

ENROLLMENT FOR FIXED PREMIUM INSURANCE ACCUMULATION (FPIA – PREFERRED OR GUARANTEED ISSUE)

ASSURANT LIFE OF CANADA
P.O. Box 93040 • 1111 Davis Drive
Newmarket, ON, L3Y 8K3
Facsimile: 866.853.0183
Certificate # _____

This is an enrollment into a group policy in order to provide funding for funeral expenses.

I have indicated my decision regarding this offer of coverage. Accept _____ (Initials) Decline _____ (Initials)

(PLEASE PRINT IN BLACK INK AND ALL CAPS) Establishment Name _____

Address _____

City _____ Province _____ Postal Code _____ Phone _____

1. INFORMATION ON THE APPLICANT

First Name _____ Middle Initial _____ Last Name _____

SIN _____ Birthdate _____ Age _____ Sex _____ Occupation _____

Address _____ Phone _____

City _____ Province _____ Postal Code _____

2. PRE-ARRANGED AMOUNT

(A) Goods & Services \$ _____ Pre-Arranged Amount (A+B) \$ _____

(B) Monument or Marker \$ _____ Worldwide Travel Assistance (Optional) \$ _____

Total Amount \$ _____

3. BENEFICIARY

Beneficiary _____ Relationship _____

4. PAYMENT SELECTION (rates on reverse)

Premium \$ _____ Paid (circle) M Q S A over a period of 3 5 10 15 20 years.

Cheque to Assurant PAC * on Day _____ (Select 1-28) of the month Credit Card** (circle) Visa Mastercard

*Note: Include voided cheque & indicate type of account chequing savings ** Credit Card # _____ Expiry Date: MM/YY

5. ASSIGNMENT AND TFSA REGISTRATION

I hereby assign the death benefit of the certificates applied for and to be issued to the Establishment indicated above.

I hereby request that Assurant Life of Canada ("Assurant") file an election to register my Policy as a TFSA under section 146.2 of the Income Tax Act on my behalf as its Accountholder. TFSA Contribution Amount \$ _____. (Cannot exceed annual TFSA contribution limit)

6. APPLICANT HEALTH INFORMATION FOR PREFERRED OR GUARANTEED ISSUE

1. Is the Applicant currently confined to a hospital or nursing home, or has he/she ever been diagnosed as having a terminal illness, Alzheimer's Disease, tested HIV positive or been treated for or advised that he/she had AIDS-related conditions? Yes No

2. During the past five (5) years, has the Applicant ever been treated for, or been diagnosed as having:

a. Disease or disorder of the heart, circulatory or vascular systems, stroke or any cancer?

b. Disease or disorder of the lungs, liver or kidney; alcoholism or drug abuse?

c. Brain disorder or tumor, seizure, paralysis, psychosis, lupus or multiple sclerosis?

d. Blood disease or disorder, or both high blood pressure and diabetes together? Yes No

7. SIGNATURE

I hereby represent that all statements and answers in this form are complete and true and that I have read and understand the explanations on the reverse. I agree that no coverage shall exist until the certificates are issued while the Applicant is living and the initial premium is paid. I represent that this certificate does not replace any insurance policy or annuity and that I am enrolling as a member of the Association for Personal Resource Planning of Canada ("APRP") to which Assurant group plans are provided. I understand that the personal information in this form will be kept secure, confidential and will not be disclosed, except as permitted by law or at my signed request. I understand by checking this box , I request that no new product be offered to me by Assurant or their affiliates or partners. If I have elected to register my Policy as a TFSA, I will advise you immediately if I am no longer a Canadian resident.

Signature of Applicant _____ Signed at (city and date) _____

8. CERTIFICATE OWNER (COMPLETE ONLY IF DIFFERENT THAN APPLICANT OR FOR JOINT COVERAGE)

Signature of Owner _____ Address _____

Printed Name of Owner _____ Birthdate _____ Relationship to Applicant _____ SIN _____

Signed at (City and Date) _____ Sex _____ Occupation _____

FOR ADMINISTRATIVE USE ONLY (Complete Section 8 on a separate sheet for a Payor different from the Certificate Owner)

Enroller Name _____ ID # _____

Casket Description _____ Model # _____

Monument/Marker Description _____ Model # _____

Coverage Type: Provider Protector Coverage: Value Added

Process Installment Issue ("IP")

PLAN DESCRIPTION As a member of APRP of Canada, you hereby enroll in a group plan issued to APRP of Canada and underwritten by Assurant Life of Canada. APRP cannot change or terminate your coverage once it is issued. Travel Assistance coverage will be issued separately with its respective rate and summary of terms.

The following is a summary of the FPIA master policies under which your life and annuity certificates are issued. Your certificates and enrollment form are important insurance information and should be kept in a safe place. You will receive numbered certificates to confirm receipt of your premium, your amount of coverage and its effective date. For more detailed information, you can obtain a copy of the master policies from your enroller.

PLAN BENEFITS: The death benefit is payable to the Beneficiary at the death of the Applicant identified in section 1. If two joint applicants are identified, the death benefit is payable on the first applicant to die. For death by suicide within the first two certificate years, the death benefit is limited to the reimbursement of premiums paid.

ANNUITY INSTALLMENT PLAN: You can pay your Pre-Arranged Amount (minimum \$1000) with equal installments made regularly and at the frequency of your choice over a period of 3, 5, 10, 15 or 20 years. These installments add up to the Pre-Arranged Amount. Your installments are deposited as they are paid into an account. This account value with interest added at the rate we declare is your death benefit. You will receive an annuity certificate showing your Pre-Arranged Amount, frequency and the period of payment of your installments.

LIFE INSURANCE PLAN: You can also purchase a separate life insurance plan (Guaranteed or Preferred Issue) that will make up for any shortfall in your Annuity Installment Plan if the Applicant was to die before all installments could be completed. You will receive a life insurance certificate showing your insurance premium, frequency, period of payment and a Face Amount equal to your Pre-Arranged Amount. This Face Amount, with additional amounts we credit minus the annuity installment plan account value, will be your death benefit under a "Preferred Issue" certificate. If you answer "yes" or do not answer any of the two health questions (Section 6), you will receive a "Guaranteed Issue" certificate that provides for the same coverage. However, if death is non-accidental during the first two certificate years (first 4 certificate years for a 10-pay plan, first 5 years for a 15 or 20 year plan), the death benefit of a Guaranteed Issue certificate will be limited to the return of premiums paid with 6% interest. No such limitation applies if death is accidental.

ASSIGNMENT: The value of the death benefit based on the Pre-Arranged goods and services (A) monument or marker amount (B) is assigned as its interest may lie to the Establishment in return for its promise to deliver these pre-arranged goods and services. You hereby acknowledge that you may cancel this promise if you do not complete the payment of all premiums or make a change that reduces the death benefit. This assignment does not prevent you from obtaining goods and services elsewhere at any time before the Establishment delivers the pre-arranged goods and services. You may also change Assignee by notifying Assurant. You authorize Assurant to release the personal information in this enrollment form and certificate to the Establishment where your service is to be performed.

TFSA REGISTRATION: In order for your Policy to qualify as a TFSA under section 146.2 of the Income Tax Act, you (as Accountholder) must be the sole Annuitant (joint annuitants not permitted), Policy Owner (change in Policy Ownership not permitted) and Payor. Further you must be at least 18 years of age and a Canadian resident. Assurant has the ultimate responsibility for administering the Policy. Only Assurant has the authority to amend the Policy.

PAYMENT BY CREDIT CARD: You hereby authorize Assurant Life of Canada to charge your credit card for the premium of the amount indicated on the reverse side of this form and for any renewal premium coming due for your coverage. If your card is cancelled or if you cancel this authorization, an alternate mode of payment will have to be selected, such as cheque, money order or pre-authorized bank draft. Cancellations must be received at our Administrative Office in writing at least ten (10) days prior to the premium payment due date.

PRE-AUTHORIZED CHEQUING (PAC): If you elected PAC billing, you hereby request and authorize your financial institution to pay and charge to your account electronic debits drawn on your account, by and payable to, Assurant Life of Canada, provided there are sufficient collected funds in your account to pay the same upon presentation. You agree that the Company's rights, in respect to each electronic debit, shall be the same as if it were a cheque drawn on your account and personally signed by you. This authority is to remain in effect until revoked by you in writing, and until the financial institution actually receives such notice. You also agree that the financial institution shall be fully protected in honouring any such debit. You further agree that if any such electronic debit were dishonoured, whether intentionally or inadvertently, the financial institution shall be under no liability whatsoever even though such dishonour results in forfeiture of coverage. Please include a voided cheque with this form.

PREMIUM RATES:

MULTIPLY THE "TOTAL AMOUNT" BY THE APPLICABLE MONTHLY RATE BELOW:

Monthly premium rate per \$1 of "Total Amount" Insurance and Accumulation Plan combined						Monthly premium rate per \$1 of "Total Amount" Insurance and Accumulation Plan combined				
AGE	3 Pay	5 Pay	10 Pay	15 Pay	20 Pay	AGE	3 Pay	5 Pay	10 Pay	15 Pay
0-45	.02828	.01722	.00900	.00630	.00508	66	.02968	.01862	.01066	.00825
46-50	.02828	.01722	.00900	.00630	.00521	67	.02998	.01878	.01078	.00838
51	.02828	.01722	.00900	.00652	.00550	68	.03028	.01893	.01090	.00851
52	.02828	.01722	.00900	.00663	.00565	69	.03053	.01906	.01100	.00865
53	.02828	.01722	.00900	.00674	.00580	70	.03078	.01919	.01109	.00878
54	.02828	.01723	.00912	.00686	.00592	71	.03103	.01932	.01119	
55	.02828	.01725	.00924	.00697	.00604	72	.03128	.01945	.01128	
56	.02828	.01727	.00936	.00708	.00616	73	.03153	.01958	.01138	
57	.02828	.01729	.00948	.00719	.00628	74	.03174	.01967	.01147	
58	.02828	.01731	.00960	.00731	.00640	75	.03195	.01976	.01157	
59	.02838	.01748	.00974	.00741	.00654	76	.03216	.01985		
60	.02848	.01765	.00988	.00752	.00668	77	.03237	.01994		
61	.02858	.01782	.01002	.00763	.00681	78	.03258	.02003		
62	.02868	.01799	.01016	.00774	.00695	79	.03279	.02012		
63	.02878	.01816	.01029	.00785	.00709	80	.03300	.02021		
64	.02908	.01832	.01042	.00798	.00722	81	.03321			
65	.02938	.01847	.01054	.00811	.00736	82	.03342			

Annuity Installment plan monthly rate included above is equal to 1 divided by the number of payments. For an annual rate, multiply rate above by 12, or by 6 (for semi-annual) or 3 (for quarterly).

FREE LOOK: If within 30 days of receiving your certificate, you let us know in writing you do not need this coverage, your premium is fully refunded.

PRIVACY NOTICE: Information requested by Assurant Life of Canada ("we", "us") is required by us, our agents and administrators for insurance purposes, including processing this enrollment form and administering coverage. This information may be processed and stored in the U.S. and may be disclosed as legally required. We may use personal information to communicate offers of enhanced or additional products and services. If you wish to opt out of such offers, indicate your preference in the space provided on the front of the enrollment form. You may also request to review your personal information or obtain further information about our personal information practices, by writing us at the address shown on this enrollment form or calling 1.800.663.8680.

CLAIM PAYMENT: To file a claim, you can obtain a claim form from your enroller or by calling Assurant at the number below. Claims are submitted by mail to Assurant's Administrative Office in Newmarket, Ontario or by fax at 1.866.853.0183. Please call Assurant at 1.800.663.8680 if you do not receive your certificate within four weeks of enrollment, or for guidance in completing this enrollment form.