



**Part I
Information on the insured**

INFORMATION ON THE INSURED

First name _____ Last name _____

Date of birth (YYYY MM DD) _____ Sex _____

Address _____

City _____ Province _____ Country _____ Postal code _____

Telephone _____ Email _____

Insurance amount requested (\$25,000 or \$1 MILLION): _____

If you already have a 10 or 20-year term life insurance policy, the total amount of all policies may not exceed \$1,000,000. Your coverage will take effect when we confirm your acceptance.

ELIGIBILITY OF THE INSURED

- 1. Are you a Canadian citizen or permanent resident of Canada, and are you a Canadian resident for income tax purposes? Yes No
- 2. Do you already have a 10 or 20-year term life insurance policy from National Bank Life Insurance Company? Yes No
- 3. Is this insurance policy intended to replace another life insurance policy currently in effect? Yes No

General information

1. I understand the designated language and I request that my policy contract, including this application, be concluded in this language. / *Je maîtrise la langue indiquée et je demande que le libellé de ma police, y compris la présente proposition, soit établi dans celle-ci.* French English
Français anglais

Important Notice

If this policy is intended to replace another policy you currently hold, do not cancel your current policy until you have completed the replacement notice with a representative.

To schedule an appointment with a representative, contact us at _____.

DECLARATIONS AND AUTHORIZATIONS

I agree to be bound by all provisions of the insurance policy.

I confirm it is my wish that this insurance application and the insurance policy as well as all related documents be drawn up in English. Je confirme ma volonté que cette demande d'assurance et la police d'assurance ainsi que tous les documents s'y rattachant soient rédigés en anglais.

(Quebec only – as of June 1st, 2023) The French version of this insurance application and the insurance policy is available here: assurances-bnc.ca/documentation.html, under Term life insurance, Accidental Death and Critical Illness section. I confirm having received this version. (Québec seulement – à partir du 1er juin 2023) La version française de cette demande d'assurance et de la police d'assurance est disponible ici : assurances-bnc.ca/documentation.html sous la section Assurance vie temporaire, maladie grave et décès accidentel. Je confirme avoir reçu cette version.

I understand that, to determine my eligibility for insurance, process the insurance application, conduct the necessary investigations and, as needed, administer my file and process any claims, the Insurer and its reinsurers must be able to collect, use and disclose my personal information, including information on my health status.

To that end:

- 1. I authorize the Insurer and its reinsurers to collect the necessary information on me and my health status from any physician, hospital, clinic or insurance company, as well as from MIB, LLC and any other organization or institution having such information.
- 2. I authorize the Insurer to use any necessary information it has on my account, including information from previous files.
- 3. I authorize the Insurer or its reinsurers to communicate any information on my health status or other relevant information about me to the MIB.

Pre-Notice about the MIB, LLC

Information regarding your insurability will be treated as confidential. National Bank Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, LLC, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members.

If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB by emailing Canadadisclosure@mib.com or calling 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address is: _____

National Bank Life Insurance Company or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Information for consumers about MIB may be obtained on its website at www.mib.com.

Access to personal information

The Insurer will establish an insurance file in which all information concerning your insurance application and any claims made thereunder is included. Your file will be kept in the Insurer's offices. You will be entitled to have access to the personal information contained in your file and, if applicable, have it corrected. For more information, consult the confidentiality policy of the Insurer, which is available online at www._____.

I declare that all information provided to the Insurer and its reinsurers is accurate. I agree to notify the Insurer as quickly as possible of any change in my personal information, so that my records may be kept up to date. I acknowledge having read and accepted the above conditions relating to the collection, use and disclosure of my personal information, including the "Pre-Notice about the MIB, LLC" and "Access to personal information" sections.

This consent will be valid as of today and for the duration of my business relationship with the Insurer or for a longer period if permitted or required by law or as set out herein.

Do you authorize the Insurer to use the personal information it has on you to suggest products that may be of interest:

- 1. By sending you mailings or by calling any number you have provided? Yes No
- 2. By email? Yes No

You can withdraw this consent at any time by contacting

Insurance contract No.
(reserved for insurer)

On _____

By _____

Part II
Health status and medical history of the insured

HEALTH STATUS AND MEDICAL HISTORY OF THE INSURED

This questionnaire should only be completed if you are requesting \$750,000 or less in insurance and you are aged 18 to 49. If you are requesting a higher amount or if you are aged 50, a representative will contact you to obtain a health declaration. If you already have a 10 or 20-year term life insurance policy, this questionnaire should only be completed if the total amount of all policies does not exceed \$750,000.

1. Do you agree to answer all of these questions truthfully? Yes No
2. Have you applied for life insurance in the last 12 months?
a. What amount of insurance did you apply for? Yes No
3. In the past 10 years have you applied for life insurance and been refused, or been offered a policy with a higher premium or with limitations, or had a policy cancelled after issue by the insurer? Yes No
4. Does your occupation fit into one of the categories below?
a. Fisherman (not returning to port every night) Yes No
b. Military Yes No
c. Professional Athlete Yes No
d. Professional Gambler Yes No
e. Offshore worker (oil and drilling) in one of the following regions: Persian Gulf, Indonesia, Coast of Africa, Russian Republics Yes No
5. In the past 2 years, have you?
a. had your driver's license suspended? Yes No
b. been charged with dangerous driving or driving while impaired? Yes No
c. had more than three moving violations while driving? Yes No
d. flown as a private pilot or student pilot? Yes No
e. engaged in SCUBA diving deeper than 100 feet? Yes No
f. engaged in sky diving or hang gliding? Yes No
g. engaged in motor vehicle racing? (examples: car, motorcycle, boat, snow-mobile) Yes No
6. Please select the activities you have engaged in in the past 2 years
a. Mountain climbing? (does not include hiking, trekking, abseiling, indoor rock climbing or bouldering) Yes No
b. Heli skiing / snowboarding? (Heli-skiing is off-trail downhill skiing or snowboarding that is accessed by helicopter) Yes No
c. Cat skiing / snowboarding? (Cat-skiing is off-trail downhill skiing or snowboarding that is accessed by ski hill grooming machines or snowcat) Yes No
d. Back country skiing / snowboarding? (Back-country skiing or snowboarding is downhill skiing/snowboarding on unmarked or unpatrolled areas either inside or outside of a ski resort's boundaries where avalanches are known to occur) Yes No
e. Back-country snowmobiling? (Back-country snowmobiling is snowmobiling in clearly marked avalanche danger areas, snowmobile highmarking or snow climbing, this includes participating as a driver or passenger.) Yes No
f. Any other extreme sport? Yes No
7. In the next 12 months do you have any plans to travel or reside outside of Canada? Do not take into account travel less than 12 months within North America, European Union Countries, United Kingdom, Australia, New Zealand, Hong Kong or the Caribbean (excluding Haiti)? Yes No
8. Please tell us about your smoking habits during the last 12 months. How often have you used cigarettes or other form of tobacco, nicotine, nicotine substitute products, e-cigarettes and/or vaping? _____

9. What is your weekly alcohol consumption?

(1 drink = 1 bottle of beer (341ml or 12 oz); 1 glass of wine (150ml or 5 oz); 1 liquor (43ml or 1.5 oz))

10. What is your marijuana consumption?

11. What is your height?

_____ feet
_____ in _____ cm

12. What is your weight?

_____ lbs _____ kg

13. In the last 10 years, have you had, or been told that you had:

Yes No

a. A heart attack, cardiac surgery, coronary artery surgery, chest pain, angina, stroke, or TIA (Transient Ischemic Attack)?

If yes, please specify:

b. Cancer, a malignant tumor or a malignant growth (other than basal cell carcinoma)?

Yes No

c. Lung or respiratory disease (other than asthma, acute bronchitis or pneumonia)?

Yes No

d. Diabetes (other than history of gestational diabetes fully resolved)?

Yes No

e. Hepatitis B, Hepatitis C or Cirrhosis?

Yes No

f. Glomerulonephritis or chronic kidney disease?

Yes No

g. Ulcerative colitis, Crohn's disease, colon polyps or pancreatitis?

Yes No

h. Bipolar disorder or psychosis?

Yes No

If yes, please specify:

i. Lupus, muscular dystrophy, multiple sclerosis, or amyotrophic lateral sclerosis (ALS)?

Yes No

j. A positive test for HIV?

Yes No

14. In the last 10 years, have you:

a. Had a conviction for a criminal offense, or do you currently have charges pending (other than impaired driving, which was asked previously)?

Yes No

b. Ever been admitted to any rehabilitation center, joined a rehabilitation program or received counselling for your alcohol or drug consumption?

Yes No

15. In the past 12 months, have you been diagnosed with depression (other than a grief reaction or brief adjustment disorder) for which you were prescribed medication?

Yes No

Grief reaction; is considered to be emotional suffering felt after the loss of someone or something.

Brief adjustment disorder; difficulty coping with a particular stress or major life event which generally resolves once an individual is able to adapt to the situation.

16. In the past 12 months have you received disability benefits for more than four consecutive weeks?

Yes No

17. In the past 2 years have you been advised that you had an abnormal result of any of the following:

a. Electrocardiogram (EKG)

Yes No

b. Echocardiogram

Yes No

c. Biopsy

Yes No

d. MRI (magnetic resonance imaging other than for joints, muscles, or bones)

Yes No

e. CT scan

Yes No

f. Mammogram

Yes No

g. Colonoscopy

Yes No

18. In the past 5 years, have you:

a. Been admitted as an inpatient to any hospital for more than two consecutive nights (other than for childbirth)?

Yes No

b. Used cocaine, heroin, or any drug not prescribed to you by a physician (other than marijuana and over the counter medications)?

Yes No

19. Other than routine tests such as eye exams, allergy tests, blood test, hearing tests or pregnancy tests, have you been advised by a health care practitioner to have any clinical test, treatment, or surgery that has not yet been completed, or are you awaiting the result of any clinical test, or an appointment with a specialist?

Yes No

20. Do you have of any symptoms for which you have not yet consulted a physician?

Yes

No

This would include symptoms that are unexplained and have no known cause such as bleeding or pain, weight loss, lump or growth, dizziness or moles/freckles that have changed in size, bled or become painful. This does not include; colds, flu's, earaches, eczema, appendicitis, gallstones or allergies.

21. Were you able to answer all questions on your own without assistance or the help of a translator?

Yes

No

I declare that all the information provided concerning my medical history and health status is accurate.

Inaccurate information could void your insurance policy and cause your claims to be rejected.

Insurance contract No.
(reserved for insurer)

On

By _____