

Policyholder's last name	Policyholder's first name
Application or Contract No.	

1 CHILDREN'S INFORMATION FOR THE CHILDREN'S LIFE INSURANCE RIDER

 The children must be the proposed insured's as indicated on the child's birth certificate or by virtue of legal adoption. All the proposed insured's children under age 18 must be identified. When there are more than 4 children, use as many additional questionnaires as necessary.

	Last name	First name	Sex	Date of birth		
				Year	Month	Day
Child 1	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_	_	_
Child 2	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_	_	_
Child 3	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_	_	_
Child 4	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_	_	_

Insured amount: \$ _____ The insured amount must be the same for all children.

2 HEIGHT AND WEIGHT

2.1 HEIGHT AND WEIGHT

CHILD 1	CHILD 2	CHILD 3	CHILD 4
Height: _____ <input type="checkbox"/> cm <input type="checkbox"/> ft./in.	Height: _____ <input type="checkbox"/> cm <input type="checkbox"/> ft./in.	Height: _____ <input type="checkbox"/> cm <input type="checkbox"/> ft./in.	Height: _____ <input type="checkbox"/> cm <input type="checkbox"/> ft./in.
Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb.	Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb.	Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb.	Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb.

3 BENEFICIARY INFORMATION

A beneficiary is not designated: If a beneficiary is not designated, any benefit will be paid to the policyholder, if living, or to his or her estate.

Revocable and irrevocable beneficiaries: A beneficiary designation is revocable unless otherwise indicated. However, in Quebec if the named beneficiary is the person to whom the policyholder is married or civilly united, this designation is considered irrevocable unless the policyholder indicates that he or she wishes for the designation to be REVOCABLE.

Designating an irrevocable beneficiary can have significant consequences. To replace a beneficiary designated as irrevocable, or carry out certain changes or transactions, the beneficiary's consent must be obtained. A minor irrevocable beneficiary cannot consent to a change or transaction, and the minor irrevocable beneficiary's parents and legal guardian are also unable to sign a document in that regard on his or her behalf.

Minor beneficiary: Outside Quebec, if a minor is the designated beneficiary, it is recommended that a trustee also be designated. By naming a trustee, the benefit is payable to the trustee who will hold it in trust for the minor beneficiary until he or she is of legal age (not applicable in Quebec). Any amount payable to a beneficiary who has reached the age of majority is payable directly to this person. In Quebec, the minor beneficiary's legal guardian will receive the payable benefit, unless an official trustee has been named.

Estate, successors and legal heirs: The terms "estate", "successors" or "legal heirs" refer to the policyholder's estate, successors or legal heirs, and not those of the child.

Last name	First name	Date of birth			Relationship to the children (in Quebec, relationship to the policyholder)	Check one	
		Year	Month	Day		Revocable	Irrevocable
_____	_____	_	_	_	_____	<input type="checkbox"/>	<input type="checkbox"/>

4 PERSONAL INFORMATION

4.1 OTHER INSURANCE IN FORCE OR PENDING

CHILD 1

Does the child currently hold a life (**LIFE**) or critical illness (**CI**) insurance contract or have a pending application for any of these types of insurance?
 Yes **No** **If so**, provide the details of these contracts or applications.

Year and month issued
(check if pending)

LIFE	CI	Insured amount	Company name	Year	Month	Pending
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	_	_	<input type="checkbox"/>

CHILD 2

Does the child currently hold a life (**LIFE**) or critical illness (**CI**) insurance contract or have a pending application for any of these types of insurance?
 Yes **No** **If so**, provide the details of these contracts or applications.

Year and month issued
(check if pending)

LIFE	CI	Insured amount	Company name	Year	Month	Pending
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	_	_	<input type="checkbox"/>

CHILD 3

Does the child currently hold a life (**LIFE**) or critical illness (**CI**) insurance contract or have a pending application for any of these types of insurance?
 Yes **No** **If so**, provide the details of these contracts or applications.

Year and month issued
(check if pending)

LIFE	CI	Insured amount	Company name	Year	Month	Pending
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	_	_	<input type="checkbox"/>


CHILD 4

Does the child currently hold a life (**LIFE**) or critical illness (**CI**) insurance contract or have a pending application for any of these types of insurance?
 Yes **No** **If so**, provide the details of these contracts or applications.

Year and month issued
(check if pending)

LIFE	CI	Insured amount	Company name	Year	Month	Pending
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	_	_	<input type="checkbox"/>

5 MEDICAL INFORMATION

 **Answer all questions by checking YES or NO. For each "YES" answer, provide details in Section 6 "Additional Information".**

Each of the proposed insured children:

	CHILD 1		CHILD 2		CHILD 3		CHILD 4	
	Yes	No	Yes	No	Yes	No	Yes	No
a) Does he or she have a physical or intellectual impairment or any other congenital illness or disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Does he or she have, or previously have, any other illness or disorder requiring hospitalization, consultation with a specialist or taking medication for more than 14 consecutive days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) For a child age 3 or under, was he or she born prematurely (less than 36 weeks of pregnancy) and have developmental delay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Does he or she have signs or symptoms for which a physician has not yet been consulted or for which follow-up or treatment has been recommended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Has an insurance application for him or her been declined, modified, cancelled, deferred or rated with a higher premium?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 ADDITIONAL INFORMATION

If you need extra space, attach an extra sheet, duly dated and signed.

Question No.	Child's name	Diagnosis, date of diagnosis, dates of consultations, reasons, results, medication or treatments, hospitalizations, surgery, names and addresses of physicians consulted or hospitals visited, current state of health or any other information.

7 DECLARATION AND SIGNATURES

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

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

POLICYHOLDER'S SIGNATURE



Policyholder's signature

LEGAL GUARDIAN'S SIGNATURE, IF NOT THE POLICYHOLDER



Legal guardian's signature, if not the policyholder

Legal guardian's name, if applicable (please print)

ADVISOR'S SIGNATURE



Advisor's signature