to have, a test for HIV, received information indicating possible exposure to HIV, or have you been told you may have any other immunological conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																										

* Not applicable if product selected is the One year Term. Also, the premium discount is only available on the first \$249,999 to be converted.

9 Signatures

Each of the undersigned:

- (1) Declares that the foregoing statements are true, complete and correctly recorded and shall form part of the application for life insurance with Standard Life. For the purpose of evaluating the risk under the application for life insurance which has been made to Standard Life or for any claims purposes, I authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, Medical Information Bureau, or other organization, institution or person to give any information regarding me to Standard Life or its reinsurers. A photocopy of this authorization shall be as valid as the original.
- (2) Agrees that, by accepting the Policy, any Additions and Amendments made by The Standard Life Assurance Company of Canada and set out in any Additions and Amendments section, are thereby ratified and confirmed.
- (3) Agrees this application, together with any Alteration of Application attached to the Policy on delivery, shall be the basis of the contract with The Standard Life Assurance Company of Canada.
- (4) Understands that the request for conversion of group life insurance must be received no later than 31 days after the termination of group life benefits.
- (5) Agree that we may waive the right to receive pre-notification of the amount of the PAD and therefore agree that do not require advance notice of the amount of PAD(s) before the debit is processed.
- (6) Understand and agree that we have certain recourse rights if any debit does not comply with this agreement.
- (7) Understand and agree that we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.
- (8) Agree that where Pre-Authorized Debit (PAD) withdrawals have been requested, Standard Life is authorized to make such withdrawals from the financial institution as indicated on the attached specimen cheque or any other account at any financial institution subsequently designated by me. I further authorize such financial institution to deal with these withdrawals as though they were signed by me.
- (9) I certify that the information supplied is true, correct and complete, to the best of my knowledge. Furthermore, I understand that the personal information provided herein will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan.

In addition, I authorize Standard Life Canada and any other concerned parties to consult my credit file as required for compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations*.

Signed at _____ this _____ day of _____, _____
 City, Province

Life Insured

Owner(s) if different from Life Insured

Owner(s) if different from Life Insured

Premium Payor (if different than owner)

Assignee/Beneficiary, if required

To be completed by Standard Life

Conversion of the allowable sum insured is: Full or Partial

Premium Discount? Yes No

Effective date (DD/MM/YYYY) / /

A signature is required by all Proposed Insured's age 14 and over in the province of Quebec and age 16 and over in all other provinces.

To obtain more information on recourse rights under the PAD agreement, you may contact Standard Life or visit www.cdnpay.ca If the policy/account is for individual coverage, then the PAD will be setup as a personal PAD and if the policy/account is corporately owned, then the PAD will be setup as a business PAD.