



## Insurance Request Form

### Section 1: Agreement Details

Agreement Number(s): \_\_\_\_\_ Student's Name: \_\_\_\_\_

### Section 2: Subscriber Details

Name of Subscriber: \_\_\_\_\_  
(Mr./Mrs./Ms) First Name Last Name

Name of Joint Subscriber: \_\_\_\_\_  
(if applicable) (Mr./Mrs./Ms) First Name Last Name

### Section 3: Sun Life Assurance Company Group Insurance Application – Group Policy 83028

#### a. Application Information and Insurance Coverage

Insurance coverage is based on the deposit information and frequency of deposits on the Agreement named in Section 1. The Insurance Coverage premium for this group coverage is \$0.17 per \$10.00 of RESP deposits.

**Benefit payable for an approved claim** – Life Insurance: If you die before age 65, the benefit is the aggregate of all deposits which become due under your deposit schedule after your date of death. Disability Insurance: If you experience disability before age 65, after a 12-month waiting period the benefit is the aggregate of all deposits which become due under your deposit schedule while you remain disabled. Disability payments will stop when you turn 65 years old. For joint coverage, the insurance benefits will be payable on the first death or disability of either of you.

#### b. Beneficiary

In the event of your death or disability, the benefit will be paid to this plan with Knowledge First Financial. This will help ensure the continuation of contributions to fund this Education Savings Plan. If you wish to designate an alternate beneficiary, please contact Sun Life Assurance Company of Canada at 1-877-271-8713.

**c. You should know** that no benefit is payable if death is due to a pre-existing condition and occurs within 24 months of the date you become insured. A pre-existing condition means a condition for which you received attention, consultation, diagnosis or treatment (including taking pills, injections or other medications) from a physician or practitioner in the 12 months before you became insured. You will be given a certificate that outlines the terms of insurance coverage including eligibility, exclusions and conditions for benefit payments. Please read this certificate carefully.

#### d. By signing below you acknowledge and understand that:

- 1) The answers on this Form are true and correct.
- 2) Sun Life Assurance Company of Canada, its agents, service providers and reinsures can use and exchange information in this form for underwriting, administration and adjudicating claims in connection with this form and your insurance coverage under Group Policy No. 83028.
- 3) Knowledge First Financial Inc. can use and exchange with Sun Life Assurance Company of Canada information in this form for the purpose of administering your coverage under Group Policy No. 83028.
- 4) You authorize Knowledge First Financial Inc. to deduct the cost of your insurance from each deposit as calculated and described in the Knowledge First Financial prospectus. The premium for this group coverage is \$0.17 per \$10.00 of eligible deposit, plus any applicable provincial sales tax, and is subject to change.
- 5) No employee or representative of Knowledge First Financial Inc. has the authority to waive, complete or modify any provisions of this form or certificate of insurance or the Group Policy No. 83028.
- 6) A photocopy or electronic version of this form will be as valid as the original.
- 7) You have requested that this form and any related documents be drawn up in English.

\*A message from the insurer

At Sun Life Assurance Company of Canada, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with insurance that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees and representatives who are responsible for the administration and servicing of your contract(s) with us, or any other person whom you authorize. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us. To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca) or call 1-800-786-5433 and request a copy of our Privacy Brochure.



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### Section 4: Acknowledgements

I/We acknowledge that insurance premiums will be collected from the deposits to the Agreement named in Section 1 above.

\_\_\_\_\_  
Signature of Subscriber

\_\_\_\_\_  
Signature of Joint Subscriber

\_\_\_\_\_  
Date (yyyymmdd)

\_\_\_\_\_  
Date (yyyymmdd)