

Offer without proof - Progressif program

GENERAL INFORMATION			
Last Name	First name	Certificate number	Contract number 24476
Address		Home telephone () -	
City	Province	Postal code	SIN
Date of Birth YEAR / MONTH / DAY	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Communication language <input type="checkbox"/> English <input type="checkbox"/> French	
Civil statement <input type="checkbox"/> Single <input type="checkbox"/> Civil Union <input type="checkbox"/> Married <input type="checkbox"/> Others : _____			Date YEAR / MONTH / DAY

COVERAGE																															
Your situation <input type="checkbox"/> Student You can only choose Student coverage <input type="checkbox"/> Resident You can choose Students <u>or</u> Residents coverage	Your Choice <input type="checkbox"/> Students coverage <input type="checkbox"/> Residents Coverage																														
<table border="1"> <thead> <tr> <th colspan="2">Students</th> </tr> </thead> <tbody> <tr> <td>Life Insurance</td> <td>50 000 \$</td> </tr> <tr> <td>Death & Dismemberment Insurance</td> <td>50 000 \$</td> </tr> <tr> <td>Disability Insurance waiting period 90 days</td> <td>1 000 \$</td> </tr> <tr> <td>Monthly Premium</td> <td>10 \$</td> </tr> <tr> <td colspan="2">First year free</td> </tr> <tr> <td colspan="2">Second year free if you buy a car or an habitation insurance</td> </tr> </tbody> </table>	Students		Life Insurance	50 000 \$	Death & Dismemberment Insurance	50 000 \$	Disability Insurance waiting period 90 days	1 000 \$	Monthly Premium	10 \$	First year free		Second year free if you buy a car or an habitation insurance		<table border="1"> <thead> <tr> <th colspan="2">Residents</th> </tr> </thead> <tbody> <tr> <td>Life Insurance</td> <td>150 000 \$</td> </tr> <tr> <td>Death & Dismemberment Insurance</td> <td>150 000 \$</td> </tr> <tr> <td>Disability Insurance waiting period 90 days</td> <td>2 500 \$</td> </tr> <tr> <td>Monthly Premium</td> <td>18 \$</td> </tr> </tbody> </table> <table border="1"> <tr> <td>Monthly subtotal</td> <td>\$</td> </tr> <tr> <td>Taxes 9%</td> <td>\$</td> </tr> <tr> <td>Monthly total</td> <td>\$</td> </tr> </table>	Residents		Life Insurance	150 000 \$	Death & Dismemberment Insurance	150 000 \$	Disability Insurance waiting period 90 days	2 500 \$	Monthly Premium	18 \$	Monthly subtotal	\$	Taxes 9%	\$	Monthly total	\$
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PREAUTHORIZED PAYMENTS
I HEREBY AUTHORIZE DALE PARIZEAU MORRIS MACKENZIE TO MAKE MONTHLY WITHDRAWALS FROM THE ACCOUNT SHOWN ON THE ATTACHED SPECIMEN CHEQUE.
_____ Signature of account holder(s)
IF YOU WANT TO PAY ANNUALLY, PLEASE JOIN A CHEQUE PAYABLE TO DALE PARIZEAU MORRIS MACKENZIE WITH THE YEAR TOTAL PAIEMENT.

BENEFICIARY OR ESTATE
I designate as beneficiary (in case of death) :
Estate of the adherent <input type="checkbox"/> or <input type="checkbox"/> Spouse <input type="checkbox"/> Spouse son - daughter
<input type="checkbox"/> Brother - Sister <input type="checkbox"/> Mother - Father
Name(s) <input type="checkbox"/> Son - Daughter <input type="checkbox"/> Others
_____ _____
<input type="checkbox"/> Beneficiary revocable <input type="checkbox"/> Beneficiary irrevocable
For Quebec only : If designation is not indicated, the designation of the <u>legal spouse</u> is irrevocable and the designation of any other beneficiary is revocable

SIGNATURE
I demand Dale Parizeau Morris Mackenzie to emit a certificate for the protections and the guaranties request. I understand that the insurance offered is subject to the limitations, reductions and exclusions stipuled in the " OMNIMAX" contract. Any cashing or amount with the present will not represent a proof of acceptance of the risk. In addition, I have kept a copy of this form and I know that any false declaration or reluctance can mean the nullity of the present.
_____ DALE PARIZEAU MORRIS MACKENZIE
_____ DATE
_____ APPLICANT'S SIGNATURE