
Group Life Insurance Conversion Information

As a Wawanesa Life group plan member, you may be eligible to convert your group life or optional life insurance to an individual policy without providing a health questionnaire or undergoing a medical exam, if you apply within 31 days of that coverage ending or reducing. You and your dependents may be eligible to convert any portion of lost coverage for Basic and Optional Life Insurance, as outlined in your benefit booklet.

If your coverage ends or reduces and you are eligible to convert, submit a completed application and the required payment (or authorization to draw premiums once pre-authorized debit is setup) within 31 days: first month's premium if monthly, first semi-annual payment if semi-annual, or the full annual amount. If you pass away during this period, your beneficiary will receive the benefit even without a conversion application. Premiums can be paid annually or semi-annually online by Pre-Authorized Debit (PAD), or by cheque. Monthly payments are available by PAD only.

Instructions

1. Conversion Policy and Rates Pages 2 - 3

- Check your benefit booklet's Group Conversion Privilege section to verify your eligibility.
- Select your desired policy type.
- Calculate the premium based on your age, sex, desired conversion amount, and policy selection.

2. Application Details Pages 3 - 5

- Complete the application details, including:
 - Group Plan Information
 - Applicant Information
 - Policy Details (using premium calculations from step 1)
- Provide beneficiary designations:
 - Designate beneficiary(ies)
 - Designate contingent beneficiary(ies)
 - Designate a trustee, if applicable
- Date and sign the application.

3. Pre-Authorized Debit (PAD)..... Page 6

- Complete this section and provide a "VOID" cheque if:
 - Paying premiums monthly, and/or
 - This is your preferred payment method
- Date and sign the authorization.

4. Declaration of Tax Residence Page 7

- Only complete this section if you selected a Whole Life policy.
- Date and sign the certification.

5. Submission

- Submit the completed application and first required payment to your Group Plan Administrator.

Conversion Policy and Rates The following are annual rates per each \$1,000 of coverage:

Age	One Year Term	
	Male	Female
20	2.02	1.46
21	2.02	1.46
22	2.03	1.46
23	2.03	1.46
24	2.04	1.46
25	2.04	1.46
26	2.05	1.48
27	2.06	1.51
28	2.07	1.53
29	2.08	1.56
30	2.08	1.59
31	2.17	1.67
32	2.26	1.75
33	2.35	1.83
34	2.45	1.93
35	2.55	2.02
36	2.71	2.15
37	2.89	2.30
38	3.08	2.45
39	3.28	2.61
40	3.49	2.79
41	3.79	2.99
42	4.11	3.21
43	4.47	3.44
44	4.85	3.69
45	5.26	3.95
46	5.76	4.23
47	6.30	4.53
48	6.90	4.85
49	7.55	5.19
50	8.27	5.56
51	9.03	6.01
52	9.87	6.50
53	10.78	7.03
54	11.78	7.60
55	12.88	8.21
56	13.88	8.91
57	14.96	9.67
58	16.12	10.50
59	17.37	11.39
60	18.73	12.36
61	20.47	13.47
62	22.38	14.67
63	24.47	15.98
64	26.75	17.40
65	29.24	18.95
66	31.87	20.66
67	34.74	22.52
68	37.87	24.55
69	41.28	26.76
70	45.00	29.17

Age	Term To Age 65	
	Male	Female
20	3.74	2.24
21	3.76	2.31
22	3.78	2.39
23	3.81	2.47
24	3.83	2.55
25	3.85	2.63
26	4.00	2.74
27	4.16	2.85
28	4.32	2.97
29	4.49	3.09
30	4.66	3.22
31	4.91	3.37
32	5.17	3.54
33	5.44	3.71
34	5.73	3.88
35	6.04	4.07
36	6.37	4.27
37	6.72	4.48
38	7.09	4.70
39	7.48	4.93
40	7.89	5.17
41	8.30	5.38
42	8.74	5.59
43	9.19	5.81
44	9.67	6.04
45	10.18	6.28
46	10.62	6.42
47	11.08	6.57
48	11.56	6.71
49	12.07	6.87
50	12.59	7.02
51	13.19	7.18
52	13.82	7.35
53	14.48	7.52
54	15.17	7.69
55	15.90	7.87
56	17.04	8.36
57	18.27	8.87
58	19.59	9.42
59	21.00	10.00
60	22.51	10.62
61	—	—
62	—	—
63	—	—
64	—	—
65	—	—
66	—	—
67	—	—
68	—	—
69	—	—
70	—	—

Age	Whole Life	
	Male	Female
20	6.58	5.59
21	6.80	5.87
22	7.04	6.15
23	7.32	6.46
24	7.64	6.78
25	7.99	7.12
26	8.35	7.46
27	8.75	7.83
28	9.18	8.22
29	9.63	8.63
30	10.10	9.04
31	10.61	9.49
32	11.14	9.95
33	11.73	10.46
34	12.33	10.95
35	12.98	11.49
36	13.67	12.05
37	14.41	12.64
38	15.17	13.23
39	15.99	13.87
40	16.86	14.53
41	17.79	15.23
42	18.77	15.95
43	19.79	16.70
44	20.88	17.50
45	22.03	18.33
46	23.24	19.19
47	24.51	20.09
48	25.85	21.03
49	27.26	22.02
50	28.75	23.05
51	30.31	24.13
52	31.95	25.26
53	33.67	26.45
54	35.46	27.68
55	37.44	29.07
56	39.39	30.41
57	41.42	31.81
58	43.57	33.29
59	45.77	34.82
60	47.27	35.88
61	49.64	37.54
62	52.08	39.26
63	54.68	41.09
64	57.34	43.00
65	60.22	45.08
66	63.23	47.33
67	66.39	49.70
68	69.71	52.19
69	73.20	54.80
70	76.86	57.54

Calculating your Premium

- Choose one of the three available policies you would like to convert to:
 - One Year Term:** This policy offers temporary, non-renewable life insurance for one year from the issue date. Coverage ends after one year but can be converted to a Whole Life or Term to Age 65 policy before the expiry date, without medical evidence.
 - Term to Age 65:** This policy provides temporary life insurance until age 65, with no cash value and no conversion options. Coverage ends at age 65.
 - Whole Life:** This plan offers lifetime coverage with guaranteed premiums and cash value accumulation. Dividends are credited annually starting after the second policy year.
- Determine the amount of insurance you want to convert.
- Choose your payment schedule: annual, semiannual, or monthly.
- Find the applicable rate on the chart above based on your desired policy type and your age at the time your group coverage ended or was reduced.
- Calculate your premiums:

a. Number of thousands of coverages: _____		Example: 38-year-old female, converting to Term to 65: 100 \$ 100,000 of coverage
b. Rate per thousand based on policy type, age, and sex: X _____		\$4.70 Rate from table above
c. Multiply "a" and "b": = _____		\$470.00 Annual premium
d. Add policy fee: + _____		\$65.00 Fee for policy type
Whole Life = \$75 Annually		
One Year Term & Term to Age 65 = \$65 Annually		
e. Total "c" and "d": = _____		\$535.00 Total annual premium due
6. Optional - Multiply "e" by 0.09 to determine monthly payment; or		\$48.15 Total monthly payment (if preferred)
Optional - Multiply "e" by 0.52 to determine semi-annual payment: _____		\$278.20 Total semi-annual payment (if preferred)
- Optional - Multiply "e" by 0.09 to determine monthly payment; or
Optional - Multiply "e" by 0.52 to determine semi-annual payment: _____

Group Plan Information

Group Plan Number: _____ Group Plan Sponsor Name: _____

Group life insurance was: **Terminated** **Reduced**

Date of Termination or Reduction (mm/dd/yyyy): _____ Amount of Termination or Reduction: _____

Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth (mm/dd/yyyy): _____ Sex: Male Female

Social Insurance Number: _____ Relationship to the Insured (if other than the plan member): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Occupation (Job title/role): _____

Home Phone Number: _____ Mobile Phone Number: _____

Policy Details

Policy Selected: 1 Year Term Term to Age 65 Whole Life*

Life Insurance Being Converted (Volume): \$ _____

Annual Premium Amount (Calculated on page 3 - Step 5.e): \$ _____

Premium Options*: Annual Semi-Annual Monthly (Only available with PAD)

Dividend Option Selected:** On Deposit Cash Premium Reduction (Not available with PAD)

* Premiums can be paid by cheque or Pre-Authorized Debit (PAD). To use PAD, complete the section on page 5.

** For a Whole Life policy, cash value accumulates with dividends credited annually starting after the second policy year.

Beneficiary Information

1. Please note that designating a beneficiary is one of the most important decisions you will make regarding this Group Insurance Plan. The designation you make should clearly reflect your intentions of who will receive the death benefit proceeds.
 2. If you are designating a beneficiary who is a minor, insurance proceeds cannot be paid directly to them. To avoid difficulties with settlement of a claim, a trustee should be named for all minor children.
 3. When percentages have been allocated to each beneficiary, only these amounts can be paid to each beneficiary. Should one of the beneficiaries die before you, their portion will be made payable to your estate.
 4. If all primary beneficiaries die before the life insured, death claim proceeds will be paid to the contingent beneficiary. If no contingent beneficiary has been named, the beneficiary becomes the estate of the life insured.
 5. In Quebec, designation a spouse (married or civil union) is irrevocable unless you check here: Revocable
An irrevocable beneficiary can only be changed with the written consent of the beneficiary.
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Beneficiary

Last Name	First Name	Initial	Date of Birth (mm/dd/yyyy)	Percentage %	Relationship to Applicant

Contingent Beneficiary

Last Name	First Name	Initial	Date of Birth (mm/dd/yyyy)	Percentage %	Relationship to Applicant

Trustee Designation

I hereby appoint:

Last Name: _____ First Name: _____ as trustee,

Relationship to Beneficiary: _____

to receive any payments on behalf of the beneficiaries listed above, during their age of minority.

Consent & Disclosure Regarding Personal Information

I consent to Wawanesa Life collecting, processing, storing and disclosing my personal information for the purposes of: establishing and maintaining communications with me; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

I understand that Wawanesa Life may share my personal information with Wawanesa Life employees and agents who require this information to perform their jobs; claims investigators, third party investigative agencies, providers of information processing and storage, programming, printing, mailing and distribution services; applicable reinsurance companies; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

I understand that any restriction or withdrawal of my consent may result in Wawanesa Life being unable to process the claim being applied for.

If you have a question (concerning our collection of personal information, or the collection, use, disclosure, or storage of personal information, or service providers outside Canada processing on our behalf), a complaint regarding our privacy policies or procedures, or would like to withdraw your consent, please contact Wawanesa Life's Privacy Office via email at privacy@wawanesa.com, phone 1-844-241-0226 or in writing Attention: Privacy Officer, The Wawanesa Life Insurance Company, 236 Carlton St, Winnipeg, MB R3C 1P5.

Authorization

- I acknowledge that the information provided is complete and accurate.
- I confirm that I have read, understood, and accepted the terms, conditions and authorizations contained in the Consent & Disclosure Regarding Personal Information. A photocopy or an electronic reproduction of this document will be as valid as the original.
- I acknowledge I have had the opportunity to seek legal advice.

Date (mm/dd/yyyy)

Signature of Policy Applicant

Signature of Irrevocable Beneficiary
(if applicable)

Pre-Authorized Debit (PAD) - If Applicable Attach Cheque Marked "VOID"

Account Owner Last Name: _____ Account Owner First Name: _____

Address (if different from policy applicant): _____

City: _____ Province: _____ Postal Code: _____

Transit Number: _____ Institution Number: _____ Account Number: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

Withdrawal Date: Policy Date Other Date (mm/dd/yyyy): _____

Pre-Authorized Debit (PAD) Authorization

I request and authorize Wawanesa Life to make withdrawals from the account designated above or from and subsequently designated account to make policy payments and/or specific payments on loan indebtedness, under the following terms:

- Withdrawals will be made according to the payment frequency indicated on the application on the policy issue date unless a particular withdrawal date is specified.
- If a monthly PAD is returned as insufficient funds, the next PAD amount will be for the two months of premium. Notification will be provided prior to this double withdrawal.
- I may revoke my authorization at any time, subject to providing 10 days' notice to Wawanesa Life.
(For more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca).
- I have recourse rights under the PAD agreement if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any unauthorized debit or any debit that is not consistent with this PAD agreement.
(For more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca).
- I may provide written request to add/delete policies to the PAD agreement or change bank information without completing a new PAD agreement.

This authorization shall remain in force as long as the policy qualifies for premium payments under this plan or until this authorization is revoked. Either party may terminate this authorization by sending written notice to the other party's address of record.

Date (mm/dd/yyyy)

Signature of Policy Applicant

Declaration of Tax Residence (Only applicable if converting to a Whole Life policy)

I am a tax resident of Canada

I am a tax resident or a citizen of the United States

If you ticked this box, give your taxpayer identification number (TIN) from the United States.

TIN from the United States: _____

If you do not have a TIN from the United States, have you applied for one? Yes No

I am a tax resident of a jurisdiction other than Canada or the United States

If you ticked this box, give your jurisdictions of tax residence and TINs or functional equivalent below.

If you do not have a TIN for a specific jurisdiction, give the reason using one of these choices:

Reason 1: I will apply or have applied for a TIN but have not yet received it.

Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.

Reason 3: Other, please specify: _____

Jurisdiction of tax residence	Taxpayer identification number	Reason (1, 2 or 3)

General Information

Canadian financial institutions are required under Part XVIII and Part XIX of the Income Tax Act to collect the information you provide on this form to determine if your financial account must be reported to the Canada Revenue Agency (CRA). The CRA may share this information with the government of a foreign jurisdiction if a person identified on this form is a resident of that jurisdiction for tax purposes. In the case of the United States, the CRA may also share the information with the U.S. government if the person is a U.S. citizen.

Certification

I certify that the information given on this form is correct and complete. I will give Wawanesa Life a new form within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

Date (mm/dd/yyyy)

Name

Signature of Policy Applicant

Please return form to Wawanesa Life via email, fax, or mail:

Email: lifeservices@wawanesa.com

Fax: 1-888-985-3872

Mail: 236 Carlton Street, Winnipeg, Manitoba R3C 1P5

Tel: 1-800-263-6785

wawanesalife.com