

## TO BE GIVEN TO THE PROPOSED INSURED OR POLICYOWNER

### Right of Cancellation

At the Policyowner's request, any policies issued from this application could be cancelled by submitting a written request and returning the policy to the Insurer within 15 days of its receipt. Any premium paid under these policies will then be refunded to the Policyowner.

### Advisor Disclosure Statement

The transaction represented by this application is between the Policyowner and Humania Assurance Inc. The financial advisor or representative soliciting this insurance application is an independent contractor and will receive compensation from Humania Assurance when the insurance becomes effective. The advisor may also be eligible to receive additional compensation under the form of a bonus, participation at conventions or other incentives. The applicant is not obligated to transact any other business with Humania Assurance as a condition of this application.

### Notice – MIB Inc. (Medical Information Bureau)

The information on your insurability will be kept confidential. However, Humania Assurance Inc., may submit a brief report to MIB Inc., formerly known as the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply for life, critical illness or health insurance to another MIB Inc. member company, or if a claim for benefits is submitted to a member company, MIB Inc. will supply, on request, such company with the information in its file. Upon receipt of a request from you, MIB Inc. will arrange a disclosure of any information it may have in your file. If you question the accuracy of information in the MIB Inc. file, you may contact MIB Inc. and seek a correction.

MIB Inc. address is : 330, University Avenue, Toronto (Ontario) M5G 1R7  
Telephone No. : 416-597-0590

Humania Assurance Inc. may also release information in this file to other insurance companies to which you may apply for life, critical illness or health insurance, or from which you may have claimed benefits.

### Conditional Insurance Agreement

Humania Assurance Inc., agrees to conditionally insure the person to be insured for life insurance through HuGO online application as of the date the application is completed. The conditional insurance benefit will be payable in case of accidental death of the person to be insured if the person to be insured would have otherwise qualified for HuGO Insurance coverage and if the person to be insured meets all of the following conditions:

1. All required medical exams have been completed;
2. The person to be insured must be insurable without an extra premium, restrictions, exclusions, limitations or modifications;
3. The age of the person to be insured is between 18 years old and less than 60 years old at the time of the insurance application;
4. There is no fraud, material misrepresentation or non-disclosure in the application that would affect our decision to provide insurance or the terms on which we provide it or that would affect the terms of this Agreement.

The maximum amount payable for accidental life coverage is limited to the lesser of the amount of life insurance applied for or \$100,000.

## TO BE GIVEN TO THE PROPOSED INSURED OR POLICYOWNER (continued)

Irrespective of the number of Conditional Insurance Agreements that may be issued at any one time, the maximum amount payable for accidental life coverage is limited to the lesser of the amount of life insurance applied or \$100,000.

When all the examinations requested by the Insurer in support of the application have been completed, the benefits payable under this Conditional Insurance Agreement will be payable in the event of accidental death of the person insured subject to the exclusions and restrictions described below and if conditions 1 to 4 mentioned above have been fulfilled;

No benefit will be payable for death resulting from:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether the Insured is sane or insane;
- The Insured's participation in the commission or attempted commission of an unlawful act or crime, driving a motor vehicle or piloting a boat while under the influence of narcotics or while his or her blood alcohol concentration exceeded the legal limit;
- Drug overdose or any act while under the influence of alcohol hallucinogens, drugs or narcotics;
- Service whether or not as a combatant, with armed forces engaged in surveillance, training, peacekeeping, insurrection, war (whether or not declared) or any related act, or the Insured's participation in a popular uprising;
- A flight, except if the Insured is a passenger on an aircraft operated by a common carrier.

**The conditional insurance outlined in this Agreement will end on the earliest of the date:**

- **The insurer made an offer resulting in a modification, and / or an extra premium and / or an exclusion;**
- **The Policy goes into force or at the latest 90 days from the date of the HuGO insurance application;**
- **The date on which we send you a notice by email or mail, informing you that your HuGO life insurance application has been declined.**

Humania Assurance may terminate this agreement at any time by notice emailed or mailed to the Policyowner at the email or postal address indicated in the HuGO online application. NO FINANCIAL ADVISOR OR REPRESENTATIVE IS AUTHORIZED TO MODIFY THIS AGREEMENT.

### Notice Concerning Files and Personal Information

In order to ensure the confidentiality of the personal information held concerning you, Humania Assurance Inc., will establish a file in which the information concerning your application for insurance and information concerning any insurance claim will be held.

Access to this file will be restricted to Humania Assurance employees, reinsurers or mandataries who will be responsible for underwriting, administration, investigation and claims, or any other person designated or authorized by you. Your file will be kept at the Company's head office.

You are entitled to examine the personal information contained in this file and, if required, to have the information corrected by submitting a written request to the address below :

Access to information Officer, Humania Assurance, 1555, Girouard Street West, Postal Box 10000, Saint-Hyacinthe (Quebec) J2S 7C8.

Please be informed that, in the regular process of examining your application, Humania Assurance may request an investigation report to gather information based on personal interviews with your acquaintances. The investigation may cover your reputation, lifestyle and finances. A representative of the company retained to prepare these reports may also visit or telephone you.