



Protecting your personal information

At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information

Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with

We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information

We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your [online account](#) or by submitting a request through our [privacy centre](#) at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.

FREEDOM TO CHOOSE™ LIFE INSURANCE LIVING ASSISTANCE BENEFIT PAYMENT REQUEST

Instructions:

- ▶ Complete this form if you or your spouse are terminally ill and wish to request an advance payment of a portion of your or your spouse's Freedom to Choose™ life insurance benefit.
- ▶ Please answer all questions fully to avoid delays in processing this form. Indicate whether information does not apply, is unavailable or is unknown.
- ▶ If more space is required to answer any question, continue the answer on a separate sheet and attach it to this form.

| Section 1 | | | | | TERMINALLY ILL PERSON'S INFORMATION | |
|--|------|----------|-------------|--|-------------------------------------|--|
| Terminally Ill: <input type="checkbox"/> Member's Name _____ | | | | | Date of Birth (YYYY/MM/DD) | |
| <input type="checkbox"/> Spouse's Name _____ | | | | | | |
| Group Policy Number 177914 | | | | | Certificate Number | |
| Address - Street | City | Province | Postal Code | | Phone Number | |
| Email address | | | | | | |

| Section 2 | | WITHDRAWAL REQUEST | |
|---|---------------------|--------------------|--|
| <input type="checkbox"/> Withdrawal amount from member Freedom to Choose™ life Insurance (up to 50% of total amount or \$50,000, whichever is less) | _____ % \$ _____ | | |
| OR | | | |
| <input type="checkbox"/> Withdrawal amount from spouse Freedom to Choose™ life Insurance (up to 50% of total amount or \$50,000, whichever is less) | _____ % \$ _____ | | |

| Section 3 | | BENEFICIARY INFORMATION | |
|---------------------------|--|-------------------------|--|
| Name of beneficiary _____ | | | |

Please return the completed form and supporting documents to:

The Canada Life Assurance Company email: grouplifebenefits@canadalife.com
 Group Life Benefits 5W OR Fax: 204-946-8783
 60 Osborne Street N
 Winnipeg MB R3C 1V3

Email Communication - Important Note: The internet is not a secure medium. If you have concerns aboutt using email, you are encouraged to contact us by other means.

REQUEST FOR ADVANCE PAYMENT ON MEMBER'S FREEDOM TO CHOOSE™ LIFE INSURANCE BENEFIT AND RELEASE

Please review, complete and sign.

NOTE: You are eligible to request an advance payment of up to 50% of your total Freedom to Choose™ life insurance benefit or \$50,000, whichever is less.

To be eligible for an advance payment, you must be suffering from a terminal illness and have a life expectancy of 24 months or less.

I certify that I, _____, have Freedom to Choose™ life insurance coverage under Group Policy No. **177914** (the "Policy") issued to **The Canada Life Insurance Company of Canada** (the "Policyholder") by The Canada Life Assurance Company; and

WHEREAS I am presently disabled and have been diagnosed as terminally ill; or

WHEREAS pursuant to the terms of the Policy, a Freedom to Choose™ life insurance benefit of \$ _____ is payable on my death; and

WHEREAS I hereby request that an immediate advance payment of my Freedom to Choose™ life insurance benefit be made to me in the amount of the lesser of 50% of my Freedom to Choose™ life insurance benefit and \$50,000, which would otherwise be payable to my beneficiary(ies) or, in the absence of any beneficiary(ies), to my estate (the "Advance Payment"); and

WHEREAS I understand that the Advance Payment is not owing under the Policy and would be advanced by Canada Life on the basis of compassionate grounds; and

WHEREAS I have agreed that interest at a rate equal to Canada Life's standard 1 year rate +2 percent per annum would be payable and would accrue with respect to the Advance Payment, from the date of the said Advance Payment to the date of my death, and that such interest would be simple interest and not compounded; and

WHEREAS I understand and agree that, if an Advance Payment is made, Canada Life shall, at my death and subject to the condition that my Freedom to Choose™ life insurance coverage under the Policy is in effect at the date of my death, pay to my beneficiary(ies), or in the absence of any beneficiary(ies), to my estate, an amount equal to the Freedom to Choose™ life insurance benefit payable under the Policy at my death less the Advance Payment and accrued interest; and

WHEREAS I understand and agree that should my Freedom to Choose™ life insurance coverage under the Policy terminate prior to the date of my death and after receiving the Advance Payment, Canada Life may require me to pay back the Advance Payment together with interest accrued to the date of repayment; and

WHEREAS I understand and agree that I will be solely responsible for any income tax liability which may occur as a result of the Advance Payment; and

NOW THEREFORE in consideration of Canada Life providing me with the Advance Payment, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledge, I, _____, do hereby remise, release, acquit and forever discharge The Canada Life Assurance Company and the Policyholder from any and all claims, debts, demands, actions or causes of actions which I, my heirs, administrators, executors, assigns or beneficiaries ever had, have or may have with respect to or in connection with the Advance Payment, and the interest accrued on the Advance Payment, which would otherwise be payable at my death under the Policy.

The preamble of this Request and Release is an integral part of this Request and Release and is not a mere recital.

I, _____ represent, warrant and certify that in executing this Request and Release, I do so with full knowledge of any and all rights which I may have under or in connection with the Policy.

IN WITNESS WHEREOF, I, _____, have hereunto set my hand and seal

this _____ day of _____, 20 _____.

SIGNED, SEALED AND DELIVERED

In the Presence of:

WITNESS NAME (please print)

INSURED NAME (please print)

WITNESS SIGNATURE

INSURED SIGNATURE

REQUEST FOR ADVANCE PAYMENT ON SPOUSE'S FREEDOM TO CHOOSE™ LIFE INSURANCE BENEFIT AND RELEASE

Please review, complete and sign.

NOTE: You are eligible to request an advance payment of up to 50% of your spouse's total Freedom to Choose™ life insurance benefit or \$50,000, whichever is less.

To be eligible for an advance payment, your spouse must be suffering from a terminal illness and have a life expectancy of 24 months or less.

I certify that I, _____, have Freedom to Choose™ life insurance coverage under Group Policy No. **177914** (the "Policy") issued to **The Canada Life Insurance Company of Canada** (the "Policyholder") by The Canada Life Assurance Company; and

WHEREAS My spouse is presently disabled and have been diagnosed as terminally ill; or

WHEREAS pursuant to the terms of the Policy, a Freedom to Choose™ life insurance benefit of \$ _____ is payable on my spouse's death; and

WHEREAS I hereby request that an immediate advance payment of my spouse's Freedom to Choose™ life insurance benefit be made to me in the amount of the lesser of 50% of my spouse's Freedom to Choose™ life insurance benefit and \$50,000; and

WHEREAS I understand that the Advance Payment is not owing under the Policy and would be advanced by Canada Life on the basis of compassionate grounds; and

WHEREAS I have agreed that interest at a rate equal to Canada Life's standard 1 year rate +2 percent per annum would be payable and would accrue with respect to the Advance Payment, from the date of the said Advance Payment to the date of my spouse's death, and that such interest would be simple interest and not compounded; and

WHEREAS I understand and agree that, if an Advance Payment is made, Canada Life shall, at my spouse's death and subject to the condition that my Freedom to Choose™ life insurance coverage under the Policy is in effect at my spouse's death, an amount equal to the Freedom to Choose™ life insurance benefit payable under the Policy at my spouse's death less the Advance Payment and accrued interest; and

WHEREAS I understand and agree that should my Freedom to Choose™ life insurance coverage under the Policy terminate prior to the date of my spouse's death and after receiving the Advance Payment, Canada Life may require me to pay back the Advance Payment together with interest accrued to the date of repayment; and

WHEREAS I understand and agree that I will be solely responsible for any income tax liability which may occur as a result of the Advance Payment; and

NOW THEREFORE in consideration of Canada Life providing me with the Advance Payment, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledge, I, _____, do hereby remise, release, acquit and forever discharge The Canada Life Assurance Company and the Policyholder from any and all claims, debts, demands, actions or causes of actions which I, my heirs, administrators, executors, assigns or beneficiaries ever had, have or may have with respect to or in connection with the Advance Payment, and the interest accrued on the Advance Payment, which would otherwise be payable at my death under the Policy.

The preamble of this Request and Release is an integral part of this Request and Release and is not a mere recital.

I, _____ represent, warrant and certify that in executing this Request and Release, I do so with full knowledge of any and all rights which I may have under or in connection with the Policy.

IN WITNESS WHEREOF, I, _____, have hereunto set my hand and seal

this _____ day of _____, 20 _____.

SIGNED, SEALED AND DELIVERED
In the Presence of:

WITNESS NAME (please print)

INSURED NAME (please print)

WITNESS SIGNATURE

INSURED SIGNATURE

PLAN MEMBER STATEMENT

To be completed by Plan Member

To be eligible for an advance payment of your or your spouse's Freedom to Choose™ life insurance, you or your spouse must be suffering from a terminal illness and have a life expectancy of 24 months or less. After you have signed this statement below, your or your spouse's physician should complete the **Attending Physician's Statement** on the next page.

I expressly consent, authorize and direct any physician, surgeon or any other person who has examined me, and every hospital or other institution where I have received treatment to exchange with The Canada Life Assurance Company or its duly authorized representatives any knowledge or information required for the purposes of assessing my request for an advance payment of my Freedom to Choose™ life insurance. A photocopy of this authorization shall be as valid as the original.

Date _____ Signature _____

Please return the completed form and supporting documents to:

The Canada Life Assurance Company
Group Life Benefits 5W
60 Osborne Street N
Winnipeg MB R3C 1V3

OR

Email: grouplifebenefits@canadalife.com
Fax: 204-946-8783

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ATTENDING PHYSICIAN'S STATEMENT FREEDOM TO CHOOSE™ LIFE INSURANCE LIVING ASSISTANCE BENEFIT PAYMENT REQUEST

Return completed form to:
The Canada Life Assurance Company
Group Life Benefits
60 Osborne Street N
Winnipeg MB R3C 1V3

OR

Email: grouplifebenefits@canadalife.com
Fax: 204-946-8783

| | | | | | |
|-----------------|--|------|----------|------------------|--------------------------------------|
| Physician Name | | | | Telephone Number | |
| Address | | | | Email Address | |
| Name of Insured | | | | | |
| Address: Street | | City | Province | Postal Code | Group Policy Number 177914 |

The above named Insured has requested an advance payment of their Life Insurance proceeds due to a terminal illness. In order to provide consideration to the Insured's request, we require the following information:

Diagnosis: _____

If cancer, is it metastatic? ☐ Yes ☐ No What stage of cancer? _____

Is the Insured undergoing any treatment? ☐ Yes ☐ No

If yes, provide details: _____

Future Prognosis: _____

Life expectancy (survival rate): _____

Do you consider the Insured to be mentally competent/mentally able? ☐ Yes ☐ No

Please provide a description of the Insured's medical condition, including any complications, in the space provided below and attach **medical evidence to support the diagnosis**. (to be completed by a SPECIALIST physician if being followed by a specialist).

Print Name _____ Specialty _____ Telephone _____

Date _____ Signed _____

Address _____
Street City Province Postal code

I certify that the information given is true, correct, and complete to the best of my knowledge.

Date _____ Signature _____, M.D.