

SunUniversalLife II

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SAMPLE

The following policy wording is provided solely for your convenience and reference. It is incomplete and reflects only some of the general provisions that may be found in some of our insurance policies. We periodically make changes to policy wording and therefore this incomplete sample may not duplicate the wording of any actual issued policy. It is not to be construed or interpreted in any manner as a contract or an offer to contract. The actual policy issued to any given client will govern that relationship.

Total disability waiver benefit

While the insured person for this benefit is totally disabled, we pay the cost of insurance for the insured person's basic insurance coverage, optional benefits and any benefit linked to them. We call this waiving the cost of insurance.

The *Policy summary* shows the following information about the Total disability waiver benefit:

- each insured person
- the date the benefit begins, and
- the date the benefit ends.

The maximum total annual amount we waive for an insured person is \$50,000 across all life insurance policies issued by us, or for which we have assumed responsibility, on that person.

Qualifying for this benefit

To qualify for this benefit:

- the Total disability waiver benefit must be in effect
- the insured person's disability must begin after the policy anniversary nearest their 18th birthday and before the benefit end date shown on the *Policy summary*
- their disability must continue for at least 6 consecutive months, and
- we determine that the insured person is totally disabled and all requirements for this benefit have been satisfied.

To be considered totally disabled the insured person must be:

- under the active, continuous and medically appropriate care of a physician, or other health care practitioner acceptable to us, and
- following the treatment prescribed and any other recommendations made by a physician or health care practitioner.

Disabled while employed

If the insured person becomes disabled while employed, we consider them to be totally disabled if, as a result of injury or disease, they are completely unable, during the first 2 years following the date of their disability, to carry on the essential duties of their own occupation.

After the first 2 years, we consider the insured person to be totally disabled if they are unable, as a result of injury or disease, to perform the duties of any occupation within their education, training or experience. We do not consider an insured person to be totally disabled if they are earning money or profiting from any occupation.

In determining whether or not the insured person is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the insured person was paid before becoming totally disabled.

Disabled while unemployed

If the insured person becomes disabled while unemployed, and is not earning money or profiting from any occupation, we consider them totally disabled if they are unable, as a result of injury or disease, to perform the duties of any occupation within their education, training or experience.

In determining whether or not the insured person is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the insured person was paid before becoming totally disabled.

Disabled while a student

If the insured person is a student at the time they become disabled, we consider them to be totally disabled if they are unable, as a result of injury or disease, to:

- attend or participate as a student in an education program during the entire time they are totally disabled, or
- perform the duties of any occupation for earnings or profit within their education, training or experience.

In determining whether or not the insured person is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the insured person was paid before becoming totally disabled.

When we start waiving

Until we give you notice that we've approved your claim, we will continue to deduct the cost of insurance from your policy fund. After we approve your claim, we waive the cost of insurance effective on the monthly anniversary day starting from the month after the insured person became totally disabled.

The cost of insurance is waived until the earlier of:

- the date the insured person no longer qualifies for the benefit
- the date the policy ends
- the date the cost of insurance is no longer required for the disabled person's insurance, and
- the date the insured person dies.

If any cost of insurance is deducted from your policy fund and later waived, we credit that amount to the activity account. If an automatic payment loan was used to pay for deductions that are later waived, we will reduce the loan by the amount we waived.

When we will not waive (exclusions and reductions of coverage)

We will not waive the cost of insurance if the insured person's disability begins:

- before the policy anniversary nearest their 18th birthday, or
- after the benefit end date shown on the *Policy summary*.

We will not waive the cost of insurance if the disability is directly or indirectly caused by or associated with the insured person operating a vehicle while their blood alcohol level is more than 80 milligrams of alcohol per 100 milliliters of blood. A vehicle includes any form of ground, air or marine transportation that can be put into motion by any means, including muscular power. We do not take into account whether or not the vehicle is in motion.

We will not waive the cost of insurance if the disability is directly or indirectly caused by or associated with the insured person:

- committing or attempting to commit a criminal offence
- attempting to take their own life, regardless of whether the insured person had a mental illness or understood or intended the consequences of their action(s)
- causing themselves bodily injury, regardless of whether the insured person had a mental illness or understood or intended the consequences of their action(s)

- taking any drug, unless the drug was taken as prescribed by a licensed medical practitioner
- inhaling or ingesting any poisonous substance, whether voluntarily or otherwise, or
- inhaling any type of gas, whether voluntarily or otherwise.

We will not waive the cost of insurance if the insured person's disability is directly or indirectly caused by or associated with civil disorder or war, whether declared or not.

Making a claim

To make a claim, contact your advisor or call us at the toll free phone number shown at the beginning of this policy. We will send the forms to be completed.

We must receive proof of the insured person's disability:

- while the insured person is alive
- continuing for at least 6 consecutive months while this benefit is in effect, and
- within 1 year of the date the disability began.

If we receive proof of the disability more than 1 year after the disability starts and the insured person qualifies for this benefit, we consider the disability to have begun 1 year before the date we received the proof. This means that we will only waive the cost of insurance starting from 1 year before the date we received the proof, regardless of when the disability actually started. We will not consider a late claim if you submit it more than 1 year after the end date of this benefit.

You must pay any cost associated with providing proof of disability.

We may also require the insured person to authorize us to gather and use additional information from other insurers or government agencies.

Before we approve a claim, the insured person's date of birth must be verified.

How to continue to qualify

We continue to waive the cost of insurance while the insured person:

- continues to be disabled and satisfies our total disability requirements
- is under the continuous care of a licensed physician
- follows a prescribed treatment program for their disability, and
- makes reasonable efforts to use any appropriate rehabilitation program.

From time to time, we will ask for proof, that we consider satisfactory, that the insured person is still disabled. You must pay any cost associated with providing this proof.

We may require the insured person to be examined by any health care practitioners we appoint. These may be licensed physicians, physiotherapists, occupational therapists, psychiatrists, psychologists or others. We pay the cost of these examinations.

The physicians, specialists or health care practitioners who provide information to us may not be the owner of this policy, any insured person under this policy, anyone entitled to make a claim under this policy, or any relative or business associate of these people.

We may also require the insured person to authorize us to gather and use information from other insurers or government agencies.

When we stop waiving

We stop waiving the cost of insurance on the date the insured person:

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- is no longer totally disabled
- is earning money or profiting from any occupation
- takes part in any educational program as a student without our approval
- fails to submit any required proof of disability
- refuses to attend any examinations or rehabilitation programs without a valid medical reason
- fails to meet any other requirements to have the cost of insurance waived, or
- dies.

Reoccurrence of a previous disability claim

You may apply to have the cost of insurance waived without having to wait another 6 months if there's a reoccurrence of a previous disability claim. We consider the disability to be a reoccurrence of the previous one if:

- we waived the cost of insurance for the previous disability
- the disabled insured person recovers from their disability and then becomes totally disabled again from the same cause within 6 months from the date we stopped waiving the cost of insurance, and
- the insured person is totally disabled as described under the heading, *Qualifying for this benefit*.

We waive the cost of insurance effective on the monthly anniversary day starting from the month after the insured person's disability started again.

When the benefit ends

The Total disability waiver benefit for each insured person under the benefit ends on the earliest of:

- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the insured person dies, or
- the date this policy ends.

Term insurance benefit for the insured person

If a death benefit is payable when the insured person for this benefit dies, we make a payment to the named beneficiary for that insured person's Term insurance benefit.

The *Policy summary* shows the following information about the Term insurance benefit:

- each insured person
- the insurance amount
- the renewal period
- the last date to convert the benefit, and
- the date the benefit ends.

When we pay

If an insured person dies while their Term insurance benefit is in effect, we pay the insurance amount in effect on the date they died.

When we will not pay (exclusions)

We will not pay a Term insurance death benefit if the insured person for this benefit takes their own life, regardless of whether the insured person has a mental illness or understands or intends the consequences of their action(s), within 2 years of the later of:

- the most recent date an application for this benefit was signed
- the policy date, shown on the *Policy summary*
- the effective date of the insurance, if you added it after the policy date, or
- the most recent date your policy was put back into effect, if it has been reinstated.

Instead of paying the death benefit, we will pay to the beneficiary the amount you paid for this benefit. If your policy has been put back into effect, the amount we pay will be equal to the amount paid for this benefit since the most recent date the policy was reinstated.

If the insured person takes their own life, regardless of whether the insured person has a mental illness or understands or intends the consequences of their action(s), within 2 years of any policy change that increases their Term insurance benefit, we will not pay the amount of the increase. Instead, if the benefit has been continuously in effect for at least 2 years on the date the insured person dies, we will:

- pay the term insurance death benefit that we would have paid before the increase, and
- refund the amount you paid for the increase to the Term insurance benefit.

Making a claim

To make a claim, contact your advisor or call us at the toll free phone number shown at the beginning of this policy. We will send the appropriate form to be completed. The person making the claim must complete the form and give us the information we need to assess the claim, including proof that the insured person died while this benefit was in effect.

Physicians may charge a fee to complete certain forms. The person making the claim is responsible for any fee.

Before we pay a death benefit, we must verify the insured person's date of birth. If the date of birth on the application is incorrect, we'll adjust the death benefit to the amount that would have been payable based on the amount paid and the correct date of birth.

Converting to a term life insurance policy or term insurance benefit

You may convert a Term insurance benefit with a 10 or 15 year renewal period to a term life insurance policy or term insurance benefit with a 20 or 30 year renewal period.

You must apply to convert before the earlier of the 5th policy anniversary nearest the date the benefit was put into effect, and the policy anniversary nearest:

- the insured person's 65th birthday, if applying for a 20 year renewal period, or
- the insured person's 55th birthday, if applying for a 30 year renewal period.

If you convert this benefit, it ends on the date the new insurance takes effect.

Converting to a permanent life insurance policy

If applying to convert a Term insurance benefit to a permanent life insurance policy, you must apply on or before the last date to convert the benefit, shown on the *Policy summary*. If you convert this benefit, it ends on the date the new policy takes effect.

The new life insurance

You may apply for any life insurance we offer when you apply, subject to the terms and conditions of that insurance and our administrative rules. Your application must be in a form acceptable to us. The new life insurance will:

- be based on the information about the insured person in the application we received for this benefit
- depend on our rules about the age of the insured person and the amount of insurance, and
- have an insurance amount that is not greater than the insurance amount in effect for this benefit, on the date the new application is signed.

If a *Total disability waiver benefit* is in effect on the insured person under this policy, a similar benefit may be included with the new insurance if:

- we offer a disability waiver benefit
- you request the benefit, and
- the insured person is not disabled.

If we're waiving the cost for this benefit because the insured person is totally disabled

If the insured person for this benefit is totally disabled and we are waiving the cost for this benefit and you apply to convert before the final conversion date, we will not waive the cost for the new policy.

If you apply on the last date to convert this benefit and we are waiving the cost for it, we will waive the cost for the new policy while the insured person is totally disabled. We consider the insured person to be totally disabled according to the disability waiver benefit in effect when we approved the disability claim.

If we're waiving the cost for this policy because the owner is totally disabled

If we're waiving the cost for this policy because you are totally disabled and you apply to convert before the final conversion date, we will not waive the cost for the new policy.

If you apply on the last date to convert this benefit and we are waiving the cost for this policy, we will waive the cost for the new policy while you continue to be totally disabled and own the new policy. We consider you to be totally disabled according to the disability waiver benefit in effect when we approved the disability claim.

If we're waiving the cost for this policy because the owner died

If we're waiving the cost for this policy because you died, the new owner may apply for a new policy on the last date to convert this benefit. We will waive the cost for the new policy.

If we receive an application for more insurance than we offer for conversion, we require new evidence of insurability that we consider satisfactory.

Paying for the new insurance

The cost for the new insurance will be based on:

- the same evidence of insurability we used to determine the cost for this benefit
- the rates we charge for the new insurance on the date you apply, and
- the age of the insured person on the date you apply.

Your right to continue term insurance

If a basic insurance coverage ends because an insured person dies and there is a Term insurance benefit in effect on any surviving insured person, you or that surviving insured person, with your written consent, may apply to continue the term insurance on their life. We will not require new evidence of insurability.

We must receive an application to continue the insurance coverage within 90 days of the basic insurance coverage ending.

If the surviving insured person dies within those 90 days but before we receive an application to continue, we pay:

- the term insurance death benefit
- **minus** the cost for this benefit from the insured person's date of death to the date the surviving insured person dies.

If we approve the application to continue, the insurance will:

- have the same insurance amount as this Term insurance benefit on the date the basic insurance coverage ended
- have the same terms and conditions as this Term insurance benefit, and
- have a cost, starting from the date of death, that is the same as the cost for this Term insurance benefit, plus any premium tax and policy fee that applies.

If we're waiving the cost for this benefit because the insured person is totally disabled

If the insured person for this benefit is totally disabled and we are waiving the cost for this benefit as a result of their disability, and you apply to continue their term insurance within 90 days of the basic insurance coverage ending, we will waive the cost for their term insurance while they are totally disabled. We consider the insured person to be totally disabled according to the disability waiver benefit in effect when we approved the disability claim.

If we're waiving the cost for this policy because the owner is totally disabled

If we're waiving the cost for this policy because you are totally disabled and we approve an application to continue the insurance, we will waive the cost for their term insurance while you continue to be totally disabled. We consider you to be totally disabled according to the disability waiver benefit in effect when we approved the disability claim.

If we're waiving the cost for this policy because the owner died

We will waive the cost for the continued term insurance on the insured person if:

- we're waiving the cost for this policy
- the basic insurance coverage ends, and
- we approve an application to continue the term insurance.

When the benefit ends

The Term insurance benefit for each insured person under the benefit ends on the earliest of:

- the date this benefit is converted
- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the insured person for this benefit dies, or
- the date this policy ends.

If a basic insurance coverage has ended due to death and we haven't received an application to continue term insurance before the 91st day after the basic insurance coverage ended, this benefit ends.

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Term insurance benefit for the additional insured person

If a death benefit is payable when the insured person for this benefit dies, we make a payment to the named beneficiary for that insured person's Term insurance benefit.

The *Policy summary* shows the following information about the Term insurance benefit for the additional insured person:

- each additional insured person
- the insurance amount
- the renewal period
- the last date to convert this benefit, and
- the date this benefit ends.

When we pay

If an additional insured person dies while their Term insurance benefit is in effect, we pay the insurance amount in effect on the date they died.

When we will not pay (exclusions)

We will not pay a Term insurance death benefit if the additional insured person for this benefit takes their own life, regardless of whether the insured person has a mental illness or understands or intends the consequences of their action(s), within 2 years of the later of:

- the most recent date an application for this benefit was signed
- the policy date, shown on the *Policy summary*
- the effective date of the insurance, if you added it after the policy date, or
- the most recent date your policy was put back into effect, if it has been reinstated.

Instead of paying the death benefit, we will refund you the amount you paid for this benefit. If your policy has been put back into effect, the amount we pay will be equal to the amount paid for this benefit since the most recent date the policy was reinstated.

If the additional insured person takes their own life, regardless of whether the insured person has a mental illness or understands or intends the consequences of their action(s), within 2 years of any policy change that increases their Term insurance benefit, we will not pay the amount of the increase. Instead, if the benefit has been continuously in effect for at least 2 years on the date the insured person dies, we will:

- pay the term insurance death benefit that we would have paid before the increase, and
- refund the amount you paid for the increase to the Term insurance benefit.

Making a claim

To make a claim, contact your advisor or call us at the toll free phone number shown at the beginning of this policy. We will send the appropriate form to be completed. The person making the claim must complete the form and give us the information we need to assess the claim, including proof that the insured person died while this benefit was in effect.

Physicians may charge a fee to complete certain forms. The person making the claim is responsible for any fee.

Before we pay a death benefit, we must verify the additional insured person's date of birth. If the date of birth on the application is incorrect, we'll adjust the death benefit to the amount that would have been payable based on the amount paid and the correct date of birth.

Converting to a term life insurance policy or term insurance benefit

You may convert a Term insurance benefit for the additional insured person with a 10 or 15 year renewal period to a term life insurance policy or term insurance benefit with a 20 or 30 year renewal period.

You must apply to convert before the earlier of the 5th policy anniversary nearest the date the benefit was put into effect, and the policy anniversary nearest:

- the additional insured person's 65th birthday, if applying for a 20 year renewal period, or
- the additional insured person's 55th birthday, if applying for a 30 year renewal period.

If you convert this benefit, it ends on the date the new insurance takes effect.

Converting to a permanent life insurance policy

If applying to convert a Term insurance benefit for the additional insured person to a permanent life insurance policy, you must apply on or before the last date to convert the benefit, shown on the *Policy summary*. If you convert this benefit, it ends on the date the new policy takes effect.

Either you, the owner of this policy, or the additional insured person with your written consent, may apply to convert this benefit.

The new life insurance

You may apply for any life insurance we offer when you apply, subject to the terms and conditions of that insurance and our administrative rules. Your application must be in a form acceptable to us. The new life insurance will:

- be based on the information about the additional insured person in the application we received for this benefit
- depend on our rules about the age of the additional insured person and the amount of insurance, and
- have an insurance amount that is not greater than the insurance amount in effect for this benefit, on the date the new application is signed.

If we're waiving the cost for this policy because the owner is totally disabled

If we're waiving the cost for this policy because you are totally disabled and you apply to convert before the final conversion date, we will not waive the cost for the new policy.

If you apply on the last date to convert this benefit and we are waiving the cost for this policy, we will waive the cost for the new policy while you continue to be totally disabled and own the new policy. We consider you to be totally disabled according to the disability waiver benefit in effect when we approved the disability claim.

If we're waiving the cost for this policy because the owner died

If we're waiving the cost for this policy because you died, the new owner may apply for a new policy on the last date to convert this benefit. We will waive the cost for the new policy.

If we receive an application for more insurance than we offer for conversion, we require new evidence of insurability that we consider satisfactory.

Paying for the new insurance

The cost for the new insurance will be based on:

- the same evidence of insurability we used to determine the cost for this benefit
- the rates we charge for the new insurance on the date you apply, and
- the age of the additional insured person on the date you apply.

Your right to continue term insurance

If a basic insurance coverage ends because an insured person dies and there is a Term insurance benefit in effect on any additional insured person, you or the additional insured person, with your written consent, may apply to continue the term insurance on their life. We will not require new evidence of insurability.

We must receive an application to continue the insurance coverage within 90 days of the basic insurance coverage ending.

If the additional insured person dies within those 90 days but before we receive an application to continue, we pay:

- the term insurance death benefit
- **minus** the cost for this benefit from the insured person's date of death to the date the additional insured person dies.

If we approve the application to continue, the insurance will:

- have the same insurance amount as this Term insurance benefit on the date the basic insurance coverage ended
- have the same terms and conditions as this Term insurance benefit, and
- have a cost, starting from the date of death, that is the same as the cost for this Term insurance benefit, plus any premium tax and policy fee that applies.

If we're waiving the cost for this policy because the owner is totally disabled

If we're waiving the cost for this policy because you are totally disabled and we approve an application to continue the insurance, we will waive the cost for their term insurance while you continue to be totally disabled. We consider you to be totally disabled according to the disability waiver benefit in effect when we approved the disability claim.

If we're waiving the cost for this policy because the owner died

We will waive the cost for the continued term insurance on the insured person if:

- we're waiving the cost for this policy
- the basic insurance coverage ends, and
- we approve an application to continue the term insurance.

When the benefit ends

The Term insurance benefit for each insured person under the benefit ends on the earliest of:

- the date this benefit is converted
- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the insured person for this benefit dies, or
- the date this policy ends.

If a basic insurance coverage has ended due to death and we haven't received an application to continue term insurance before the 91st day after the basic insurance coverage ended, this benefit ends.

Child term benefit

We pay a death benefit if a child dies while insured under the Child term benefit. This benefit also includes the right to buy life insurance for each insured child without giving us new evidence of insurability.

The *Policy summary* shows the following information about the Child term benefit:

- each insured person with the benefit
- the insurance amount, and
- the date the benefit ends.

Children who are insured

The insured children are those named on the application for the Child term benefit, unless we tell you that we will not insure a child. For the insured person with the benefit, each child must be:

- born to the insured person
- legally adopted by the insured person, or
- a step-child of the insured person.

Any child born to or legally adopted by the insured person after the date you applied for this benefit is automatically insured. We may ask you to prove the child's relationship to the insured person.

To insure a step-child of the insured person after this benefit is in effect, you must apply in writing and give us evidence of insurability that we consider satisfactory.

Children are insured under the benefit from the date they are 15 days old until their 25th birthday.

When we pay

We pay a death benefit to you, the owner of this policy, when an insured child dies. The amount we pay is the insurance amount that is in effect for the Child term benefit on the date the child dies.

When we will not pay (exclusions and reductions of coverage)

We will not pay a death benefit if a child dies:

- before they are 15 days old, or
- after their 25th birthday.

If a child dies after age 14 days and before age 180 days, the amount we pay is 25% of the insurance amount.

Making a claim

To make a claim, contact your advisor or call us at the toll free phone number shown at the beginning of this policy. We will send the appropriate form to be completed. The person making the claim must give us any information we need to assess the claim, including proof that the insured child died while the benefit was in effect.

Physicians may charge a fee to complete certain forms. You are responsible for any fee for this information.

Before we pay a death benefit, we must verify the child's date of birth.

The right to buy life insurance

While this benefit is in effect, you have the right to apply for a life insurance policy on each insured child, without giving us new evidence of insurability. The following people may apply:

- you, the owner of this policy, or
- the insured child on their own life, with your written consent.

When you may apply

If a child has been insured under the benefit for at least 3 years, you can apply for insurance after the child's 18th birthday and before their 25th birthday. If a child is younger than age 18 or has not been insured for at least 3 years, you may apply within the 30 days before the benefit end date shown on the *Policy summary*.

The life insurance policy you may apply for

You may apply for any life insurance policy we offer when you apply, subject to the terms and conditions of that policy and our administrative rules. Your application must be in a form acceptable to us.

For each application, the new life insurance will:

- be based on the information about the insured child in the application we received for this benefit
- depend on our rules about the age of the insured child and the insurance amount
- have an insurance amount that is not greater than 10 times the insurance amount in effect for this benefit, and
- include an additional cost for smoking unless the insured child gives us new evidence of insurability and qualifies as a non-smoker.

We require proof of the child's date of birth. If we approve the application, insurance for that child under this benefit ends on the date the policy takes effect.

If you apply for more insurance than we offer under this benefit, we require new evidence of insurability that we consider satisfactory.

Paying for the new life insurance policy

The amount you are required to pay for the new life insurance policy will be based on:

- the same evidence of insurability we used to determine the cost for this benefit
- the rates we charge for the new life insurance on the date you apply
- the age of the insured child on the date you apply, and
- any premium tax and policy fee that applies.

When this benefit ends

For each insured child, this benefit ends on the earliest of:

- the benefit end date shown on the *Policy summary*
- the child's 25th birthday
- the date a new insurance policy on the child, purchased under this benefit, takes effect
- the date you cancel the benefit
- the date the child dies, or
- the date this policy ends, unless children continue to be insured after the insured person with this benefit dies.

Children may continue to be insured after an insured person dies

The Child term benefit stays in effect when an insured person dies. You do not need to make payments for it starting from:

- the date an insured person with the benefit dies, or

- the date the basic insurance coverage ends because an insured person has died, under a joint first-to-die coverage.

We continue to insure each child still covered under the benefit until the earliest of:

- the date a new insurance policy on the child, purchased under this benefit, takes effect
- that child's 25th birthday, or
- the date this benefit is cancelled.

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Accidental death benefit

We pay an additional death benefit to the beneficiary you named for the basic insurance coverage if an insured person with this benefit dies as the result of an accident.

The *Policy summary* shows the following information about the Accidental death benefit:

- each insured person
- the insurance amount, and
- the date the benefit ends.

When we pay

We pay an accidental death benefit if the insured person dies:

- while the benefit is in effect
- as a direct result of an accident
- independently of any other cause
- within 365 days of the accident, and
- after their 1st birthday and before the policy anniversary nearest their 70th birthday.

When we will not pay (exclusions)

We will not pay the accidental death benefit if the insured person's death is directly or indirectly caused by or associated with the insured person operating a vehicle while their blood alcohol level is more than 80 milligrams of alcohol per 100 milliliters of blood. A vehicle includes any form of ground, air or marine transportation that can be put into motion by any means, including muscular power. We do not take into account whether or not the vehicle is in motion.

We will not pay the accidental death benefit if the insured person's death is directly or indirectly caused by or associated with the insured person:

- committing or attempting to commit a criminal offence
- taking or attempting to take their own life, regardless of whether the insured person had a mental illness or understood or intended the consequences of their action(s)
- causing themselves bodily injury, regardless of whether the insured person had a mental illness or understood or intended the consequences of their action(s)
- taking any drug, unless the drug was taken as prescribed by a licensed medical practitioner
- inhaling or ingesting any poisonous substance, whether voluntarily or otherwise
- inhaling any type of gas, whether voluntarily or otherwise
- having a mental or physical illness or receiving treatment for that illness
- receiving dental or surgical treatment, or
- contracting an infection, unless the infection was caused by an external visible wound received in an accident.

In addition, we will not pay the accidental death benefit if the insured person's death is directly or indirectly caused by or associated with civil disorder or war, whether declared or not.

When the benefit ends

The Accidental death benefit for each insured person under the benefit ends on the earliest of:

- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the insured person dies, or
- the date this policy ends.

Guaranteed insurability benefit

You may apply for additional life insurance on the insured person, without giving us new evidence of insurability.

The *Policy summary* shows the following information about the Guaranteed insurability benefit:

- each insured person
- the option amount, and
- the date the benefit ends.

Your right to apply for additional life insurance

While this benefit is in effect, you may apply for additional life insurance on the insured person at various points in time. The insured person may apply only if they have your written consent.

The insurance amount that may be applied for may not be greater than the option amount.

There must be at least 3 years between each application for new insurance. If the insured person is younger than age 18, the first date you may apply is the policy anniversary nearest their 18th birthday. The last date you may apply is the policy anniversary nearest their 55th birthday.

You may apply within 31 days of the following life events experienced by the insured person:

- the date they marry or the date of their civil union
- the live birth of any child born to them, or
- the date they legally adopt a child younger than age 18.

You may not apply more than 8 times under this benefit.

The life insurance you may apply for

You may apply for any life insurance we offer when you apply, subject to the terms and conditions of the new insurance and our administrative rules. Your application must be in a form acceptable to us. You may apply for:

- a new life insurance policy, or
- additional life insurance under this policy, if your policy allows you to add insurance.

For each application, the new life insurance will:

- be based on the information about the insured person in the application we received for this policy
- depend on our rules about the age of the insured person and the amount of insurance
- have an insurance amount that is not greater than the option amount in effect for this benefit, and
- not include any optional benefits, except as described below, a disability waiver benefit on the insured person.

If a *Total disability waiver benefit* is in effect for the insured person under this policy, a similar benefit may be included with the new insurance if:

- we offer a disability waiver benefit
- you request the benefit, and
- the insured person is not totally disabled.

If we are waiving the cost for this policy because the insured person is disabled, you may only apply for a new policy without a disability waiver benefit on the insured person. You must pay for the new insurance.

If the insured person was younger than age 17 when we insured them under this policy, the new insurance will include an additional cost for smoking, unless they give us new evidence of insurability and qualify as a non-smoker.

If you apply for more insurance than we offer under this benefit, we require new evidence of insurability that we consider satisfactory.

Paying for the new life insurance

The amount you are required to pay for the new life insurance will be based on:

- the same evidence of insurability we used to determine the cost for this benefit
- the rates we charge for the new life insurance on the date you apply, and
- the age of the insured person on the date you apply.

When the benefit ends

The Guaranteed insurability benefit for each insured person under the benefit ends on the earliest of:

- the date you sign the 8th application for additional life insurance
- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the insured person dies, or
- the date this policy ends.

SAMPLE

Business value protection benefit

You may apply for additional life insurance on the insured person, without giving us new medical evidence of insurability.

The *Policy summary* shows the following information about the Business value protection benefit:

- each insured person
- the option amount, and
- the date the benefit ends.

Your right to apply for additional life insurance

In each of the first 10 policy years, you may apply for additional life insurance on the insured person, up to the option amount, based on the financial information you provide. Each time you apply, the new insurance amount will not be greater than the option amount in effect. The total insurance amount for all applications for new insurance must not be more than 4 times the option amount. You may apply within 31 days of a policy anniversary, if:

- this benefit is in effect, and
- you provide financial information about the business named on the application for this policy, that we consider satisfactory. The financial information must include the current fair market value of the business when you apply.

The life insurance you may apply for

You may apply for any life insurance we offer when you apply, subject to the terms and conditions of the new insurance and our administrative rules. Your application must be in a form acceptable to us. You may apply:

- for a new life insurance policy, or
- to add basic insurance coverage to this policy, if your policy allows you to add insurance.

For each application, the new life insurance will:

- be based on the information about the insured person in the application we received for this policy
- depend on our rules about the age of the insured person and the amount of insurance
- have an insurance amount that's not greater than the maximum amount of new insurance you may apply for, and
- not include any optional benefits, except a disability waiver benefit on the insured person, as described below.

If a *Total disability waiver benefit* is in effect for the insured person, a similar benefit may be included with the new insurance if:

- we offer a disability waiver benefit
- you request the benefit, and
- the insured person is not totally disabled.

If we are waiving the cost for this policy because the insured person is disabled, you may only apply for a new policy without a disability waiver benefit. You must pay for the new insurance.

You may not apply to add insurance to this policy on the disabled insured person.

If you apply for more insurance than we offer under this benefit, we require new evidence of insurability that we consider satisfactory.

Paying for the new life insurance

The amount you are required to pay for the new insurance will be based on:

- the same evidence of insurability we used to determine the cost for this benefit
- the rates we charge for the new insurance on the date you apply, and
- the age of the insured person on the date you apply.

When the benefit ends

The Business value protection benefit for each insured person under the benefit ends on the earliest of:

- the date the additional insurance you purchased under this benefit has reached the maximum insurance amount
- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the insured person dies, or
- the date this policy ends.

SAMPLE

Owner waiver disability benefit

In this provision, *you* and *owner* mean the owner covered under this benefit. You may qualify to stop making payments for this policy if you become totally disabled while this benefit is in effect. If you qualify, we pay the cost of insurance for this policy. We call this waiving the cost of insurance.

The *Policy summary* shows the following information about the Owner waiver disability benefit:

- the owner with the benefit, and
- the date the benefit ends.

If you change ownership by transferring your rights under this policy to another person, this benefit ends and the new owner will not qualify to have the cost of insurance waived.

The maximum total annual amount we waive for an insured person is \$50,000 across all life insurance policies issued by us, or for which we have assumed responsibility, on that person.

Qualifying for this benefit

To qualify for this benefit:

- the Owner waiver disability benefit must be in effect
- the owner's disability must begin before the benefit end date shown on the *Policy summary*
- the owner's disability must continue for at least 6 consecutive months, and
- we determine that the owner is totally disabled and all requirements for this benefit have been satisfied.

To be considered totally disabled the owner must be:

- under the active, continuous and medically appropriate care of a physician, or other health care practitioner acceptable to us, and
- following the treatment prescribed and any other recommendations made by a physician or health care practitioner.

Disabled while employed

If the owner becomes disabled while employed, we consider them to be totally disabled if, as a result of injury or disease, they are completely unable, during the first 2 years following the date of their disability, to carry on the essential duties of their own occupation.

After the first 2 years, we consider the owner to be totally disabled if they are unable, as a result of injury or disease, to perform the duties of any occupation within their education, training or experience. We do not consider an owner to be totally disabled if they are earning money or profiting from any occupation.

In determining whether or not the owner is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the owner was paid before becoming totally disabled.

Disabled while unemployed

If the owner becomes disabled while unemployed, and is not earning money or profiting from any occupation, we consider them totally disabled if they are unable, as a result of injury or disease, to perform the duties of any occupation within their education, training or experience.

In determining whether or not the owner is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the owner was paid before becoming totally disabled.

Disabled while a student

If the owner is a student at the time they become disabled, we consider them to be totally disabled if they are unable, as a result of injury or disease, to:

- attend or participate as a student in an education program during the entire time they are totally disabled, or
- perform the duties of any occupation for earnings or profit within their education, training or experience.

In determining whether or not the owner is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the owner was paid before becoming totally disabled.

When we start waiving

Until we give you notice that we've approved your claim, we will continue to deduct the cost of insurance from your policy fund. After we approve your claim, we waive the cost of insurance effective on the monthly anniversary day starting from the month after the owner became totally disabled.

The cost of insurance is waived until the earlier of:

- the date the owner no longer qualifies for this benefit
- the date the policy ends
- the date the cost of insurance is no longer payable for this policy, and
- the date the owner dies.

If any cost of insurance is deducted from your policy fund and later waived, we credit that amount to the activity account. If an automatic payment loan was used to pay for deductions that are later waived, we will reduce the loan by the amount we waived.

When we will not waive (exclusions and reductions of coverage)

We will not waive the cost of insurance if the owner's disability begins after the Owner waiver disability benefit end date shown on the *Policy summary*.

We will not waive the cost of insurance if the disability is directly or indirectly caused by or associated with the owner operating a vehicle while their blood alcohol level is more than 80 milligrams of alcohol per 100 milliliters of blood. A vehicle includes any form of ground, air or marine transportation that can be put into motion by any means, including muscular power. We do not take into account whether or not the vehicle is in motion.

We will not waive the cost of insurance if the disability is directly or indirectly caused by or associated with the owner:

- committing or attempting to commit a criminal offence
- attempting to take their own life, regardless of whether the owner had a mental illness or understood or intended the consequences of their action(s)
- causing themselves bodily injury, regardless of whether the owner had a mental illness or understood or intended the consequences of their action(s)
- taking any drug, unless the drug was taken as prescribed by a licensed medical practitioner

- inhaling or ingesting any poisonous substance, whether voluntarily or otherwise, or
- inhaling any type of gas, whether voluntarily or otherwise.

We will not waive the cost of insurance if the owner's disability is directly or indirectly caused by or associated with civil disorder or war, whether declared or not.

Making a claim

To make a claim, contact your advisor or call us at the toll free phone number shown at the beginning of this policy. We will send the forms to be completed.

We must receive proof of the owner's disability:

- while the owner is alive
- continuing for at least 6 consecutive months while this benefit is in effect, and
- within 1 year of the date the disability began.

If we receive proof of the disability more than 1 year after the disability starts and the owner qualifies for this benefit, we consider the disability to have begun 1 year before the date we received the proof. This means that we will only waive the cost of insurance starting from 1 year before the date we received the proof, regardless of when the disability actually started. We will not consider a late claim if you submit it more than 1 year after the end date of this benefit.

You must pay any cost associated with providing proof of disability.

We may also require the owner to authorize us to gather and use additional information from other insurers or government agencies.

Before we approve a claim, the owner's date of birth must be verified.

How to continue to qualify

We continue to waive the cost of insurance while the owner:

- continues to be disabled and satisfies our total disability requirements
- is under the continuous care of a licensed physician
- follows a prescribed treatment program for their disability, and
- makes reasonable efforts to use any appropriate rehabilitation program.

From time to time, we will ask for proof, that we consider satisfactory, that the owner is still disabled. You must pay any cost associated with providing this proof.

We may require the owner to be examined by any health care practitioners we appoint. These may be licensed physicians, physiotherapists, occupational therapists, psychiatrists, psychologists or others. We pay the cost of these examinations.

The physicians, specialists or health care practitioners who provide information to us may not be the owner of this policy, any insured person under this policy, anyone entitled to make a claim under this policy, or any relative or business associate of these people.

We may also require the owner to authorize us to gather and use information from other insurers or government agencies.

When we stop waiving

We stop waiving the cost of insurance on the date the owner:

- is no longer totally disabled

- is earning money or profiting from any occupation
- takes part in any educational program as a student without our approval
- fails to submit any required proof of disability
- refuses to attend any examinations or rehabilitation programs without a valid medical reason
- fails to meet any other requirements to have the cost of insurance waived, or
- dies.

Reoccurrence of a previous disability claim

You may apply to have the cost of insurance waived without having to wait another 6 months if there's a reoccurrence of a previous disability claim. We consider the disability to be a reoccurrence of the previous one if:

- we waived the cost of insurance for the previous disability
- the disabled owner recovers from their disability and then becomes totally disabled again from the same cause within 6 months from the date we stopped waiving the cost of insurance, and
- the owner is totally disabled as described under the heading, *Qualifying for this benefit*.

We waive the cost of insurance effective on the monthly anniversary day starting from the month after the owner's disability started again.

When the benefit ends

The Owner waiver disability benefit ends on the earliest of:

- the benefit end date shown on the *Policy summary*
- the date ownership of this policy is transferred by the original owner to a new owner
- the date you cancel the benefit
- the date the owner dies, or
- the date this policy ends.

Owner waiver death benefit

In this provision, *you* and *owner* mean the owner covered under this benefit. If you die while this benefit is in effect, we pay the cost of insurance for this policy. We call this waiving the cost of insurance.

The *Policy summary* shows the following information about the Owner waiver death benefit:

- the owner with the benefit, and
- the date the benefit ends.

If you change ownership by transferring your rights under this policy to another person, this benefit ends and the new owner will not qualify to have the cost of insurance waived.

The maximum total annual amount we waive for an insured person is \$50,000 across all life insurance policies issued by us, or for which we have assumed responsibility, on that person.

When we start waiving

Until we give notice that we've approved the claim, we will continue to deduct the cost of insurance from your policy fund. After we approve your claim, we waive the cost of insurance effective on the monthly anniversary day starting from the month after the owner died.

If we approve the claim, we waive the cost of insurance until the earlier of:

- the date the cost of insurance is no longer payable for this policy, or
- the date the policy ends.

If any cost of insurance is deducted from your policy fund and later waived, we credit that amount to the activity account. If an automatic payment loan was used to pay for deductions that are later waived, we will reduce the loan by the amount we waived.

When we will not waive (exclusions and reductions of coverage)

We will not waive the cost of insurance if the owner takes their own life, regardless of whether the owner has a mental illness or understands or intends the consequences of their action(s), within 2 years of the later of:

- the date the application for this benefit was signed
- the policy date shown on the *Policy summary*, or
- the most recent date your policy was put back into effect, if it has been reinstated.

Making a claim

To make a claim, contact your advisor or call us at the toll free phone number shown at the beginning of this policy. We will send the appropriate form to be completed. The person making the claim must give us any information we need to assess the claim, including proof that the owner died while this benefit was in effect.

Before we approve a claim, the owner's date of birth must be verified.

When the benefit ends

The Owner waiver death benefit ends on the earliest of:

- the benefit end date shown on the *Policy summary*
- the date ownership of this policy is transferred by the original owner to a new owner
- the date you cancel the benefit, or
- the date this policy ends.