

SunUniversalLife

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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.

Accidental death benefit

The *Schedule of benefits and cost of insurance* shows the following information for the Accidental death benefit:

- insured person for this benefit
- benefit amount
- monthly cost for this benefit, and
- date this benefit ends.

We pay the named beneficiary the Accidental death benefit amount if this benefit is in effect and the insured person dies:

- as a direct result of an accident
- independently of any other cause
- within 365 days of the accident, and
- before the policy anniversary nearest the insured person's 70th birthday.

When we will not pay the Accidental death benefit (exclusions)

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 themselves 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.

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 date the benefit ends, or
- the date this policy ends.

Executive guaranteed insurability benefit

The *Schedule of benefits and cost of insurance* shows the following information for the Executive guaranteed insurability benefit:

- insured person for this benefit
- amount of additional insurance you may apply for
- dates you may apply for additional insurance
- monthly cost for this benefit
- date this benefit ends.

You may buy additional insurance on the insured person within 31 days of the dates you selected on the application for this benefit. You may apply for:

- a new life insurance policy, or
- an increase in the basic insurance benefit amount if the death benefit option is either *Level death benefit* or *Insurance amount plus fund*.

We determine the type of life insurance you may apply for and the terms and conditions of that insurance. Any new policy or increase in the basic insurance benefit amount 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 *Total disability benefit* on the insured person.

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

If this policy includes a Total disability benefit

If this policy includes a *Total disability benefit* on the insured person and they are disabled according to the terms of that benefit when you apply for additional insurance, you may apply for a new life insurance policy. You may not apply for:

- an increase in the basic insurance benefit amount on that insured person, or
- the addition or increase of a Term insurance benefit on the insured person.

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 date this benefit ends, or
- the date this policy ends.

Guaranteed insurability benefit

The *Schedule of benefits and cost of insurance* shows the following information for the Guaranteed insurability benefit:

- insured person for this benefit
- amount of additional insurance you may apply for
- monthly cost for this benefit
- date this benefit ends.

You may buy additional life insurance on the insured person at various points in time without giving us evidence of insurability. You may apply for:

- a new life insurance policy, or
- an increase in the basic insurance benefit amount if the death benefit option is either *Level death benefit* or *Insurance amount plus fund*.

You may apply for additional life insurance between the policy anniversary nearest the insured person's 24th birthday and the policy anniversary nearest the insured person's 55th birthday. 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.

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 or increase in the basic insurance benefit amount in this 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 *Total disability benefit* on the insured person.

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

If this policy includes a Total disability benefit

If this policy includes a *Total disability benefit* on the insured person and they are disabled according to the terms of that benefit when you apply for additional insurance, you may apply for a new life insurance policy. You may not apply for:

- an increase in the basic insurance benefit amount on that insured person, or
- the addition or increase of a Term insurance benefit on the insured person.

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 date this benefit ends, or
- the date this policy ends.

Guaranteed death benefit

Policies that have only one insured person or only one Joint basic insurance benefit

For these policies, if a basic insurance benefit has a death benefit option of *Insurance amount plus fund* or *Fund builder*, we guarantee the policy fund value we pay as part of the death benefit will never be less than the total of:

- payments you made to your policy fund (after premium tax deductions)
- **minus** the cost of insurance paid
- **minus** any withdrawals and market value adjustment from your policy fund
- **minus** any fees we deducted from your policy fund.

If this policy includes a Joint last to die basic insurance benefit with an Early death benefit provision, this guarantee will not apply when the policy fund is payable after the first joint insured person dies.

Policies that have more than one basic insurance death benefit that insures more than one insured person

For these policies, if a basic insurance benefit has a death benefit option of *Insurance amount plus fund* or *Fund builder*, we guarantee the policy fund value that is allocated and we pay as part of the death benefit will never be less than the total of:

- payments you made to your policy fund (after premium tax deductions)
- **minus** the cost of insurance paid
- **minus** any withdrawals and market value adjustment from your policy fund
- **minus** any withdrawals we previously made from your policy fund on the death of any insured person under the allocated policy fund value provision
- **minus** any fees we deducted from your policy fund.

If this policy includes a Joint last to die basic insurance benefit with an Early death benefit provision, this guarantee will not apply when the policy fund is payable after the first joint insured person dies.

Term insurance benefit

The *Schedule of benefits and cost of insurance* shows the following information for the Term insurance benefit:

- insured person for this benefit
- death benefit amount
- renewable term period
- monthly cost for this benefit, which changes at the beginning of each renewable term period, and
- date this benefit ends.

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*.

When we will not pay a death benefit (exclusions and limitations)

We will not pay a Term insurance death benefit if the insured person for this benefit takes their own life, while sane or insane, within 2 years of the later of:

- the most recent date an application for this benefit was signed
- the policy effective date shown on the *Policy summary*, or
- 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 amount you paid for this benefit. If the policy has been put back into effect, we'll refund only the amount paid for this benefit since the most recent date the policy was put back into effect.

If the insured person takes their own life, while sane or insane, within 2 years of any policy change that increases their Term insurance benefit, this benefit will end. We will not pay the amount of the increase. Instead, if the benefit has been continuously in effect for at least 2 years at the time the insured person dies, we will:

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

Your right to convert this Term insurance benefit

You have the right to convert this term insurance benefit if the *Schedule of benefits and cost of insurance* shows a last date to convert it. You may apply to convert this benefit to an eligible permanent life insurance policy on the life of the insured person for this benefit, without giving us new evidence of insurability.

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 this Term insurance death benefit on the date the new application is signed, and
- not include any additional benefits, except, in the circumstances described below, a *Total disability benefit* on the insured person.

Your application must be in a form acceptable to us and satisfy our administrative rules. If we approve your new 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 amount you 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 person when you apply for the new policy.

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 Term insurance benefit*
- the date the insured person for this benefit dies
- the date this benefit ends, or
- the date this policy ends.

SAMPLE

Term insurance benefit on an additional insured person

The *Schedule of benefits and cost of insurance* shows the following information for the Term insurance benefit on an additional insured person:

- additional insured person for this benefit
- death benefit amount
- renewable term period
- monthly cost for this benefit, which changes at the beginning of each renewable term period, and
- date this benefit ends.

If a death benefit is payable when the additional insured person dies, we make a payment to you, the owner of this policy, unless you make a change in writing.

When we will not pay a death benefit (exclusions and limitations)

We will not pay a Term insurance death benefit if the additional insured person for this benefit takes their own life, while sane or insane, within 2 years of the later of:

- the most recent date an application for this benefit was signed
- the policy effective date shown on the *Policy summary*, or
- 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 amount you paid for this benefit. If the policy has been put back into effect, we'll refund only the amount paid for this benefit since the most recent date the policy was put back into effect.

If the additional insured person takes their own life, while sane or insane, within 2 years of any policy change that increases their Term insurance benefit, this benefit will end. We will not pay the amount of the increase. Instead, if the benefit has been continuously in effect for at least 2 years at the time the insured person dies, we will:

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

Making a claim for this benefit

To make a claim when the additional insured person dies, contact any of our offices in Canada. 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.

There may be a fee from a physician to complete certain forms. The person making the claim is responsible for any fee for this information.

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

Your right to convert this Term insurance benefit

You have the right to convert this term insurance benefit if the *Schedule of benefits and cost of insurance* shows a last date to convert it. You may apply to convert this benefit to an eligible permanent life insurance policy on the life of the additional insured person for this benefit, without giving us new evidence of insurability.

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

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 amount of this Term insurance death benefit 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 new application, this benefit ends on the date the new policy takes effect.

Paying for the new policy

The amount you 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 additional insured person when you apply for the new policy.

The additional insured person's right to buy life insurance

This benefit is linked to a basic insurance benefit as shown on the *Schedule of benefits and cost of insurance*. If the basic insurance benefit ends because the insured person(s) for that benefit dies, you or the additional insured person may buy a new life insurance policy on the life of the additional insured person. We will not require new evidence of insurability if:

- the death benefit in the new policy is not greater than the amount of this Term insurance benefit on the date the new application is signed, and
- no additional benefits are included in the new policy.

The additional insured person must apply for the new policy within 30 days of the date the insured person(s) die(s).

The new life insurance policy

We determine the type of policy the additional insured person may apply 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 Term insurance benefit on the date the new application is signed.

Paying for the new policy

The amount payable for the new life insurance 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 they apply for the new policy, and
- the age of the additional insured person when they apply for the new policy.

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 Term insurance benefit*
- the date the additional insured person for this benefit dies
- the date the basic insurance benefit that this Term insurance benefit is linked to ends
- the date this benefit ends, or
- the date this policy ends.

Total disability benefit (protection)

The *Schedule of benefits and cost of insurance* shows the following information for the Total disability benefit (protection):

- insured person for this benefit
- monthly cost for this benefit, and
- date this benefit ends.

The cost of insurance for this benefit is payable until the date this benefit ends.

We pay the cost of insurance for an insured person's benefits if they become disabled and qualify as described below.

If the insured person becomes disabled, and the disability continues for more than 6 consecutive months they may qualify for this benefit.

If the insured person qualifies then, for the duration of the disability, we pay the cost of insurance for:

- the basic insurance benefit for any single life or joint life basic insurance benefit insuring the disabled insured person
- all total disability benefits insuring the disabled insured person
- any other additional benefits insuring the disabled insured person only, and
- any *Term insurance benefit on an additional insured person* that is linked to the disabled insured person.

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.

Disabled before policy anniversary nearest 18th birthday

If the insured person is disabled as a result of injury or disease and they continue to be disabled on the policy anniversary nearest their 18th birthday, you may apply to have the cost of insurance paid. We consider the insured person to be disabled if, as a result of injury or disease, they are completely unable to attend or participate as a student in an education program, or perform the duties of any occupation within their education, training or experience.

When we will not pay the cost of insurance (exclusions and-limitations)

We will not pay the cost of insurance before the policy anniversary nearest the insured person's 18th birthday. If the insured person is disabled on the policy anniversary nearest their 18th birthday, we will not pay the cost of insurance if the disability started before their 5th birthday.

We will not pay 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 pay 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, while sane or insane
- causing themselves 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 pay 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.

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 earlier of:

- the end date you selected for this benefit, and
- the policy anniversary nearest the insured person's 60th birthday.

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 insured person's date of birth must be verified.

We must receive proof of the disability:

- while the insured person is alive
- 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 pay the cost of insurance 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 pay the cost of insurance

The cost of insurance continues to be deducted until we notify you that we approved your claim. At that time, we pay the cost of insurance effective on the monthly anniversary after the insured person's disability started.

If any cost of insurance was deducted from the activity account before the claim was approved and we approve the claim, we credit that amount to your activity account.

How to continue qualifying for this benefit

We continue to pay the cost of insurance 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 the cost of insurance paid without having to wait another 6 months if there is a continuation of the previous disability. We consider the disability to be a continuation of the previous one if:

- the cost of insurance had been paid
- 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 paying the cost of insurance, and
- the insured person is disabled as described under the heading, *Qualifying for this benefit*.

We pay the cost of insurance from the date the disability started again.

When we stop paying the cost of insurance

We stop paying the cost of insurance 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 cost of insurance paid.

The date this benefit ends

This benefit automatically ends on the earlier of:

- the date the insured person for this benefit dies
- the date this benefit ends, shown on the *Schedule of benefits and cost of insurance*, or
- the date this policy ends.

SAMPLE

Total disability benefit (savings)

The *Schedule of benefits and cost of insurance* shows the following information for the Total disability benefit (savings):

- insured person for this benefit
- amount we pay if we approve a claim for this benefit
- monthly cost for this benefit
- date this benefit ends.

If an insured person becomes disabled and qualifies as described below, we pay a fixed amount each month into the activity account. You chose the amount and duration of the fixed payment when you applied for this benefit.

If the insured person becomes disabled, and the disability continues for more than 6 consecutive months they may qualify for this benefit.

If the insured person qualifies, then, for the duration of the disability, we pay the fixed amount.

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 if 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.

Disabled before policy anniversary nearest 18th birthday

If the insured person is disabled as a result of injury or disease and they continue to be disabled on the policy anniversary nearest their 18th birthday, you may apply for this benefit. We consider the insured person to be disabled if, as a result of injury or disease, they are completely unable to attend or participate as a student in an education program, or perform the duties of any occupation within their education, training or experience.

When we will not pay (exclusions and limitations)

We will not make a payment before the policy anniversary nearest the insured person's 18th birthday. If the insured person is disabled on the policy anniversary nearest their 18th birthday, we will not make a payment if the disability started before their 5th birthday.

We will not make a payment 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 make a payment 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 themselves 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 make a payment 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 earlier of:

- the end date you selected for this benefit, and
- the policy anniversary nearest the insured person's 60th birthday.

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 insured person's date of birth must be verified.

We must receive proof of the disability:

- while the insured person is alive
- 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 the earliest any payment will begin is 1 year from the date 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 pay

We start paying when we accept your claim. The first payment amount may include more than one fixed payment. The amount we pay is calculated from the date the disabled insured person qualified for this benefit.

How to continue qualifying for this benefit

We continue to make a payment 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

If there's a continuation of the previous disability, you may not have to wait another 6 months to apply.

We consider the disability to be a continuation of the previous one if:

- we paid the fixed amount
- 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 paying, and
- the insured person is disabled as described under the heading, *Qualifying for this benefit*.

We make a payment from the date the disability started again.

When we stop paying

We stop paying 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, or
- refuses to attend any examinations or rehabilitation programs without a valid medical reason.

The date this benefit ends

This benefit automatically ends on the earlier of:

- the date the insured person for this benefit dies
- the end date you selected for this benefit
- the policy anniversary nearest the insured person's 60th birthday, or
- the date this policy ends.

Owner death benefit (protection)

The *Schedule of benefits and cost of insurance* shows the following information for the Owner death benefit (protection):

- owner covered under this benefit
- monthly cost for this benefit
- date this benefit ends.

If the owner dies while this benefit is in effect, we pay the cost of insurance for this policy until the end date of this benefit.

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 pay the cost of insurance (exclusions and limitations)

We will not pay the cost of insurance if the owner takes their own life, while sane or insane, within 2 years of the later of:

- the most recent date an application for this benefit was signed
- the policy effective date shown on the *Policy summary*, 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 dies before the earlier of:

- the end date you selected for this benefit, and
- the policy anniversary nearest the owner's 60th birthday.

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 owner's date of birth must be verified.

If the owner dies and we approve the claim, we pay the cost of insurance for this policy until the date this benefit ends.

When we pay the cost of insurance

The cost of insurance continues to be deducted until we notify you that we approved your claim. At that time, we pay the cost of insurance effective on the monthly anniversary after the owner's death. If any cost of insurance was deducted from the activity account before the claim was approved and we approve the claim, we credit that amount to your activity account.

The date this benefit ends

This benefit automatically ends on the earlier of:

- the end date you selected for this benefit
- the policy anniversary nearest the owner's 60th birthday, or
- the date this policy ends.

Owner death benefit (savings)

The *Schedule of benefits and cost of insurance* shows the following information for the Owner death benefit (savings):

- owner covered under this benefit
- amount we pay if we approve a claim for this benefit
- monthly cost for this benefit
- date this benefit ends.

If the owner dies while this benefit is in effect, we pay a fixed amount each month into the activity account. You chose the amount and duration of the fixed payment when you applied for this benefit.

When we will not pay the cost of insurance (exclusions and limitations)

We will not make a payment if the owner takes their own life, while sane or insane, within 2 years of the later of:

- the most recent date an application for this benefit was signed
- the policy effective date shown on the *Policy summary*, 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 dies before the earlier of:

- the end date you selected for this benefit, and
- the policy anniversary nearest the owner's 60th birthday.

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 owner's date of birth must be verified.

If the owner dies and we approve the claim, we pay the fixed amount until the date this benefit ends.

When we pay

We start paying when we accept your claim. The first payment amount may include more than one fixed payment. The amount we pay is calculated from the date of death.

The date this benefit ends

This benefit automatically ends on the earlier of:

- the end date you selected for this benefit
- the policy anniversary nearest the owner's 60th birthday, or
- the date this policy ends.

Owner disability benefit (protection)

The *Schedule of benefits and cost of insurance* shows the following information for the Owner disability benefit (protection):

- owner covered under this benefit
- monthly cost for this benefit
- date this benefit ends.

If the owner becomes disabled and qualifies for this benefit as described below, we pay the cost of insurance for this policy until the end date for this benefit.

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.

If the owner becomes disabled, and the disability continues for more than 6 consecutive months, they may 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.

When we will not pay the cost of insurance (exclusions and imitations)

We will not pay 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 pay 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, while sane or insane
- causing themselves 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 pay 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.

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

While this benefit is in effect, you may submit a claim if the owner's disability began before the earlier of:

- the end date you selected for this benefit, and
- the policy anniversary nearest the owner's 60th birthday.

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 owner's date of birth must be verified.

We must receive proof of the disability:

- while the owner is alive
- 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 pay the cost of insurance 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 person to authorize us to gather and use additional information from other insurers or government agencies.

When we pay the cost of insurance

The cost of insurance continues to be deducted until we notify you that we approved your claim. At that time, we pay the cost of insurance effective on the monthly anniversary after the owner's disability started.

If any cost of insurance was deducted from the activity account before the claim was approved and we approve the claim, we credit that amount to your activity account.

How to continue qualifying for this benefit

We continue to pay the cost of insurance as long as the owner:

- 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 is still disabled. You must pay any cost associated with supplying this proof.

We may require the owner 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 owner 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 the cost of insurance paid without having to wait another 6 months if there is a continuation of the previous disability. We consider the disability to be a continuation of the previous one if:

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

We pay the cost of insurance from the date the disability started again.

When we stop paying the cost of insurance

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

- 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.

The date this benefit ends

This benefit automatically ends on the earlier of:

- the date the owner dies
- the end date you selected for this benefit
- the policy anniversary nearest the owner's 60th birthday, or
- the date this policy ends.

Owner disability benefit (savings)

The *Schedule of benefits and cost of insurance* shows the following information for the Owner disability benefit (savings):

- owner covered under this benefit
- amount we pay if we approve a claim for this benefit
- monthly cost for this benefit
- date this benefit ends.

If the owner becomes disabled and qualifies for this benefit as described below, we pay a fixed amount each month into the activity account. You chose the amount and duration of the fixed payment when you applied for this benefit.

If the owner becomes disabled, and the disability continues for more than 6 consecutive months, they may qualify for this benefit.

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.

If the owner qualifies, then, for the duration of the disability, we pay the fixed amount.

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.

When we will not pay (exclusions and limitations)

We will not make a payment 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 make a payment 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 themselves 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 make a payment 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

While this benefit is in effect, you may submit a claim if the owner's disability began before the earlier of:

- the end date you selected for this benefit, and
- the policy anniversary nearest the owner's 60th birthday.

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 owner's date of birth must be verified.

We must receive proof of the disability:

- while the owner is alive
- 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 the earliest any payment will begin is 1 year from the date 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 to authorize us to gather and use additional information from other insurers or government agencies.

When we pay

We start paying when we accept your claim. The first payment amount may include more than one fixed payment depending on the date we determined the disabled owner qualified for this benefit. After this first payment any following payment is made on the monthly anniversary day.

How to continue qualifying for this benefit

We continue to make a payment as long as the owner:

- 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 is still disabled. You must pay any cost associated with supplying this proof.

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

Continuation of a previous disability claim

If there's a continuation of the previous disability, you may not have to wait another 6 months to apply.

We consider the disability to be a continuation of the previous one if:

- we paid the fixed amount
- the disabled owner recovers from their disability and then becomes disabled again from the same cause within 6 months from the date we stopped paying, and
- the owner is disabled as described under the heading, *Qualifying for this benefit*.

We make a payment from the date the disability started again.

When we stop paying

We stop paying on the date the owner:

- 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.

The date this benefit ends

This benefit automatically ends on the earlier of:

- the date the owner dies
- the end date you selected for this benefit
- the policy anniversary nearest the owner's 60th birthday, or
- the date this policy ends.

Survivor benefit

The insured persons for this benefit are the insured persons for the Joint first-to-die basic insurance benefit, shown on the *Schedule of benefits and cost of insurance*.

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(s), without giving us new evidence of insurability.

You, the owner must apply for the new insurance on the surviving insured person(s) within 31 days of the death of the first insured person to die.

Exclusions and limitations

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 most recent date an application for the Joint first-to-die basic insurance benefit was signed
- the policy effective date shown on the *Policy summary*
- the date you apply for an increase to the Joint first-to-die basic insurance benefit amount, or
- the most recent date your policy was put back into effect, if the policy has been reinstated.

The new life insurance policy

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(s) in the application for the Joint first-to-die basic insurance benefit in this policy
- depend on our rules about the age of the surviving insured person(s) and the amount of insurance
- have a death benefit that is not greater than the Joint first-to-die basic insurance benefit amount for the surviving insured person(s), as determined on the date the first insured person dies, and
- not include any additional benefits except, in the circumstances described below, a *Total disability benefit*.

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

If this policy includes a Total disability benefit

If this policy includes a *Total disability benefit* on the surviving insured person(s), the new policy may also have a disability benefit. The disability benefit in the new policy may not be the same as the disability benefit in this policy. The terms and conditions of the disability benefit in the new policy will be what we offer at the time you apply.

If the insured person is totally disabled and we are paying a benefit under a *Total disability benefit* in this policy, the new policy will not have a similar disability benefit.

Paying for the new policy

The amount you will be 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 policy
- the rates we charge for new insurance at the time you apply for the new policy, and
- the age of the insured person(s) when you apply for the new policy.

Automatic survivor benefit

We pay the named beneficiary an additional amount equal to the Joint first-to-die basic insurance benefit amount for the surviving insured person(s), as determined on the date the first insured person dies if:

- one of the insured persons dies

- 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(s) as described earlier in this benefit under the heading, *Your right to buy new life insurance if one of the insured persons dies.*

We will not make more than one payment under this benefit.

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(s).

When the automatic survivor benefit is not available (exclusions and limitations)

We will not make a payment under the automatic survivor benefit if the first insured person to die, or the surviving insured person(s) takes their own life, while sane or insane, within 2 years of the later of:

- the most recent date an application for the Joint first-to-die basic insurance benefit was signed
- the policy effective date shown on the *Policy summary*
- the date you apply for an increase to the Joint first-to-die basic insurance benefit amount, or
- the most recent date your policy was put back into effect, if the 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.

There may be a fee from a physician to complete certain forms. The person making the claim is responsible for any fee for this information.

When this benefit ends

This benefit automatically ends on the earliest of:

- 31 days after the date one of the insured persons for the Joint first-to-die basic insurance benefit dies
- 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*
- the date all insured persons for the Joint first-to-die basic insurance benefit have died
- the date the Joint first-to-die basic insurance benefit is cancelled, or
- the date this policy ends.

Early death benefit

The insured persons for this benefit are the insured persons for the Joint last-to-die basic insurance benefit, shown on the *Schedule of benefits and cost of insurance*, unless excluded in the section *Amendments to your application*.

You may be eligible for an Early death benefit if the death benefit option is *Insurance amount plus fund* or *Fund builder* at the time the first insured person dies. We must have received a completed beneficiary form signed by you for this benefit while the insured persons are alive, stating the beneficiary and the percentage share of the policy fund value payable. We pay the Early death benefit when the first of either, but not both, of the insured persons dies.

The Early death benefit is calculated as of the date one of the insured persons died. The amount we pay is:

$$(A) \times (B - C)$$

where:

A = the percentage you selected for the named beneficiary

B = the policy fund value

C = any policy loans including interest

How we determine survivorship

If both 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 we will not pay an Early death benefit

We will not pay an Early death benefit if:

- we have not received a completed Early death benefit beneficiary form signed by you for this benefit while the insured persons are alive, stating the beneficiary and the percentage share of the policy fund value payable
- the Joint last-to-die basic insurance benefit has been cancelled before the date of death, or
- an insured person for this benefit is the insured person for another basic insurance benefit in this policy at the time they die.

The allocated policy fund value provision does not apply when we determine the amount payable for an Early death benefit.

When this benefit ends

This benefit automatically ends on the earliest of:

- the date we pay an Early death benefit
- the date both insured persons for the Joint last-to-die basic insurance benefit have died, or
- the date this policy ends.

Coverage death benefit (protection)

The *Schedule of benefits and cost of insurance* shows the following information for the Coverage death benefit (protection):

- insured person for this benefit
- monthly cost for this benefit
- date this benefit ends.

We pay the monthly cost of insurance for the Joint last-to-die basic insurance benefit when the insured person you named for the Coverage death benefit (protection) dies.

When we will not pay the cost of insurance (exclusions and limitations)

We will not pay the cost of insurance if a joint insured person takes their own life, while sane or insane, within 2 years of the later of:

- the most recent date an application for the Joint last-to-die basic insurance benefit was signed
- the policy effective date shown on the *Policy summary*, 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 one of the joint insured persons dies before the end date you selected 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.

If we approve the claim, we pay the cost of insurance for the Joint last-to-die basic insurance benefit until the earlier of:

- the end date you selected for this benefit, or
- the date this benefit ends.

When we pay the cost of insurance

The cost of insurance continues to be deducted until we notify you that we approved your claim. At that time, we pay the cost of insurance effective on the monthly anniversary after the insured person's death. If any cost of insurance was deducted from the activity account before the claim was approved and we approve the claim, we credit that amount to your activity account.

The date this benefit ends

This benefit automatically ends on the earliest of:

- the date all insured persons for the Joint last-to-die basic insurance benefit have died, or
- the date this policy ends.

Coverage death benefit (savings)

The *Schedule of benefits and cost of insurance* shows the following information for the Coverage death benefit (savings):

- insured person for this benefit
- amount we pay if we approve a claim for this benefit
- monthly cost for this benefit
- date this benefit ends.

We pay a fixed amount each month into the activity account if the insured person you named for the Coverage death benefit (savings) dies.

When we will not pay the cost of insurance (exclusions and limitations)

We won't make a payment if a joint insured person takes their own life, while sane or insane, within 2 years of the later of:

- the most recent date an application for the Joint last-to-die basic insurance benefit was signed
- the policy effective date shown on the *Policy summary*, 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 one of the joint insured persons dies before the end date you selected 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.

If we approve the claim, we pay the fixed amount until the earlier of:

- the end date you selected for this benefit, or
- the date this benefit ends.

When we pay

We start paying when we accept your claim. The first payment amount may include more than one fixed payment. The amount we pay is calculated from the date of death.

The date this benefit ends

This benefit automatically ends on the earliest of:

- the date all insured persons for the Joint last-to-die basic insurance benefit have died, or
- the date this policy ends.