

Page 1

Sun Par Protector Sun Par Accumulator

Additional benefits:

Accidental death benefit	
Child term insurance benefit	
Guaranteed insurability benefit	
Owner waiver on death benefit	
Owner waiver on disability benefit	
Plus premium benefit	11
Term insurance benefit on the insured person	
Term insurance benefit on an additional insured person	15
Total disability benefit (insured person age 18-55)	18
Total disability benefit (insured person age 0-17)	22
Survivor benefit	 26

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.

E10030A

Accidental death benefit

We pay the beneficiary an additional amount called an accidental death benefit, if this benefit is in effect and the insured person dies:

- · as a direct result of an accident
- · independently of any other cause, and
- · within 365 days of the accident.

The insured person for this benefit and the amount of the accidental death benefit are shown at the beginning of your policy under the heading, *Policy particulars*.

We only pay if the insured person dies:

- after the insured person's 1st birthday, and
- before the policy anniversary nearest the insured person's 70th birthday.

When we will not pay the accidental death benefit (exclusions and reductions of coverage)

We will not pay the accidental death benefit if the insured person's death or accident 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 also will not pay the accidental death benefit if the insured person's death or accident 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, while sane or insane
- · causing themself bodily injury, while sane or insane
- · 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 or accident is directly or indirectly caused by or associated with civil disorder or war, whether declared or not.

When this benefit ends

This benefit automatically ends on the earliest of:

- · the date the insured person for this benefit dies
- the policy anniversary nearest the insured person's 70th birthday, or
- · the date this policy ends.

E03861A

Child term insurance benefit

The children insured under this benefit are those named on the application for this benefit, unless we tell you that we will not insure a child you have named. The children insured must be:

- born to the insured person
- · legally adopted by the insured person, or
- · step-children of the insured person.

Children born to or legally adopted by the insured person after the date you applied for this benefit are automatically insured under this benefit. We may ask you to prove the child's relationship to the insured person. To insure a step-child after this benefit is in effect, you must apply in writing and evidence of insurability that we consider satisfactory may be required. Your application must be in a form acceptable to us.

If a child dies while insured under this benefit, we pay the child term insurance benefit shown under the heading, *Policy particulars*. We pay this benefit to you, the owner of this policy.

We will pay the Child term insurance benefit even if the insured child takes their own life, while sane or insane.

If all children insured have had their 25th birthday before the date this benefit ends

The date this benefit ends is shown under the heading, *Policy Particulars*. If all children insured have had their 25th birthday before the date this benefit ends, you may want to cancel the benefit. You can cancel the benefit and stop paying the premiums for it by sending us your written request to cancel it.

When we will not pay the child term insurance benefit (exclusions and limitations)

We will not pay a child term insurance benefit if the insured child dies:

- before they are 15 days old, or
- · after they are 25 years old.

When we pay a reduced child term insurance benefit

If an insured child dies after age 14 days and before age 180 days and we approve a claim for this benefit, the maximum amount we pay is 25% of the child term insurance benefit.

Making a claim for this benefit

To make a claim when an insured child dies, contact us at the toll free phone number shown at the beginning of this policy. We will then send you 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 this benefit was in effect.

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

Before we pay this death benefit, the child's date of birth must be verified.

Your right to buy life insurance on the insured children

You may buy a separate life insurance policy on each of the insured children, without giving us new evidence of insurability. However, you must give us proof of each child's date of birth at the time you apply for insurance.

You can apply to buy a separate life insurance policy on the life of an insured child on any date after their 18th birthday and before their 25th birthday. The child must have been insured under this benefit for at least 3 years before you apply for a new policy.

Within the 30 days immediately before the date this benefit ends, as shown under the heading, *Policy particulars*, you may buy a separate life insurance policy on an insured child:

- before their 18th birthday, or
- on or after their 18th birthday if they have not been insured for 3 years under this benefit. You may not buy a separate life insurance policy for an insured child on or after their 25th birthday.

The following people may buy a separate life insurance policy on each of the insured children:

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

Under this benefit, we will not issue more than one new life insurance policy on any child insured under this benefit.

The new life insurance policy

We determine the type of policy you may apply for and the terms and conditions of that policy. The new policy we offer to you will:

- be determined by the information about the insured child in the application for this benefit
- · depend on our rules about the age of the insured child and the amount of insurance
- have a death benefit that is not greater than 5 times the child term insurance benefit under this policy, and
- · include additional premiums for smoking, unless the insured child gives us evidence of insurability and qualifies as a non-smoker.

Your application must be in a form acceptable to us and satisfy our administrative rules. If we approve the application, the new policy takes effect on the date the application is signed.

Paying for the new policy

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

- the same evidence of insurability we used to determine the cost of insurance for this benefit
- the rates we charge for the new insurance at the time you apply for the new policy, and
- the age of the insured child when you apply for the new policy.

The first payment for the new policy must be included with your application for the new policy.

When this benefit ends for each child

This benefit automatically ends for each child on the earliest of:

- that child's 25th birthday
- the date an application to buy a new life insurance policy for that child was signed, as described under the heading, *Your right to buy life insurance on the insured children*
- the date this benefit ends, shown under the heading, *Policy particulars*, or
- the date this policy ends, unless the insured person dies while this benefit is in effect.

If the insured person dies while the Child term insurance benefit is in effect, the benefit stays in effect and you do not need to make payments for it. We continue to insure any children still covered under this benefit until the earliest of:

- the date an application is signed to buy a new life insurance policy for that child under this benefit
- that child's 25th birthday, or
- · the date you cancel the benefit.

E10031A

Guaranteed insurability benefit

You may buy additional life insurance on the life of the insured person at various points in time. You may buy these additional policies without giving us new evidence of insurability.

You may apply for additional life insurance between the policy anniversary nearest the insured person's 24th and 55th birthdays. You must wait at least 3 years between each application for additional insurance under this benefit. You may not apply for additional insurance more than 8 times under this benefit.

While this benefit is in effect, you may also apply for additional life insurance on the insured person within 31 days of:

- 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.

We determine the type of life insurance you may apply for and the terms and conditions of that insurance. Any new policy will:

- be determined by the information about the insured person in the application for this benefit
- · depend on our rules about the age of the insured person and the amount of insurance, and
- not contain any additional benefits, except, in the circumstances described below, a disability benefit on the insured person.

Your application must be in a form acceptable to us and satisfy our administrative rules.

Paying for the new policy

The premiums for the new policy will be based on:

- the same evidence of insurability we used to determine the premiums for this benefit
- the rates we charge for the new insurance at the time you apply for the new policy, and
- the age of the insured person when you apply for the new policy.

The first payment for the new policy must be included with your application for the new policy.

If this policy includes a Total disability benefit

If this policy includes a *Total disability benefit* on the insured person, the disability benefit may only be included in the new policy applied for, if:

- · you request a disability benefit
- · we offer a disability benefit, and
- the insured person is not disabled as described in this policy.

The date this benefit ends

This benefit automatically ends on the earliest of:

- the date the insured person for this benefit dies
- the policy anniversary nearest the insured person's 55th birthday, or
- · the date this policy ends.

E10028A

Owner waiver on death benefit

The owner insured for this benefit and the end date for this benefit are shown at the beginning of your policy under the heading, *Policy particulars*.

If the owner dies while this benefit is in effect, we waive premiums for this policy until the earlier of:

- the date premiums are no longer payable, or
- the policy anniversary nearest the owner's 80th birthday.

If you had been making Plus premium benefit payments, we stop them when we are waiving premiums.

If you change the ownership of this policy by transferring your rights under this policy to another person, the new owner will not qualify for this benefit.

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

We will not waive premiums if the owner insured for this benefit takes their own life, while sane or insane, within 2 years of the later of:

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

Making a claim for this benefit

While this benefit is in effect, you may submit a claim if the owner insured for this benefit dies before the end date for this benefit.

To make a claim for this benefit, contact us at the toll free phone number shown at the beginning of this policy for the appropriate form.

Before we approve the claim, the age of the owner must be verified.

If the owner dies and we approve the claim, we waive premiums for this policy until the date this benefit ends.

When we waive premiums

You must continue to pay premiums until we notify you that we've waived them. At that time, we waive the premiums from the month the owner insured for this benefit died.

If you had been making Plus premium benefit payments, we stop them when we are waiving premiums.

If any premium is paid and later waived, and there is no outstanding automatic premium loan, we credit the same amount to your withdrawable premium fund. If an automatic premium loan was used to pay premiums and the premiums were later waived, we will reduce the loan by the amount waived.

The date this benefit ends

This benefit automatically ends on the earlier of:

- the date this benefit ends, shown at the beginning of your policy under the heading, *Policy* particulars, or
- the date this policy ends.

E10029A

Owner waiver on disability benefit

The owner insured for this benefit and the end date for this benefit are shown at the beginning of your policy under the heading, *Policy particulars*.

If the owner becomes disabled while this benefit is in effect and the disability continues for more than 6 consecutive months, you may qualify for this benefit. We waive premiums for this policy if the owner qualifies as described below and premiums are waived until the earlier of:

- the date premiums are no longer payable
- the policy anniversary nearest the owner's 80th birthday, or
- the date the owner insured for this benefit dies.

If you had been making Plus premium benefit payments, we stop them when we are waiving premiums.

If you change the ownership of this policy by transferring your rights under this policy to another person, the new owner will not qualify for this benefit.

Qualifying for this benefit

Unable to perform own occupation

We consider the owner to be 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.

Unable to perform any occupation

After the first 2 years, we consider the owner to be disabled if they are unable, as a result of injury or disease, to perform any occupation for remuneration or profit within their education, training or experience.

In determining whether or not the owner is able to perform 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 a level of remuneration comparable to the one the owner had before becoming disabled.

Disabled while unemployed

If the disability begins while the owner is unemployed or is not engaged in any occupation for remuneration or profit, this benefit will only be available if the owner is unable, as a result of injury or disease, to perform the duties of any occupation for remuneration or profit within their education, training or experience.

Disabled while a student

If the owner is a student at the time they become disabled, we consider them to be 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 disabled, or
- perform any occupation for remuneration or profit within their education, training or experience and during the entire time they are disabled.

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

We will not waive premiums if the owner's 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 premiums 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, while sane or insane
- · causing themself bodily injury, while sane or insane
- · 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 premiums if the owner's disability is directly or indirectly caused by or associated with civil disorder or war, whether declared or not.

We do not consider the owner to be disabled unless:

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

Making a claim for this benefit

To make a claim for this benefit, contact us at the toll free phone number shown at the beginning of this policy for the appropriate form.

Before we approve the claim, the age of the owner must be verified.

We must receive proof of the disability:

- · while the owner is alive
- · beginning before the end date for this benefit
- after the owner's disability continued for more than 6 consecutive months, and
- · within 1 year of the date the disability began.

We'll consider a late claim exception if we receive proof of disability no later than the end date of this benefit. If we receive proof of the disability more than 1 year after the start of the disability and no later than the end date of this benefit and the owner qualifies for this benefit, we consider the disability to have started 1 year before we received the proof. This means that we will only waive premiums starting from 1 year before we received the proof, regardless of when the disability actually started.

You must pay any cost associated with supplying proof of the disability.

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

When we waive premiums

You must continue to pay premiums until we notify you that we've waived them. At that time, we waive the premiums from the month the owner insured for this benefit became disabled.

If you had been making Plus premium benefit payments, we stop them when we are waiving premiums. When premiums are no longer waived, Plus premium benefit payments restart.

If any premium is paid and later waived, and there is no outstanding automatic premium loan, we credit the same amount to your withdrawable premium fund. If an automatic premium loan was used to pay premiums and the premiums were later waived, we will reduce the loan by the amount waived.

How to continue to qualify for this benefit if the owner insured for this benefit is disabled

We continue to waive premiums as long as the owner insured for this benefit:

- · continues to be disabled
- · is under the continuous care of a physician
- · follows a prescribed treatment program for the 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 insured for this benefit is still disabled. You must pay any cost associated with supplying this proof.

We may require the owner insured for this benefit to be examined by any health care practitioners that we appoint. These may be licensed physicians, physiotherapists, occupational therapists, psychiatrists, psychologists or others. We pay for 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 person insured 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 owner insured for this benefit to authorize us to gather and use additional information from other insurers or government agencies.

Continuation of a previous disability claim

You may apply to have premiums waived without having to wait another 6 months if there is a continuation of a previous disability claim. We consider the disability to be a continuation of the previous one if:

- · premiums had been waived
- the owner insured for this benefit recovers from their disability and then becomes disabled again from the same cause within 6 months from the date we stopped waiving premiums, and
- they are disabled as described under the heading, Qualifying for this benefit.

We waive the premiums from the date the disability started again.

When we stop waiving premiums

We stop waiving premiums on the date the owner insured for this benefit:

- · is no longer disabled
- takes part in any occupation for remuneration or profit
- takes part in any educational program as a student without our approval
- · fails to submit any required proof of disability, or
- · refuses to attend any examinations or rehabilitation programs without a valid medical reason.

When your policy may be put back into effect (reinstatement) if it ended while the owner insured for this benefit was disabled

If this policy ended during a time when the owner insured for this benefit would have qualified for this benefit, we may put your policy back into effect.

If the owner was disabled when this policy ended

We will not put your policy back into effect if you cancelled it. However, if your policy ended for any other reason while the owner insured for this benefit was disabled, you may apply to have it put back into effect. This process is called reinstatement.

We will put your policy back into effect if it ended while the owner insured for this benefit was disabled and the disability continued for more than 6 consecutive months while this benefit was in effect.

If you want to put your policy back into effect, you must:

- · apply while you and the insured person are alive
- · apply within 1 year of the policy ending, and
- give us proof, that we consider satisfactory, of the disability and the length of time the owner insured for this benefit was disabled.

If we don't approve your application, we refund any amount you paid when you applied to put your policy back into effect.

When this benefit ends

This benefit automatically ends on the earlier of:

- the date the owner insured for this benefit dies
- the date this benefit ends, shown at the beginning of your policy under the heading, *Policy* particulars, or
- · the date this policy ends.



Plus premium benefit

The Plus premium benefit allows you to make scheduled payments (monthly or annually) or a single payment to purchase paid-up additional insurance in addition to that purchased by policy dividends. The purchase occurs on the policy anniversary following the date the payment was made and we credit interest at a rate set by us. We may change the rate from time to time. If you are making monthly Plus premium benefit payments, we convert the monthly payment to an equivalent annual amount to determine how much insurance will be purchased.

If you selected to make a single Plus premium benefit payment on your application for this policy, you may not make another single payment unless you apply in writing. You may apply if this benefit is still available and your dividend option is paid-up additional insurance or enhanced insurance. If you apply, you must provide evidence of insurability on the insured person that we consider satisfactory. Any payment amount must also meet our minimum and maximum limits for Plus premium benefit payments.

If your dividend option is enhanced insurance, then the paid-up additional insurance purchased by dividends and Plus premium benefit payments is part of the enhanced insurance amount. The enhanced insurance dividend option is described earlier.

Changing the Plus premium payment amount

While premiums for this policy are still payable, you may apply to increase the Plus premium benefit payment amount by providing evidence of insurability on the insured person that we consider satisfactory. Any increase will be subject to our maximum limit. You may apply to decrease the Plus premium benefit payment amount subject to our minimum limit.

Stopping and restarting scheduled payments

If you want to stop making scheduled Plus premium benefit payments, you must notify us in writing. Within 2 years of the date you stopped, you may apply to resume making payments subject to our approval. After 2 years, the Plus premium benefit ends. You may apply to put the Plus premium benefit into effect if available at the time you apply, provided the dividend option is paid-up additional insurance or enhanced insurance. If you apply, you must provide evidence of insurability on the insured person that we consider satisfactory. Any payment amount must also meet our minimum and maximum limits for Plus premium benefit payments.

If we are waiving premiums

If we are waiving premiums for this policy, we will stop any Plus premium benefit payments while we are waiving premiums. When premiums are no longer waived and still payable, Plus premium benefit payments restart.

When the death benefit is payable

When the insured person dies and the death benefit is payable, if the dividend option is:

- paid-up additional insurance, we'll use any Plus premium benefit payments made since the last policy anniversary to purchase paid-up additional insurance.
- enhanced insurance, we'll pay any Plus premium benefit payments made since the last policy anniversary to the beneficiary as part of the death benefit.

If the dividend option is paid-up additional insurance, we will not pay the paid-up additional insurance amount purchased by Plus premium benefit payments if the insured person takes their own life, while sane or insane, within 2 years of the most recent date the Plus premium benefit was put into effect. Instead, we will pay to the beneficiary the Plus premium benefit payments made from the most recent date the Plus premium benefit was put into effect.

When Plus premium benefit payments end

Scheduled Plus premium benefit payments automatically end on the earliest of:

- the date you tell us in writing to cancel them
- two years after the date you stopped making Plus premium benefit payments
- the date the dividend option changes from paid-up additional insurance or enhanced insurance to any other dividend option
- the date premiums are no longer payable for this policy
- · the date the insured person dies, or
- the date this policy ends.



E10024A conv

Term insurance benefit on the insured person

If the insured person dies while this benefit is in effect, we pay the beneficiary an additional amount called the term insurance benefit.

The insured person for this benefit and the amount of their death benefit are shown at the beginning of your policy under the heading, *Policy particulars*.

The premium for this benefit changes at the beginning of each renewable term period as shown in the premium schedule. The renewable term period that you chose for this benefit is shown at the beginning of this policy under the heading, *Policy particulars*.

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

We will not pay the term insurance death benefit on the insured person if the insured person takes their own life, while sane or insane, within 2 years of the latest of:

- the policy date, shown at the beginning of your policy under the heading, *Policy particulars*, or
- the most recent date your policy was put back into effect, if your policy has been reinstated.

Your right to convert this benefit to a permanent life insurance policy

You may convert this benefit to a permanent life insurance policy on the life of the insured person, without giving us new evidence of insurability.

To do so, you must send us an application before the final conversion date for this benefit, shown at the beginning of your policy under the heading, *Policy particulars*.

The new permanent life insurance policy

We determine the type of policy you may convert to and the terms and conditions of that policy. The new policy we offer to you will:

- be determined by the information about the insured person in the application for this benefit
- · depend on our rules about the age of the insured person and the amount of insurance
- have a death benefit that is not greater than the amount of the term insurance death benefit on the insured person on the date the new application is signed, and
- not include any additional benefits, except, in the circumstances described below, a disability waiver benefit on the insured person.

Your application must be in a form acceptable to us and satisfy our administrative rules. If we approve your application, this benefit ends on the date the new policy takes effect.

If this policy includes a *Total disability benefit* on the insured person, a disability benefit may only be included in the new policy if, when you apply to convert this benefit:

- · you request a Total disability benefit
- · we offer a Total disability benefit on the new policy, and
- · the insured person is not disabled.

If the insured person is disabled

If this policy includes a *Total disability benefit* on the insured person, you cannot convert this benefit while the insured person is disabled. However, if the insured person qualified for the Total disability benefit and remains disabled on the last date to convert this benefit, you may convert this benefit to a permanent life insurance policy. You will have to pay for the new policy unless the disabled insured person meets the qualifying requirements of the disability benefit in the new policy.

Paying for the new policy

The premiums for the new policy will be based on:

- the same evidence of insurability we used to determine the premiums for this benefit
- the rates we charge for the new insurance at the time you apply for the new policy, and
- the age of the insured person when you apply for the new policy.

The first payment for the new policy must be included with the application.

When this benefit ends

This benefit automatically ends on the earliest of:

- the date this benefit is converted as described under the heading, *Your right to convert this benefit to a permanent life insurance policy*
- the date the insured person for this benefit dies
- the date this benefit ends, shown at the beginning of your policy under the heading, *Policy* particulars, or
- · the date this policy ends.



E10025A conv

Term insurance benefit on an additional insured person

If the additional insured person dies while this benefit is in effect, we pay this term insurance death benefit to you, the owner of this policy, unless you make a change in writing to us.

The insured person for this benefit and the amount of their death benefit are shown at the beginning of your policy under the heading, *Policy particulars*.

The premium for this benefit changes at the beginning of each renewable term period as shown in the premium schedule. The renewable term period that you chose for this benefit is shown at the beginning of this policy under the heading, *Policy particulars*.

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

We will not pay the term insurance death benefit if the additional insured person dies before reaching the age of 15 days.

We will not pay the term insurance death benefit on the additional insured person if they take their own life, while sane or insane, within 2 years of the latest of:

- the policy date, shown at the beginning of your policy under the heading, *Policy particulars*
- the most recent date your policy was put back into effect, if your policy has been reinstated.

Instead, this benefit will end and we will refund the premium for this benefit. If the policy has been put back into effect, we'll refund only the premiums you paid for this benefit since the most recent date the policy was put back into effect.

Making a claim for this benefit

To make a claim when the additional insured person dies, first contact us at the toll free phone number shown at the beginning of this policy. We will then send you 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 additional 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 fees for this information.

Before we pay this death benefit, the age of the additional insured person must be verified. If the age given on the application is incorrect, we adjust the amount we pay to reflect the additional insured person's correct age.

The right to convert this benefit to a permanent life insurance policy

This benefit may be converted to a permanent life insurance policy on the life of the additional insured person, without giving us new evidence of insurability.

To do so, you must send us an application before the final conversion date for this benefit, shown at the beginning of your policy under the heading, *Policy particulars*.

The new permanent life insurance policy

We determine the type of policy this benefit may be converted to and the terms and conditions of that policy. The new policy that we offer will:

- be determined by the information about the additional insured person in the application for this benefit
- · depend on our rules about the age of the additional insured person and the amount of insurance, and

• have a death benefit that is not greater than the term insurance death benefit on the additional insured person on the date the new application is signed.

Your application must be in a form acceptable to us and satisfy our administrative rules. If we approve your application, this benefit ends on the date the new policy takes effect.

Paying for the new policy

The premium for the new policy will be based on:

- the same evidence of insurability we used to determine the premium for this benefit
- the rates we charge for the new insurance at the time you apply for the new policy, and
- the age of the additional insured person when you apply for the new policy.

The first payment for the new policy must be included with the application.

The additional insured person's right to buy life insurance if the insured person dies. If the insured person dies while this policy is in effect, you may apply for a permanent life insurance policy on the life of the additional insured person, without giving us new evidence of insurability.

To do so, you must send us an application within 30 days of the death of the insured person.

The new life insurance policy

We determine the type of policy that may be applied for and the terms and conditions of that policy. The new policy that we offer will:

- be determined by the information about the additional insured person in the application for this benefit
- · depend on our rules about the age of the additional insured person and the amount of insurance, and
- · have a death benefit that is not greater than the amount of this benefit on the date the new application is signed.

If we approve the application, the new policy takes effect on the date the application is signed.

Paying for the new policy

The premiums for the new policy will be based on:

- the same evidence of insurability we used to determine the premiums for this benefit
- the rates we charge for the new insurance at the time you apply for the new policy, and
- the age of the additional insured person on the date an application is signed to buy a new insurance policy.

The first payment for the new policy must be included with the application.

When this benefit ends

This benefit automatically ends on the earliest of:

- the date this benefit is converted as described under the heading, *The right to convert this benefit to a permanent life insurance policy*
- the date the additional insured person dies
- the date this benefit ends, shown at the beginning of your policy under the heading, *Policy* particulars, or
- the date this policy ends.

If the insured person dies while this benefit is in effect, we continue to insure the additional insured person under this benefit until the earliest of:

· 30 days after the date the insured person dies, or

the date an application is signed to buy a new insurance policy as described under the heading, *The additional insured person's right to buy life insurance if the insured person dies*.



E10026A (insured person age 18-55)

Total disability benefit

The insured person for this benefit and the end date for this benefit are shown at the beginning of your policy under the heading, *Policy particulars*. The end date is the earlier of:

- the date premiums are no longer payable, or
- the policy anniversary nearest the insured person's 60th birthday.

If the insured person becomes disabled as described below, and the disability continues for more than 6 consecutive months, they may qualify for this benefit. If they qualify, you don't have to pay premiums for the duration of their disability. We call this waiving premiums.

If you had been making Plus premium benefit payments, we stop them when we are waiving premiums.

Qualifying for this benefit

Unable to perform own occupation

We consider the insured person to be 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.

Unable to perform any occupation

After the first 2 years, we consider the insured person to be disabled if they are unable, as a result of injury or disease, to perform any occupation, for remuneration or profit, within their education, training or experience.

In determining whether or not the insured person is able to perform 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 a level of remuneration comparable to the one the insured person had before becoming disabled.

Disabled while unemployed

If the disability begins while the insured person is unemployed or is not engaged in any occupation for remuneration or profit, this benefit will only be available if the insured person is unable, as a result of injury or disease, to perform the duties of any occupation for remuneration or profit within their education, training or experience.

Disabled while a student

If the insured person is a student at the time they become disabled, we consider them to be 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 disabled, or
- perform any occupation for remuneration or profit within their education, training or experience and during the entire time they are disabled.

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

We will not waive premiums if the insured person's disability begins after the end date of the Total disability benefit shown at the beginning of your policy under the heading, *Policy particulars*.

We will not waive premiums 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 premiums 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, while sane or insane
- · causing themself bodily injury, while sane or insane
- · 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.

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

We do not consider the insured person to be disabled unless:

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

Making a claim for this benefit

While this benefit is in effect, you may submit a claim if the insured person's disability began before the end date of the *Total disability benefit*.

To make a claim for this benefit, contact us at the toll free phone number shown at the beginning of this policy for the appropriate form.

Before we approve the claim, the age of the insured person must be verified.

We must receive proof of the disability:

- · while the insured person is alive
- beginning before the end date for this benefit
- · after the insured person's disability continued for more than 6 consecutive months, and
- · within 1 year of the date the disability began.

We'll consider a late claim exception if we receive proof of disability no later than 1 year following the end date of this benefit. If we receive proof of the disability more than 1 year after it starts and the insured person qualifies for this benefit, we consider the disability to have started 1 year before we received the proof. This means that we will only waive premiums starting from 1 year before we received the proof, regardless of when the disability actually started.

You must pay any cost associated with supplying proof of the disability.

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

When we waive premiums

You must continue to pay your premiums until we notify you that we've waived them. At that time, we waive the premiums from the month the insured person's disability started.

If you had been making Plus premium benefit payments, we stop them when we are waiving premiums. When premiums are no longer waived, Plus premium benefit payments restart.

If any premium is paid and later waived, and there is no outstanding automatic premium loan, we credit the same amount to the withdrawable premium fund. If an automatic premium loan was used to pay premiums and the premiums were later waived, we will reduce the loan by the amount waived.

How to continue to qualify for this benefit

We continue to waive premiums as long as the insured person:

- · continues to be disabled
- · is under the continuous care of a physician
- · follows a prescribed treatment program for the 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 supplying this proof.

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

Continuation of a previous disability claim

You may apply to have premiums waived without having to wait another 6 months if there is a continuation of a previous disability claim. We consider the disability to be a continuation of the previous one if:

- · premiums had been waived
- the disabled insured person recovers from their disability and then becomes disabled again from the same cause within 6 months from the date we stopped waiving premiums, and
- the insured person is disabled as described under the heading, Qualifying for this benefit.

We waive the premiums from the date the disability started again.

When we stop waiving premiums

We stop waiving premiums on the date the insured person:

- · is no longer disabled
- takes part in any occupation for remuneration or profit
- 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, or
- fails to meet any other requirements to have the premiums waived.

When your policy may be put back into effect (reinstatement) if it ended while the insured person was disabled

We will not put your policy back into effect if you cancelled it. However, if your policy ended for any other reason while the insured person was disabled, you may apply to have it put back into effect, without giving us new evidence of insurability. This process is called reinstatement.

We will put your policy back into effect if it ended:

- while the insured person was disabled and the disability continued for more than 6 consecutive months, and
- before the end date of this benefit.

If you want to put your policy back into effect, you must:

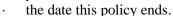
- apply while the insured person is alive
- apply within 1 year of the policy ending, and
- give us proof, that we consider satisfactory, of the disability and the length of time the insured person was disabled.

If we don't approve your application, we refund any amount you paid when you applied to put your policy back into effect.

When this benefit ends

This benefit automatically ends on the earliest of:

- the date the insured person for this benefit dies
- the date this benefit ends, shown at the beginning of your policy under the heading, *Policy* SAMPLE particulars, or



E10027A (insured person age 0-17)

Total disability benefit

The insured person, the start date and end date for this benefit are shown at the beginning of your policy under the heading, *Policy particulars*. The date this benefit begins is the policy anniversary nearest the insured person's 21st birthday. The end date for this benefit is the policy anniversary nearest the insured person's 60th birthday.

If the insured person becomes disabled after the date this benefit begins as described below, and the disability continues for more than 6 consecutive months, they may qualify for this benefit. If they qualify, you don't have to pay premiums for the duration of their disability. We call this waiving premiums.

If you had been making Plus premium benefit payments, we stop them when we are waiving premiums.

Qualifying for this benefit

Unable to perform own occupation

We consider the insured person to be 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.

Unable to perform any occupation

After the first 2 years, we consider the insured person to be disabled if they are unable, as a result of injury or disease, to perform any occupation, for remuneration or profit, within their education, training or experience.

In determining whether or not the insured person is able to perform 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 a level of remuneration comparable to the one the insured person had before becoming disabled.

Disabled while unemployed

If the disability begins while the insured person is unemployed or is not engaged in any occupation for remuneration or profit, this benefit will only be available if the insured person is unable, as a result of injury or disease, to perform the duties of any occupation for remuneration or profit within their education, training or experience.

Disabled while a student

If the insured person is a student at the time they become disabled, we consider them to be 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 disabled, or
- perform any occupation for remuneration or profit within their education, training or experience and during the entire time they are disabled.

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

We will not waive premiums if the insured person's disability begins:

- · before the date the Total disability benefit began
- · after the end date of the *Total disability benefit*.

We will not waive premiums 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 premiums 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, while sane or insane
- · causing themself bodily injury, while sane or insane
- 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.

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

We do not consider the insured person to be disabled unless:

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

Making a claim for this benefit

To make a claim for this benefit, contact us at the toll free phone number shown at the beginning of this policy for the appropriate form.

Before we approve the claim, the age of the insured person must be verified.

We must receive proof of the disability:

- · while the insured person is alive
- beginning after the date this benefit began and before the end date for this benefit
- · after the insured person's disability continued for more than 6 consecutive months, and
- · within 1 year of the date the disability began.

We'll consider a late claim exception if we receive proof of disability no later than 1 year following the end date of this benefit. If we receive proof of the disability more than 1 year after it starts and the insured person qualifies for this benefit, we consider the disability to have started 1 year before we received the proof. This means that we will only waive premiums starting from 1 year before we received the proof, regardless of when the disability actually started.

You must pay any cost associated with supplying proof of the disability.

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

When we waive premiums

You must continue to pay your premiums until we notify you that we've waived them. At that time, we waive the premiums from the month the insured person's disability started.

If you had been making Plus premium benefit payments, we stop them when we are waiving premiums. When premiums are no longer waived, Plus premium benefit payments restart.

If any premium is paid and later waived, and there is no outstanding automatic premium loan, we credit the same amount to the withdrawable premium fund. If an automatic premium loan was used to pay premiums and the premiums were later waived, we will reduce the loan by the amount waived.

How to continue to qualify for this benefit

We continue to waive premiums as long as the insured person:

- · continues to be disabled
- · is under the continuous care of a physician
- · follows a prescribed treatment program for the 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 supplying this proof.

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

Continuation of a previous disability claim

You may apply to have premiums waived without having to wait another 6 months if there is a continuation of a previous disability claim. We consider the disability to be a continuation of the previous one if:

- · premiums had been waived
- the disabled insured person recovers from their disability and then becomes disabled again from the same cause within 6 months from the date we stopped waiving premiums, and
- the insured person is disabled as described under the heading, Qualifying for this benefit.

We waive the premiums from the date the disability started again.

When we stop waiving premiums

We stop waiving premiums on the date the insured person:

- · is no longer disabled
- takes part in any occupation for remuneration or profit
- 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, or
- fails to meet any other requirements to have the premiums waived.

When your policy may be put back into effect (reinstatement) if it ended while the insured person was disabled

We will not put your policy back into effect if you cancelled it. However, if your policy ended for any other reason while the insured person was disabled, you may apply to have it put back into effect, without giving us new evidence of insurability. This process is called reinstatement.

We will put your policy back into effect if:

- · it ended while the insured person was disabled
- the disability started after the policy anniversary nearest the insured person's 21st birthday
- the disability continued for more than 6 consecutive months from the date the disability started, and
- the disability started before the end date of this benefit.

If you want to put your policy back into effect, you must:

- · apply while the insured person is alive
- · apply within 1 year of the policy ending, and
- give us proof, that we consider satisfactory, of the disability and the length of time the insured person was disabled.

If we don't approve your application, we refund any amount you paid when you applied to put your policy back into effect.

When this benefit ends

This benefit automatically ends on the earliest of:

- · the date the insured person for this benefit dies
- the date this benefit ends, shown at the beginning of your policy under the heading, *Policy* particulars, or
- · the date this policy ends.



Survivor benefit

Your right to buy new life insurance if one of the insured persons dies

If one of the insured persons dies while this benefit is in effect, you may buy a new life insurance policy on the surviving insured person, without giving us new evidence of insurability. You must apply for the new insurance within 31 days of the death of the first insured person to die. The surviving insured person must be alive on the date you apply for the new insurance.

Exclusions and reductions of coverage

You will not have the right to buy new life insurance under this benefit if the first insured person to die takes their own life, while sane or insane, within 2 years of the later of:

- the date the application for this policy was signed
- · the policy date, or
- the most recent date your policy was put back into effect, if your policy has been reinstated.

If you apply for new life insurance

We determine the type of life insurance policy you may apply for and the terms and conditions of that policy. The new policy we offer to you will:

- · be determined by the information about the surviving insured person in the application for this policy
- · depend on our rules about the age of the surviving insured person and the amount of insurance
- have a death benefit that is not greater than the principal insurance death benefit and any enhanced insurance amount under this policy, as determined on the date the first insured person dies, and
- · not include any additional benefits, except, in the circumstances described below, a disability waiver benefit on the surviving insured person.

Your application must be in a form acceptable to us and satisfy our administrative rules. If we approve your new application, this policy ends on the date the new policy takes effect.

If this policy includes a *Total Disability benefit* on the surviving insured person, a disability benefit may only be included in the new policy if:

- · you request a disability waiver benefit when you apply for the new policy
- · we offer a disability waiver benefit on the new policy at the time you apply, and
- the surviving insured person is not disabled when you apply for the new policy.

Paying for the new policy

The premiums for the new policy will be based on:

- the same evidence of insurability we used to determine the premiums for this policy
- the rates we charge for the new insurance at the time you apply for the new policy, and
- the age of the surviving insured person when you apply for the new policy.

The first payment for the new policy must be included with your application for the new policy.

Automatic survivor benefit

We pay the beneficiary an additional amount equal to the principal insurance death benefit and any enhanced insurance amount under this policy as determined on the date the first insured person dies if:

- one of the insured persons dies before the policy anniversary nearest to the 65th birthday of the oldest insured person
- the surviving insured person dies within 31 days of the death of the first insured person to die, and
- you did not apply for a new life insurance policy on the surviving insured person as described earlier
 in this benefit under the heading, Your right to buy new life insurance if one of the insured persons
 dies.

How we determine survivorship

If more than one of the insured persons die in circumstances where it is uncertain which of them survived the other, we deem that the younger insured person survived the older insured person.

When the automatic survivor benefit is not available (exclusions and reductions of coverage)

No benefit will be paid under the automatic survivor benefit if the first insured person to die, or the surviving insured person takes their own life, while sane or insane, within 2 years of the later of:

- the date the application for this policy was signed
- · the policy date, or
- the most recent date your policy was put back into effect, if your policy has been reinstated.

Making a claim for the automatic survivor benefit

To make a claim for the automatic survivor benefit, contact us at the toll free phone number shown at the beginning of this policy. We will then send you 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 surviving 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 fees for this information.

When the Survivor benefit ends

This benefit is in effect until the earliest of:

- the policy anniversary nearest to the 65th birthday of the oldest insured person
- · 31 days after the death of the first insured person to die
- the date you apply for new life insurance as described earlier in this benefit under the heading, *Your* right to buy new life insurance if one of the insured persons die, or
- · the date the surviving insured person dies.