

**OPTIONAL LIFE  
Non-Medical  
Application for Insurance**



**GREAT NORTH WILDLIFE AFFILIATES INC.  
Saskatchewan Wildlife Federation**

*\*Please print clearly in black or blue ink\**

**MasterPolicy# BYE 1005**

**1. Member Information**

Member Last Name		Member First Name		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Member Date of Birth MM DD YYYY		
Address Unit/Apt.#	No./Street	City	Province	Postal Code
Email	Home Phone		Business Phone	
Membership #	Name of Club/Branch (if applicable)			

**Beneficiary on Member's Coverage\*\***

*If the beneficiary is a **minor**, include their date of birth and assign a trustee.  
If additional space is required, attach a separate page.*

**Beneficiary – Option 1:**

Beneficiary Last Name	Beneficiary First Name	Beneficiary Date of Birth MM DD YYYY	Relationship	Proportion %

**Beneficiary - Option 2:**

You may choose to provide a gift to your Saskatchewan Wildlife Federation upon your death by naming the Association as your Life Insurance beneficiary. If you wish to do so check the box below.

Yes, I hereby appoint Saskatchewan Wildlife Federation to receive any amount due as beneficiary.  
Proportion \_\_\_\_\_ %

**Beneficiary – Option 3:**

Other beneficiary (e.g.: Club/Branch) \_\_\_\_\_ Proportion \_\_\_\_\_ %

\*\*In Quebec, the designation of spouse as beneficiary on this application is irrevocable unless otherwise stated.  
I hereby appoint my spouse as a revocable beneficiary.

**If Beneficiary is a minor:**

I hereby appoint the individual named below, who is over the age of majority, as Trustee to receive any amount due to any beneficiary under the age of majority.

Trustee Last Name	Trustee First Name	Relationship
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**Smoking Declaration**

*Please ensure this question is answered.*

Have you used any form of tobacco, such as cigarettes, cigars, cigarillos, pipes, chewing tobacco or any smoking cessation products (such as nicotine gum or nicotine patch) or used any marijuana or hashish in the last 12 months?	<b>Member</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**2. Spouse Information**  
*Complete only if applying for Spousal Coverage*

Spouse Last Name		Spouse First Name		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			Spouse Date of Birth MM DD YYYY	
Address	Unit/Apt.#	No./Street	City	Province Postal Code

**Beneficiary on Spouse's Coverage\*\***  
*If the beneficiary is a **minor**, include their date of birth and assign a trustee.  
If additional space is required, attach a separate page.*

**Beneficiary – Option 1:**

Beneficiary Last Name	Beneficiary First Name	Beneficiary Date of Birth MM DD YYYY	Relationship	Proportion %
Beneficiary Last Name	Beneficiary First Name	Beneficiary Date of Birth MM DD YYYY	Relationship	Proportion %
Beneficiary Last Name	Beneficiary First Name	Beneficiary Date of Birth MM DD YYYY	Relationship	Proportion %

**Beneficiary - Option 2:**

You may choose to provide a gift to your Saskatchewan Wildlife Federation upon your death by naming the Association as your Life Insurance beneficiary. If you wish to do so check the box below.

Yes, I hereby appoint Saskatchewan Wildlife Federation to receive any amount due as beneficiary. Proportion \_\_\_\_\_ %

**Beneficiary – Option 3:**

Other beneficiary (e.g.: Club/Branch) \_\_\_\_\_ Proportion \_\_\_\_\_ %

\*\*In Quebec, the designation of spouse as beneficiary on this application is irrevocable unless otherwise stated. I hereby appoint my spouse as a revocable beneficiary.

**If beneficiary is a minor:**

I hereby appoint the individual named below, who is over the age of majority, as Trustee to receive any amount due to any beneficiary under the age of majority.

Trustee Last Name	Trustee First Name	Relationship
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**Smoking Declaration**  
*Please ensure this question is answered.*

Have you used any form of tobacco, such as cigarettes, cigars, cigarillos, pipes, chewing tobacco or any smoking cessation products (such as nicorette gum or nicotine patch) or used any marijuana or hashish in the last 12 months?	<b>Spouse</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No



**3. Dependent Child Information**

*Complete only if applying for Dependent Child Coverage*

*All eligible Dependent Children must be covered if Dependent Child Life Insurance is chosen. If additional space is needed, attach a separate page*

Child Last Name	Child First Name	Gender	Date of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female	MMDDYYYY
		<input type="checkbox"/> Male <input type="checkbox"/> Female	MMDDYYYY
		<input type="checkbox"/> Male <input type="checkbox"/> Female	MMDDYYYY
		<input type="checkbox"/> Male <input type="checkbox"/> Female	MMDDYYYY
		<input type="checkbox"/> Male <input type="checkbox"/> Female	MMDDYYYY

**Beneficiary on Dependent Child 's Coverage**

**Beneficiary – Option 1:**

All amounts due are payable to:

- the Member as identified in Section 1. Member Information \_\_\_\_\_ Proportion \_\_\_\_\_ %
- the Spouse as identified in Section 2. Spouse Information \_\_\_\_\_ Proportion \_\_\_\_\_ %

**Beneficiary - Option 2:**

You may choose to provide a gift to your Saskatchewan Wildlife Federation upon your dependent child's death by naming the Association as the Life Insurance beneficiary. If you wish to do so check the box below.

- Yes, I hereby appoint Saskatchewan Wildlife Federation to receive any amount due as beneficiary. Proportion \_\_\_\_\_ %

**Beneficiary – Option 3:**

Other beneficiary (e.g.: Club/Branch) \_\_\_\_\_ Proportion \_\_\_\_\_ %

**4. Insurance Plan Choices**

<input type="checkbox"/> Member Term Life Insurance <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker	Annual Premium
<input type="checkbox"/> Spouse Term Life Insurance <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker	Annual Premium
<input type="checkbox"/> Dependent Child Term Life Insurance	Annual Premium
Total Annual Premium = \$ _____	

(Premium chart is located on the Life Insurance letter and plan summary)



<b>5. Terms and Conditions</b>			
<i>Please read carefully before signing</i>			
<b>Declaration</b>			
I hereby apply for insurance to Western Life Assurance Company (Western Life). I declare that the statements contained in this application, including but not limited to the Underwriting Questionnaire originally attached hereto, are true and complete and, together with any other forms signed by me in connection with this application, form the basis for any policy or certificate issued hereunder. I have read and understand the exclusions and limitations that apply.			
<b>Personal Information Consent</b>			
The information collected on this application for insurance is required for the purposes of considering and, if approved, processing this application for insurance. It may also be used to administer the insurance policy, investigate any claims that may be made under this policy, and for the provision of products and services. This information, and information in existing files, may be used by and exchanged among Western Life Assurance Company, their agents, affiliates, partners, subsidiaries, reinsurers, rating agencies and authorized administrators for these purposes, regardless of whether a policy is issued or coverage ceases to be in force. Subject to legal and contractual requirements, the applicant may refuse to consent to the collection, use, or disclosure of their personal information for specific purposes by contacting <a href="mailto:privacy@westernlife.com">privacy@westernlife.com</a> or by calling 1-888-647-LIFE (5433) and asking to speak to the Privacy Office. By signing this document I acknowledge that I have read the above statement and agree to the terms and conditions contained within.			
<b>Authorization and Declaration</b>			
I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or other organization, institution or person, that has any records or knowledge of me or my health, to give to Western Life Assurance Company, or its reinsurers, any such information. I understand that concealment, misrepresentation, or a false declaration on this application could cause my insurance to be void. A photographic copy of this authorization shall be as valid as the original. The parties have requested this application be drafted in English. Les parties ont exige que cette demande soit redigee en anglais. I (the Member) hereby designate the individual(s) or Organizations named as beneficiary to receive the proceeds payable upon my death. I (the Spouse) hereby designate the individual(s) or Organizations named as beneficiary to receive the proceeds payable upon my death. I (the Member or Spouse) hereby designate the individuals or Organizations to receive the proceeds payable upon my Dependent Child's death.  I understand that insurance coverage under this plan is conditional on my being a paid up member of the Saskatchewan Wildlife Federation and coverage will terminate if my membership terminates.			
<b>Signatures</b>			
Member's Signature:		Date:	MMDDYYYY <hr/>
Spouse's Signature: (if applying for Spousal Coverage)		Date:	MMDDYYYY <hr/>
<b>Saskatchewan Wildlife Federation</b> 9 Lancaster Road Moose Jaw SK S6J 1M8 Phone: 306-692-8812 Email: <a href="mailto:sask.wildlife@sasktel.net">sask.wildlife@sasktel.net</a>			
<b>For Office Use Only</b>			
Membership Verified <input type="checkbox"/> Yes		Membership # _____	
Payment Type: Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/>			