

Application for change



Producer code (6 digits)	Producer name	Sales office (5 alpha numeric characters)
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1 Life Insured and Owner Information (For more than 2 Life Insureds complete additional forms as required) (complete in all cases)

Policy number(s) _____

Life Insured A

First name _____ Middle name _____ Last name _____

Present address (Street, city, province) _____ Postal code _____ Phone number _____

Life Insured B

First name _____ Middle name _____ Last name _____

Present address (Street, city, province) _____ Postal code _____ Phone number _____

Owner(s) Life Insured A or Life Insured B or Life Insured A & B jointly or

First name _____ Middle name _____ Last name _____

Present address (Street, city, province) _____ Postal code _____ Phone number _____

***If there are multiple owners or different Billing/Communication addresses, fill out additional instructions.**

2 The undersigned request(s) and authorize(s) Standard Life to change the above policy(ies) as follows:

A. Conversion: Full or Partial of a: Policy or Rider on the life of _____

Balance of sum insured after conversion to be:
 Cancelled Retained Is insured totally disabled? Yes No

Benefits to be carried over to new policy (if existing policy provisions allow):

Owner Waiver of Premium/Total Disability Benefit Yes No
 Accidental Death Benefit Yes No
 Guaranteed Insurability Benefit Yes No

B. Exercise of: Guaranteed Insurability Benefit Exchange Option Other _____

C. New policy details: (Attach a signed illustration)

Plan: _____ Basic sum insured \$ _____

Effective date ____/____/____ (must be on the same date of the month as the existing coverage)
 DD MM YYYY

On the date specified, the insurance being converted will be cancelled and the new policy will become effective.

3 Client ID (Please complete this section for each policy conversion & when exercising a Guaranteed Insurability Benefit.)

Driver's License Number	Province of Issue	Expiry Date	Date of Birth (DD/MM/YYYY)
Place of Birth: Province	Country	Occupation	

I do not have a driver's license, I have indicated another document below:
 Birth Certificate Passport Record of Landing Permanent Resident card
 Provincial Medical Card (except if issued in Ontario, Manitoba, PEI and NB)

If the Owner of this policy is a corporation or an entity, or is a charitable organization, please fill out the Client Identification Supplementary Information (form PC6330) instead of this section.

4 Premium payment

Premium payment	Selected/Premium(s) due (cheque attached)	Amount \$	
Future billing	<input type="checkbox"/> Annual direct billing <input type="checkbox"/> Semi-annual direct billing		
Pre-authorized debit <i>(Please attach a specimen cheque for reinstatements or new agreements.)</i>	<input type="checkbox"/> New pre-authorized debit agreement : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual		
	<input type="checkbox"/> Add to existing PAD agreement:	<input type="text" value="Policy Number"/>	
	<input type="checkbox"/> Draw Date Requested (Draw dates cannot be after the issue date or the 29 th , 30 th , or 31 st of any month.)	<input type="text" value="(DD/MM/YYYY)"/>	
The re-presentation of a payment returned due to not-sufficient funds or funds not cleared can occur only once and must be within 30 days of the original debit. If the payment is returned a second time, the method of premium payment will be altered to annual, direct billing and cannot be changed until the next policy anniversary. The proportion of the annual premium calculated to the next policy anniversary becomes immediately payable. A new PAD agreement is required to return to the PAD method of payment.			
Banking information	Depositor(s) (as shown on bank records)	Bank transit number	Account number
	Bank name	Address (Street/city/province)	Postal code
Additional information	Increase PAD Withdrawal by \$	<input type="checkbox"/> Loan repayment:	<input type="checkbox"/> CAF deposit:

5 Other changes

Change	Cancel	Decrease	Description	New Amount	Insured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Dividend Option		From:	To:	

6 Additional instructions

7 Signatures

Each of the undersigned:

- Agrees that, by accepting the Policy, any Additions and Amendments made by The Standard Life Assurance Company of Canada and set out in any Additions and Amendments section, are thereby ratified and confirmed.
- Agrees this application, together with any Alteration of Application attached to the Policy on delivery, shall be the basis of the contract with The Standard Life Assurance Company of Canada.
- Agree that where pre-authorized debit (PAD) withdrawals have been requested, Standard Life is authorized to make such withdrawals from the financial institution as indicated on the attached specimen cheque or any other account at any financial institution subsequently designated by him (or her). The proposed insured further authorizes such financial institution to deal with these withdrawals as though they were signed by him (or her).

It is understood and agreed that:

- I/We authorize Standard Life to begin deductions as instructed for regular recurring premium payments and regular investment plan payments. I may revoke my PAD authorization at any time by providing 10 days verbal or written notice. To obtain a cancellation form, or for more information on my right to cancel this PAD Agreement, I may contact my financial institution, Standard Life or visit www.cdnpay.ca. I may waive the right to receive pre-notification of the amount of the PAD and therefore agree that I do not require advance notice of the amount of PAD(s) before the debit is processed. I have certain recourse rights if any debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights. I may contact my financial institution, Standard Life or visit www.cdnpay.ca. If the policy is for individual coverage, then the PAD will be setup as a personal PAD and if the policy is for corporate coverage, then the PAD will be setup as a business PAD.
- Under a Perspecta policy the Draw Date cannot be later than the Due Date.
- Standard Life requires at least 10 days' written or verbal notice to process any changes to this Agreement.
- This Agreement may be terminated by either Standard Life or me upon 10 days' written or verbal notice.
- If a draw date is not specified, withdrawals shall be made on the due date under the policy (Premium Due Date) and, if more than one policy is included in this Agreement, then one combined withdrawal shall be made on the earliest Premium Due Date. If the draw date is other than the Premium Due Date, the days of grace (31 days) commence from the Premium Due Date.

Signed at _____ this _____ day of _____, _____

Life Insured A	Life Insured B
Owner(s) if different from Life Insured	Owner(s) if different from Life Insured
Owner(s) if different from Life Insured	Owner(s) if different from Life Insured
Premium Payor (if different than owner)	Assignee/Beneficiary, if required

www.standardlife.ca

The Standard Life Assurance Company of Canada
Standard Life Assurance Limited

PC 2638G-06-2010