La Capitale

REQUEST TO EXERCISE THE FUTURE INSURABILITY OPTION

Last name of policyholder/insured	First name of policyholder/insured
Policy No.	**Option date (YYYY/MM/DD)**

1. FUTURE INSURABILITY OPTION TERMS

To be eligible to exercise the future insurability option:

- The future insurability option rider must be in force.
- The request to exercise that option must be made at least sixty (60) days prior to the above option date.
- The policyholder/insured must not be disabled when making the request to exercise the future insurability option, and he or she must not become disabled prior to the above option date.
- A request to exercise an option must be made no later than the policy anniversary which is the nearest to the 55th birthday of the policyholder/insured.
- Proof of income may be required.

2. ADDITION OF MONTHLY TOTAL DISABILITY BENEFITS

Are you currently disabled? ◯ Yes ◯ No If so, this option cannot be exercised.

What monthly total disability benefit amount do you wish to add (subject to the future insurability option rider terms)? $ _____

3. INSURANCE HISTORY INFORMATION

Other insurance in force or pending

Are you currently insured or do you have applications pending for accident or sickness disability insurance (including group or union insurance)? ◯ Yes ◯ No

If so:

			DISABILITY INSURANCE				
			Elimination period		Benefit period		Will added benefits that have been applied for replace the existing insurance contract?
Name of the company	Year of issue (check if pending) P	Monthly benefit	Accident	Sickness	Accident	Sickness	Yes No
	☐	$					◯ ◯
	☐	$					◯ ◯

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4. INCOME INFORMATION

SALARIED EMPLOYEE

Current annual income $_____

If the policy **includes the guaranteed benefit**, provide the income tax declarations for the last two years (provincial and federal for residents of Quebec) and go to Section 5.

Otherwise, provide the following information:

Gross annual income earned in the last two years

Year: _____	Year: _____
$_____	$_____

SELF-EMPLOYED WORKER OR BUSINESS OWNER

Current net income $_____

The insured's percentage of company shares _____%

If the policy **includes the guaranteed benefit** or if, following the addition of monthly total disability benefits, **the entire monthly total disability benefit is equal to or greater than $3,000**, provide, as applicable, T1 General income tax forms and business financial statements for the last two years or the statement of business income and expenses and go to Section 5.

Otherwise, provide the following information:

Gross annual income earned in the last two years

	Year: _____*	Year: _____*
Gross annual business income earned	$_____	$_____
Operating expenses	$_____	$_____
In the case of a corporation, the salary paid to the insured by the company, if applicable	$_____	$_____

* If less than 12 months' income earned, indicate number of months when income was earned: _____ months

5. DECLARATIONS

I hereby declare that all of the answers given in this request to exercise the future insurability option are true and complete, in the knowledge that the Insurer will base its decision regarding the request for an addition to the monthly total disability benefits on the information provided.

I understand that any incomplete, inaccurate, false or deceitful declarations may cause the added monthly total disability benefits to be cancelled.

I understand that if I become disabled prior to the above option date, the Insurer will cancel the added monthly total disability benefits.

I understand that the other conditions and provisions and the general provisions of the policy, apply to the added monthly total disability benefits, provided that these conditions and provisions and general provisions are not incompatible with the terms and conditions of the added monthly total disability benefits.

I understand that my request to exercise the future insurability option is subject to the Insurer's approval.

Signed at _____ on this _____ day of _____ 20 _____.

POLICYHOLDER'S/INSURED'S SIGNATURE

X _____

Policyholder's/insured's signature

ADVISOR'S SIGNATURE

X _____

Advisor's signature