

Consent to disclose additional information to my advisor*

Important information: Completion of this consent form is entirely voluntary, and is not required as part of the application process. A copy of this consent is as valid as the original.

Name of applicant (or life (to be) insured) (first, middle, last)**	Date of birth (d/m/y)
Application / policy number(s)	
Advisor name (first, middle, last)	Advisor code

*In Quebec, advisor refers to a financial security advisor for individual insurance policies.

****Note to the life (to be) insured** (if not also the owner/applicant): The term “your advisor” means the owner/applicant’s advisor, and other references in this form to “you” and “your” should be read and understood according to context. If your advisor is provided additional information concerning you, your advisor may share this information with the owner/applicant.

Consent you provide when you sign this form

By signing this form, you, the life (to be) insured or parent/guardian of the life (to be) insured, give Canada Life consent to provide your advisor with “additional information,” here meaning detailed information about you and your insurance application to Canada Life that is in addition to what Canada Life might ordinarily provide your advisor during the underwriting process. This is to enable your advisor to more effectively consider and present your insurance options, and to explain underwriting decisions.

Examples of additional information:

Examples of additional information include more detailed:

- (a) results of medical/ laboratory testing
- (b) personal health information, about such matters as illnesses or particular medical conditions (including: mental illness, infectious diseases, other medical conditions, medication usage, drug and alcohol usage) including treatment or rehabilitation programs
- (c) information about your health discovered when your application was assessed, even if not known to you at the time of application
- (d) employment history and information about your personal finances
- (e) records of criminal activity
- (f) other facts about your life and how they might affect your application for insurance.

Note: Even if this consent form is signed, Canada Life reserves the right to limit what information will be shared with your advisor.

Your agreement and signature

By signing this form, you agree to its contents, and further:

- You may withdraw this consent at any time by sending a written request to Canada Life by fax or mail. On receipt and processing of your withdrawal request, no further information beyond what would normally be shared will be provided to your advisor.
- This consent, unless withdrawn earlier, remains valid from its signing until **60 days after** the later of the following dates on which Canada Life, further to your application: (a) issues a new insurance policy or amends an existing insurance policy, (b) makes you an offer to issue an insurance policy or to amend an existing insurance policy, or (c) mails you a declined application notice.

Signed at:

_____ on _____
 City Province Date (d/m/y)

x

 Signature of life (to be) insured (or, if under age 16 (18 in Quebec), signature of parent or guardian)

Print name of parent or guardian signing (if applicable): _____

Fax or mail the original form to your case coordinator, Canada Life New Business.