

Request for Conversion of Group Life Insurance
ADMINISTRATION DEPARTMENT

TORONTO
P.O. BOX 4105, POSTAL STATION A
TORONTO, ONTARIO M5W 2P4

MONTRÉAL
P.O. BOX 4002, POSTAL STATION B
MONTRÉAL, QUÉBEC H3B 4M2

This request for conversion of group life insurance must be received no later than 31 days after the termination of group life benefits. Please forward this form to Standard Life, together with a \$50 cheque made out to Standard Life.

For more information on our conversion privilege, please visit our Web site at www.standardlife.ca.

PART I To be completed by the Plan Administrator and provided to the participant			
Policyholder name			Policy no.
Participant certificate no.		Date of termination of group plan membership (YYYY/MM/DD)	
Reason for termination of group plan membership	Annual salary on termination \$	Was the participant disabled due to sickness or injury on termination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of life insurance on termination of group plan membership		For Standard Life use only	
Participant			
Basic life insurance	\$		
Optional life insurance	\$		
Survival annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dependent (if conversion privilege applies)			
Basic life insurance	\$		
Spouse's optional life insurance	\$		
Dependent children's optional life insurance	\$		
Plan Administrator signature			Date (YYYY/MM/DD)
PART II To be completed by the participant			
Surname		Given name	Initial
Main residence address (no., street)			Apt.
City	Province	Postal code	Telephone no. (day) () Telephone no. (evening) ()
Date of birth (YYYY/MM/DD)	Have you smoked cigarettes, small cigars (cigarillos), a pipe or used smoking cessation aid products during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount of participant life insurance to be converted <i>This amount cannot exceed \$200,000 unless otherwise specified under the group insurance policy.</i>			\$ _____
Amount of dependent life insurance to be converted <i>(if conversion privilege applies under the provisions of the group insurance policy)</i>			Spouse \$ _____ Children \$ _____
If a survivor annuity and/or dependent life insurance are specified in PART I, provide surname, given name and date of birth of spouse and dependent children			
Surname		Given name	Date of birth (YYYY/MM/DD)
			/ /
			/ /
			/ /
Beneficiary designation			
Surname		Given name	Relationship to participant %
NOTE: An irrevocable designation cannot be changed unless the beneficiary aged 18 or over signs a waiver of rights.			
Québec participants only (to be completed if beneficiary is your spouse – marriage or civil union)			
In Québec, the designation of a spouse, excluding a common-law spouse, as beneficiary is irrevocable unless otherwise specified. Please sign in the box corresponding to your choice ONLY IF you designate your SPOUSE as beneficiary.			
This beneficiary designation is revocable		This beneficiary designation is irrevocable	
Participant signature		Participant signature	
Financial advisor information			
If you do not have a financial advisor, Standard Life will appoint one for you.			
Name of your financial advisor			
Address (no., street)			Suite
City	Province	Postal code	Telephone no. ()
Please specify the language in which the policy and any related documents should be issued: <input type="checkbox"/> English <input type="checkbox"/> French			
Statement			
<i>I hereby certify that the statements made in Part II of this request for conversion of group life are complete and accurate, and I request that Standard Life convert my group life insurance into an individual life insurance policy on the basis of these statements.</i>			
<i>I understand that the individual life insurance policy issued on the basis of this request shall not take effect, and that Standard Life's liability thereunder shall not commence, until the 31st day following the termination date of all my group benefits, subject, however, to the following conditions:</i>			
1) <i>This request for conversion shall be received by Standard Life within 31 days of the termination of all my group benefits.</i>			
2) <i>A \$50 cheque as partial payment of the first premium shall accompany this request for conversion. Should I choose not to be insured under the individual life insurance policy offered by Standard Life, I understand that this amount will not be refunded.</i>			
<i>I further understand and agree that, if these two conditions are not satisfied, Standard Life shall be absolved of all responsibility, that this request shall be null and void and the partial payment of \$50 shall not be refunded. However, should my death occur during the 31-day conversion period after conditions 1) and 2) have been met, Standard Life reserves the right to deduct the unpaid balance of the first premium from the death benefit.</i>			
Signed at		this	day of
Participant signature			20