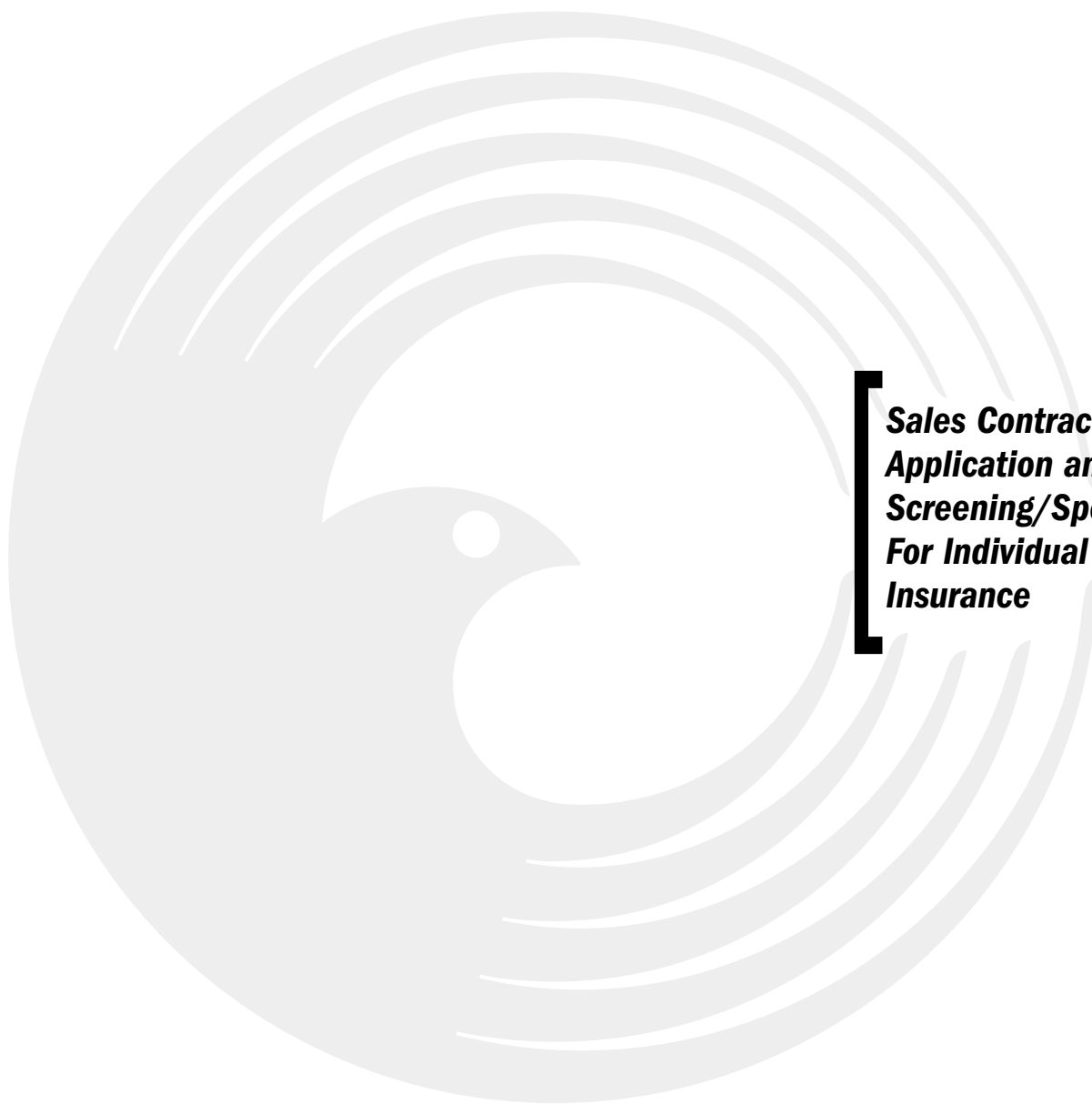


# Individual Life Insurance Sales Contract

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***Sales Contract  
Application and  
Screening/Sponsorship  
For Individual  
Insurance***

# Instructions

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**Before contracting you as a Sales Representative (hereafter referred to as Broker), the contracting organization will require a fully completed Application for Contract (and Sponsorship if applicable).**

- A. The entire application must be completed on your initial application for contract or sponsorship.
- B. Submit the application to The Canada Life Assurance Company.
- C. Retain a copy of the application in your files.
- D. You must notify all contracting and sponsoring organizations of any changes to the information contained in the application within 10 business days of the change.

**It is your responsibility to submit the application when requesting a contract or sponsorship from a new organization. It is also your responsibility to ensure that the information in the application is current prior to submitting it to an organization.**

# Application for Sales Contract

## Part A

### 1. General Information

Date: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

How would you like us to address you? (optional)  Mr.  Mrs.  Ms.  Miss  Other: \_\_\_\_\_

Firm name if company or partnership \_\_\_\_\_

List other business or personal names used in the financial services sector in the last 5 years. (corporation, business style, trade name or partnership)

\_\_\_\_\_

\_\_\_\_\_

Are you a(n)  individual producer

corporation: corporate name \_\_\_\_\_

partnership if a corporation or partnership, list principals/partners, shareholders

Social Insurance Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Are you legally entitled to work in Canada?

Yes  No

### 2. Business address

Current address (number and street)

\_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Number of years \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Cell \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Previous address (number and street)

\_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

### 3. Home address

Current address (number and street)

\_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Cell \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

### 4. Please forward my mail to

Check one:  Business address

Home address

# Screening/Licence Sponsorship Requirements

## Part B

### 5. Other business affiliations

a) Do you conduct, or are you associated with, any other business other than those specified in #1?  Yes  No  
 (If "yes", give details, including name, location and nature of business in section 11.) \_\_\_\_\_

b) Are you a partner, officer or director or in a non-arms length relationship with any other business?  Yes  No  
 (If "yes", give details, including name, location and nature of business in section 11.) \_\_\_\_\_

### 6. Insurance Companies

List, in order of total volume, the five insurance companies with which you have placed the most policies in the last 5 years. Indicate the lines of business for each company by a check mark under the corresponding product.

Company Name	Are you still associated with Co.?	Number of Years	Line of Business				Persistency for Life Products (if known) (%)
			Life	Ann.	Group	*Other	
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						

\*Example: disability, health

### 7. References

Please provide three business references. One reference must be from a company last transferred/worked:

1. Name and Title: _____	Co. Name: _____	Phone: _____
2. Name and Title: _____	Co. Name: _____	Phone: _____
3. Name and Title: _____	Co. Name: _____	Phone: _____

### 8. Formal Education and Designations

a). Highest education level attained:

secondary school

CEGEP: Institution: \_\_\_\_\_

university or college: degree/diploma \_\_\_\_\_ Institution \_\_\_\_\_

post graduate:: degree/diploma \_\_\_\_\_ Institution \_\_\_\_\_

# Screening/Licence Sponsorship Requirements (continued)

b). Do you have any of these or other designations?

Indicate year attained.

FLMI	yr. _____	RFP	yr. _____	LUATC 101	yr. _____
CFP	yr. _____	LUATC 102	yr. _____	CLU	yr. _____
LUATC 103	yr. _____	CH.F.C.	yr. _____	CEBS	yr. _____

Any other Professional Designation(s): \_\_\_\_\_

If you are presently working on any of the above mentioned, please list: \_\_\_\_\_

## 9. Personal Profile

If you answer "yes" to any of the following questions, provide a full explanation in section 11.

- a) Have you ever been under any legal order to make monetary payments to another person or business entity, including spousal support if registered?  Yes  No
- b) Have you ever had your wage garnished?  Yes  No
- c) Are you currently indebted to any insurer or MGA or other financial services companies?  Yes  No  
*(if yes, specify name of creditor, anticipated duration of debit, existing amount, when debt commenced, repayment schedule, conditions for repayment)*
- d) Have you ever been declared bankrupt or made a voluntary assignment in bankruptcy, or are you currently an undischarged bankrupt?  Yes  No  
*(if yes, include trustee's name and address, location of bankruptcy filing. Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy)*
- e) Have you ever been a controlling shareholder, or officer of a corporation which was declared bankrupt or made a voluntary assignment in bankruptcy, made a proposal under any legislation relating to bankruptcy or insolvency, or is currently not discharged?  Yes  No  
*(if yes, include trustee's name and address, location of bankruptcy filing. Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy)*
- f) Has any partnership or corporation, of which you are or were at the time of such event a partner, officer, director or a controlling shareholder, ever pleaded guilty or been found guilty of an offense under any law of any province, territory, state, or country, or is any such partnership or corporation currently the subject of any charges?  Yes  No
- g) Have you ever pleaded guilty or been found guilty of an offense under any law of any federal statute or law of any other country or state, for which you have not been pardoned, or are you currently the subject of any charges?  Yes  No  
*Some examples of these offenses are fraud, theft, weapons charges, drug trafficking, physical assault, impaired driving, tax evasion and Human Rights violations. You are not required to disclose minor traffic infractions such as speeding or parking violations.*

# Screening/Licence Sponsorship Requirements (continued)

- h) Have you ever been refused registration or a license under any legislation which required registration or licensing to deal with the public in any capacity (eg. insurance producer, RIBO broker, mutual funds salesperson, securities dealer, motor vehicle dealer) in any province, territory, state, or country; or have you held such a license and been the subject of a disciplinary proceeding?  Yes  No  
*(if yes, please give details including penalties imposed)*
- i) Have you ever been reported to a financial services regulator which resulted in a disciplinary measure? *(if yes, give details including penalties imposed)*  Yes  No
- j) Have you ever been terminated or resigned, or had any contracts cancelled which you held with any financial services company because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of business conduct?  Yes  No
- k) Are you currently, or is there any reason to believe that in the future you will be, under any legal restriction or impediment which would prevent you from lawfully carrying on the business of insurance producer or broker?  Yes  No

## 10. Sponsor Information (if applicable)

a) Current sponsoring Insurance Company name, \_\_\_\_\_

b) List the names of all sponsoring companies over the last 5 years:

Name: _____	Dates: _____
Name: _____	Dates: _____
Name: _____	Dates: _____

- c) If you have changed sponsors in the last 5 years *(Indicate reasons in section 11.)*
- d) Have you ever been declined sponsorship?  Yes  No  
*(If yes, indicate the reasons for the decline in section 11.)*
- e) Are you applying to change your sponsor?  Yes  No  
*(If yes, indicate the reasons for the change of sponsorship in section 11.)*

## 11. Additional information from previous sections

(Please indicate the questions number you are responding to)

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# Screening/Licence Sponsorship Requirements (continued)

The following pages must be answered, signed and submitted with each application for contract:

*(Originals only, no photocopies)*

## 12. Insurance Companies

Have you ever submitted business to Canada Life?

Yes  No

*(If yes, indicate the name through which this business was submitted and Agent code used)*

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## 13. Licenses/Registrations currently held

Please attach a copy of your life and/or accident and sickness license.

*Type of License	No. of years held	Any interruptions in licensing? <i>If yes, give details in section 10</i>	License Number	Level (if applicable)	Prov.	Expiry or Renewal Date	Sponsor or Dealer

\* Life Insurance; Property & Casualty; Mutual Funds; Securities; Mortgage Broker; Real Estate Agent; Other

## 14. Errors and Omissions Coverage

a) Do you have Errors and Omissions Coverage?

Yes  No

*(if yes, please attach a copy of your E&O Certificate) (if no, please explain below)*

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b) Has any policy or application for errors and omissions insurance on your behalf ever been declined, cancelled or renewal refused?

Yes  No

*(if yes, please explain below)*

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# Screening/Licence Sponsorship Requirements (continued)

## 15. Declarations

I expressly hereby declare that the information I have provided in this Application and Screening/Licencing Sponsorship form is complete and accurate in every respect, as of the date of signing.

I agree that The Canada Life Assurance Company (hereinafter the "Company") can verify my background information using an independent source concerning my credit record, my business record, my record of criminal convictions, and any other information relevant to my Application to and sales relationship with the Company. I understand and agree that I must execute and deliver the enclosed Consent and Authorization to the Company.

I agree to notify and provide updated information to the Company within 10 business days, should there be any change in the information provided herein or in my ability to legally continue to sell life insurance.

I understand that a false statement or material omission including a failure to provide updated information may disqualify me from consideration for a contract to sell life insurance as a producer with the Company or result in the subsequent termination for cause of my business relationship with the Company.

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Date

Signature of Applicant

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I have interviewed the above applicant and am aware of nothing, which precludes me from reasonably recommending the applicant for a sales contract or licence sponsorship (if applicable).

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Date

Signature of Principal of MGA/Regional Marketing Consultant

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Corporate name of MGA or PG

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# Duty of Care Screening Form

**Instructions: This form is to be completed by the Regional Marketing Consultant or Principal of MGA or PG Group or Business Development Manager. This form must be forwarded to Canada Life's Contract and Commissions area along with the contract paperwork.**

1. Applicant's Name:

if a corporation, partnership or business style name, list the name of the individual who will be soliciting insurance on behalf of the corporation.

2. Were References Contacted?  Yes  No  
If no, why not?

3. Was Referencing done with former Employer, Agencies, MGA, etc?  Yes  No

(a) Name, position of person contacted

(b) Briefly describe reference as to character, ethics, etc.

(c) Where previous employer(s) provided financial services  
any indication of improper sales practices?  Yes  No  
(if yes, provide details and attach)

4. Business with other insurers:

(a) Was persistency rate verified?  Yes  No  
explain if low persistency  
\*(not applicable for Group License)

(b) Is there debt owing to insurer?  Yes  No  
(if yes, provide details and how to be resolved)

(c) Was License and E and O validated by you?  Yes  No  
If no, why not?

I have interviewed the above named Applicant and am aware of nothing, which precludes me from reasonably recommending the Applicant for contract or sponsorship with Canada Life.

Date  Signature of Regional Marketing Consultant / Signature of Principal of MGA/PG Group/BDM

Corporate name or MGA or PG

# Consent and Authorization

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**To whom it may concern:**

I have applied to The Canada Life Assurance Company for a contract to sell insurance as a producer or I am currently under contract to sell insurance as a producer for the Company. Part of the contracting process and the ongoing review of my performance, or my agency's performance, is an investigation of my personal background. These investigations are conducted by the Company and/or its authorized agent.

I have sold financial services including insurance as a principal through the following business styles, trade names, corporation or partnerships ("Listed Entities")

*(leave blank if none):*

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Name

Date

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I make this authorization on behalf of myself and as authorized representative of the Listed Entities.

I hereby authorize and direct you to release to the Company information contained in your files concerning my agency, my employment, my business records, my education record, my credit record including records pertaining to the listed entities and/or any other information relevant to a contract to sell life insurance as a producer with the Organization.

On behalf of myself and the Listed Entities, I specifically authorize the Organization to:

- ◆ obtain a criminal activity clearance report from any police agency or government; information concerning certificates, licenses and registrations; any information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations;
- ◆ exchange information with any regulator, professional registry or database, insurance company, financial institution, personal information agents or detective and security agencies or organizations whose functions are the prevention, detection or repression of crimes or offenses, market intermediaries, managing general agents, my employer or ex-employer, including all personal information which could be collected through verification of my application for employment or contract and ongoing performance.

I understand that the Organization will establish a file concerning my application or a contract and subsequent performance and that the personal information contained in this file will be consulted by the organization's employees and its authorized agents in relation to my contract to sell insurance as a producer. The file will be kept at the Organization's offices. I may consult the personal information contained in this file and, if applicable, to have it rectified. A photocopy of the present consent has the same value as the original.

Upon request to any professional registry or database established by the industry and holding information about me, I shall be informed of the existence, use and disclosure of personal information and I shall be given access to that information for purposes of accuracy and completeness.

I further authorize the Company to use my social insurance number in its files pertaining to me.

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Applicant's Signature:

Date

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# Direct Deposit Information for New Contract

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Applicant Name

Effective Date

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## **DIRECT DEPOSIT INFORMATION**

NOTE: Please complete the information below and attach a 'VOID' cheque if you require your funds to be deposited into a chequing account. If an alternate account type is to be used, attach the top portion of your bank statement, which reflects this account type.

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Name of Bank Account Holder:

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Bank Name:

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Bank Address:

---

Transit (Branch) Number:

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Account Number:

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I/We hereby authorize the above named company (payor) to use a direct deposit system, to make deposit payments directly to the account described above, until notice in writing to stop the direct deposits and to cancel this authorization is received by the company.

Canada Life reserves the right to reverse any deposit made to your account in error.

## **SIGNED AUTHORIZATION**

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Signature

Date Signed

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**ATTACH VOID CHEQUE HERE**