CANADIAN OWNERS AND PILOTS ASSOCIATION

COPA

Life Insurance Plan

Coverage specially designed just for pilots

MAGNES

PSA Financial Services Inc. a subsidiary of The Magnes Group Inc.

Sun Life Financial

You are aware that it is not easy to find a life insurance policy that covers you while you're travelling as a pilot or a crew member in a private plane. This is because most life insurance plans have a general aviation exclusion for air travel other than as a passenger in a commercial plane.

Now, through COPA and Sun Life Assurance Company of Canada, you can help protect your family's lifestyle with this **unique life insurance plan especially designed to offer coverage, without most of the usual aviation restrictions**.

Who is eligible to apply?

This plan has been developed exclusively for the members of COPA. You are eligible to apply for coverage if you are:

- a COPA member in good standing of the association (membership is required for the coverage to remain in force),
- under age 60, and
- a resident of Canada.

How much coverage can I get?

You can purchase **up to $350,000 of coverage** in units of $25,000.

When you apply for coverage you can also apply for:

- **up to $350,000 of coverage** in units of $25,000 for your spouse, and
- **$2,500 of coverage for each of your dependent children.** You pay **one low monthly rate no matter how many children you have**.

The coverage is effective on the first of the month following the date of approval and receipt of your payment.

	Life Insurance				Dependant Child Life Insurance
	Monthly premiums per $25,000 benefit				Monthly premium
	Male		Female		One premium covers all dependent children
Age	Non-smoker	Smoker	Non-smoker	Smoker	0.667 per $2,500 of coverage
18 - 24	$3.56	$5.00	$2.87	$4.00	
25 - 34	3.31	4.69	2.63	3.75	
35 - 39	4.13	5.63	3.31	4.50	
40 - 44	5.44	7.94	4.37	6.44	
45 - 49	7.44	10.75	6.06	8.75	
50 - 54	11.38	16.44	9.19	13.37	
55 - 59	18.94	27.44	15.38	22.31	
60 - 64	31.63	45.88	26.12	37.88	

Rates are subject to applicable provincial sales tax.
Premium rates will be reviewed annually and are subject to change.
Rates are subject to review and change as a result of any legislative changes that would materially alter the risk.

Highlights of the plan

The plan offers a long standing tradition of providing coverage to fit the unique needs of Canadian pilots:

- Up to $350,000 life insurance protection for you and your spouse,
- Dependent child coverage available,
- No minimum flight hours or experience required,
- No civil aviation restrictions,
- Preferred rates for non-smokers, and
- Annual or monthly premium payment options.

Waiver of premium

If you become totally disabled for a period of at least six consecutive months before you reach age 65, you won't have to pay your life insurance premiums.

Conversion – take your coverage with you

If your life insurance or your spouse's life insurance coverage ends for any reason other than your request, you both may be able to convert up to a maximum of $200,000 of coverage (or the amount stipulated in any applicable legislation if greater) to an individual Term Life policy with Sun Life. You won't need to provide proof of good health when you apply. You'll need to apply within 31 days of the end of the COPA life insurance coverage and prior to age 66.

Applying is easy – see page 4 for details

When does coverage end?

Your coverage ends:

- the date on which this policy terminates, either in whole or in part,
- the date on which you fail to pay the premium as required, subject to the Grace Period[1],
- the first day of the month coincident with or next following the date on which you request to terminate such coverage,
- on your 65th birthday,
- the date you cease to reside in Canada, or
- the date you are no longer a COPA Member.

Your spouse's coverage ends with any of the above, or on your spouse's 65th birthday, whichever comes first.

Your dependent's life insurance coverage ends:

- the date on which you no longer have any dependents,
- the date on which you fail to pay the dependent premium as required, subject to the Grace Period[1],
- the date on which dependent coverage under this policy is terminated,
- with respect to an individual dependent, the date on which such dependent no longer satisfies the applicable definition,
- the first day of the month coincident with or next following the date on which you request that dependent coverage be terminated, or
- on the date that neither you or your spouse have life insurance coverage.

[1] A grace period of 31 days will be granted to you if you fail to make a payment (after the first premium) and during this time the overage will continue in force. You will be liable to Sun Life Assurance Company of Canada for all premiums while all coverage is in force, including the grace period.

Exclusions

Benefits will not be paid for death resulting from suicide in the first two years of coverage, or death directly or indirectly, wholly or partly, resulting from service, travel or flight as crew member in a military aircraft, any aircraft used for fire fighting, crop dusting or testing purposes, or any aircraft flying in a combat zone whether war is declared or not.

Definitions

Spouse means your spouse by marriage or under any other formal union recognized by law, or a person of the opposite sex or of the same sex who is publicly represented as your spouse. Only one person at a time can be covered as a spouse under this policy.

Dependent child means a child, other than a foster child, of yours or your spouse, who is not married or in any other formal union recognized by law, and who is under 21, or age 21 or over but under age 25 (age 26 if resident in Quebec) who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) and is entirely dependent on the Insured for financial support.

A child, who becomes handicapped before the limiting age, continues to qualify as long as the child is incapable of financial self-support because of a physical or mental disability, depends on you for financial support, and is not married nor in any other formal union recognized by law.

Enrolling for Life Insurance

Apply now

To apply for coverage you simply need to follow these three steps:

1) Complete the application form, including the medical questions, print the form and sign it.
2) Take a personal cheque and mark it "VOID" for pre-authorized chequing payment of your monthly premium plus applicable provincial sales tax.
3) Return your completed application form and the VOID cheque to:

   Sun Life Assurance Company of Canada
   Association and Affinity Business
   P.O. Box 365, Station Waterloo
   Waterloo, Ontario N2J 4A4

Once your application is approved, your coverage will become effective on the first of the month following approval, and you will receive a Certificate of Insurance.

Evidence of good health

All coverage is subject to medical underwriting. You will need to provide evidence of good health by completing a brief medical questionnaire.

Do you have questions?

If you require assistance completing your application, or have any questions about the plan or billing, please call Sun Life Assurance Company of Canada toll-free at 1-800-669-7921, or 416-408-7390 in the Toronto area, Monday to Friday, from 8 a.m. - 8 p.m. E.T.

Life Insurance claims call toll-free at 1-800-453-6207.

Broker Contact

E. Gayle Brown
The Magnes Group Inc.
7030 Woodbine Ave. Ste. 801
Markham, Ontario L3R 6G2
1-888-772-4672 or 905-889-4933, Ext 228

This brochure is intended only as an outline of the insurance policy. The complete terms, conditions, exclusions and limitations governing the insurance coverage are found in the group insurance policy issued by Sun Life Assurance Company of Canada to the Canadian Owners and Pilots Association.

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.

COPA
CANADIAN OWNERS AND PILOTS ASSOCIATION

MAGNES

Sun Life Financial

AA-31-COPA-0416

Application for Insurance

Policy number
70251

MAGNES
PSA Financial Services Inc. a subsidiary of The Magnes Group Inc.

Canadian Owners and Pilots Association

In this application *you* and *your* refer to the person applying for insurance. *We, us, our* and *the Company* refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Please PRINT clearly.

1 General information

Information about you

First name	Middle initial	Last name	☐ Male ☐ Female

Former/maiden name (if applicable)	Date of birth (dd-mm-yyyy)	Place of birth (province)	Place of birth (country)
	_ _		

Member ID number	☐ Non-smoker ☐ Smoker	*Non-smoker* means that you have not used any tobacco or tobacco cessation products within the last 12 consecutive months.

Residence address (street number and name)	Apartment or suite

City	Province	Postal code

Telephone (home)	Telephone (office)	Fax	Email address
_ _	_ _	_ _	

Information about your spouse (if applying for coverage)

First name	Middle initial	Last name	☐ Male ☐ Female

Former/maiden name (if applicable)	Date of birth (dd-mm-yyyy)	Place of birth (province)	Place of birth (country)
	_ _		

Occupation	Amount of annual earned income
	$

☐ Non-smoker ☐ Smoker	*Non-smoker* means that you have not used any tobacco or tobacco cessation products within the last 12 consecutive months.

2 Coverage applied for

Member Life insurance

Minimum $50,000
Maximum $350,000
in units of $25,000

Amount of insurance **applied for at this time**	Beneficiary's first name	Beneficiary's last name
$		

Relationship to proposed insured	Beneficiary designation* ☐ Revocable ☐ Irrevocable

Spousal Life insurance

Minimum $50,000
Maximum $350,000
in units of $25,000

You must have Member Life insurance to be eligible for Spousal Life insurance.

You must have Member Life insurance to be eligible for Dependent Child Life insurance.

Amount of insurance **applied for at this time**	Beneficiary's first name	Beneficiary's last name
$		

Relationship to proposed insured	Beneficiary designation* ☐ Revocable ☐ Irrevocable

DC-100

2 Coverage applied for (continued)

Dependent Child Life insurance**

$2,500 for each Dependent Child	☐ **Yes**

* You must check *revocable* or *irrevocable* for this application to be considered complete. Where Quebec law applies, a spouse is irrevocable unless you make the designation revocable. If the beneficiary designation is revocable, the applicant can change the beneficiary at any time without the beneficiary's consent. If the beneficiary designation is irrevocable, the beneficiary's written consent is required in order for the applicant to make any change in the beneficiary or the coverage. In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child.

**The member is automatically the beneficiary for the Dependent Child Life coverage.

3 Insurance information

Do you or your spouse have any Life insurance coverage provided by individual or group policies, or employment contracts/partnership agreements?

☐ Yes If *yes*, please provide details below.
☐ No

You

Amount of benefit	Insurance company	Date of issue (mm-yyyy)	Indicate if any insurance will be discontinued if this coverage is issued
$		–	☐ Yes ☐ No
$		–	☐ Yes ☐ No

Your spouse

Amount of benefit	Insurance company	Date of issue (mm-yyyy)	Indicate if any insurance will be discontinued if this coverage is issued
$		–	☐ Yes ☐ No
$		–	☐ Yes ☐ No

4 Statement of insurability

4.1 Background information
Information about you

Height	Weight	Change in weight in the last 12 months
ft. in. / m cm	☐ lbs. ☐ kg	☐ lbs. ☐ kg ☐ No change ☐ Gain _____ ☐ Loss _____

Reason for weight change

Name of physician, date and reason for last consultation with physician (if none, please state *none*)

Diagnosis, treatment given, results, medication prescribed

If the physician named above does not have the most complete records of your medical history, please provide full name and address of the physician who does have them.

4 Statement of insurability (continued)

Information about your spouse – Please complete if applying for Spousal Life coverage

Height	Weight	Change in weight in the last 12 months
ft. in. / m cm	☐ lbs. ☐ kg	☐ No change ☐ Gain ☐ lbs. ☐ kg ☐ Loss ☐ lbs. ☐ kg
Reason for weight change		
Name of physician, date and reason for last consultation with physician (if none, please state *none*)		
Diagnosis, treatment given, results, medication prescribed		
If the physician named above does not have the most complete records of your medical history, please provide full name and address of the physician who does have them.		

4.2 Family history

Have any of your or your spouse's immediate family members (parents, brothers, sisters) had cancer (**specify type**), heart disease, stroke, diabetes, polycystic or other kidney disease, multiple sclerosis, Alzheimer's, Parkinson's, ALS (Amyotrophic Lateral Sclerosis or Lou Gehrig's disease), Muscular Dystrophy, familial polyposis of the bowel, Huntington's Chorea or any other hereditary disease?

You	Your spouse
☐ Yes ☐ No	☐ Yes ☐ No

If *yes*, please complete the chart(s) below.

Your family history

	Which condition	Age at onset	Current age (if living)	Age at death (if applicable)
Father				
Mother				
Brother(s)				
Sister(s)				

Your spouse's family history

	Which condition	Age at onset	Current age (if living)	Age at death (if applicable)
Father				
Mother				
Brother(s)				
Sister(s)				

4.3 Medication and/or treatment information

Within the last 12 months, have any of the persons to be insured taken or been advised to take prescription drugs and/or used devices and/or medical accessories or other treatment (therapy, counselling, etc.) including unfilled prescriptions?

You	Your spouse
☐ Yes ☐ No	☐ Yes ☐ No

If *yes* please complete the table below.

Name of person to be insured	Condition	Medication and/or treatment

4 Statement of insurability (continued)

4.4 Medical information

Have any of the persons to be insured ever:	You	Your spouse
a) had chest pain, angina, heart attack, abnormal electrocardiogram (ECG), high blood pressure, irregular pulse, peripheral vascular disease, heart murmur, high cholesterol or any other disease or disorder of the heart or circulatory system?	☐ Yes ☐ No	☐ Yes ☐ No
b) had a stroke, transient ischemic attack (TIA or 'mini stroke'), phlebitis, paralysis, dizziness, seizure, epilepsy, multiple sclerosis, Alzheimer's, Parkinson's, or any other disease or disorder of the brain or neurological system?	☐ Yes ☐ No	☐ Yes ☐ No
c) had diabetes, impaired fasting glucose, sugar, blood or protein in the urine?	☐ Yes ☐ No	☐ Yes ☐ No
d) had disease of the kidneys, urinary tract, bladder, prostate or reproductive organs or abnormal pap?	☐ Yes ☐ No	☐ Yes ☐ No
e) had disorder of the breast including lumps, cysts, abnormal mammogram findings or biopsy?	☐ Yes ☐ No	☐ Yes ☐ No
f) had tumours, cancer, polyps, moles or other growth; disorder of the skin or lymph glands; blood or immune disorder, leukemia or any other form of malignant disease?	☐ Yes ☐ No	☐ Yes ☐ No
g) had sleep apnea or chronic lung or respiratory disorder; disease or disorder of the eyes (excluding near or far sightedness), ears, nose or throat or had loss of speech?	☐ Yes ☐ No	☐ Yes ☐ No
Have any of the pe rsons to be insured ever:		
h) had any disorder of the colon, rectum, intestines (including Crohn's or colitis), ulcer, gallbladder, stomach or digestive system?	☐ Yes ☐ No	☐ Yes ☐ No
i) had chronic fatigue; neck or back pain; spinal disorder; bone, muscle or joint disorder; amputation; fibromyalgia or rheumatic/arthritic disease; or lupus?	☐ Yes ☐ No	☐ Yes ☐ No
j) had any psychiatric disorder; depression, suicide attempts or ideations; anxiety state or panic attacks; eating disorder; other emotional disorders; or been counselled for such?	☐ Yes ☐ No	☐ Yes ☐ No
k) had a disorder of the liver, tested positive for hepatitis B, hepatitis C or human immunodeficiency virus (HIV); been identified as a hepatitis B carrier or have chronic hepatitis B; been tested for, counselled for or been told you have acquired immune deficiency syndrome (AIDS)?	☐ Yes ☐ No	☐ Yes ☐ No
l) had any other illness, disease, disorder, condition or injury not listed above; had any health symptoms or complaints for which a physician has not been consulted; or been advised to have further examinations or tests which have not yet been completed?	☐ Yes ☐ No	☐ Yes ☐ No
Within the past five years, have any of the persons to be insured:		
m) consulted a physician, chiropractor, psychologist, physiotherapist, psychiatrist, or any other health care professional, or been admitted to a hospital or similar institution?	☐ Yes ☐ No	☐ Yes ☐ No
n) had any symptoms or adverse findings, or were advised to have further examinations, diagnostic tests, hospitalization or surgery?	☐ Yes ☐ No	☐ Yes ☐ No
o) submitted to ECGs, blood tests, x-rays, a biopsy or any other diagnostic tests?	☐ Yes ☐ No	☐ Yes ☐ No
p) had any surgical operation, treatment, ailment, abnormality or injury?	☐ Yes ☐ No	☐ Yes ☐ No
q) received any treatment or are currently taking any medication, over-the-counter medications, including any herbal supplements or remedies?	☐ Yes ☐ No	☐ Yes ☐ No
r) been advised to have any further examinations, diagnostic tests, hospitalization or surgery which has not been completed, or had any symptoms or complaints regarding your health for which a physician has not yet been consulted?	☐ Yes ☐ No	☐ Yes ☐ No
In the next six months, did any of the persons to be insured:		
s) contemplate medical or surgical treatment, or a hospital stay?	☐ Yes ☐ No	☐ Yes ☐ No
Within the past 12 months:		
t) have you, your spouse or dependent child(ren) been unable to work for more than five consecutive days or made a claim or received benefits, pension, or compensation for sickness or accident?	☐ Yes ☐ No	☐ Yes ☐ No

4 Statement of insurability (continued)

4.5 Additional information

You

a) Do you consume alcoholic beverages? ☐ Yes ☐ No

If *yes,* please record the number of glasses in each category.

Amount	Wine	Beer	Liquor
Daily			
Weekly			
Monthly			

Your spouse

Do you consume alcoholic beverages? ☐ Yes ☐ No

If *yes,* please record the number of glasses in each category.

Amount	Wine	Beer	Liquor
Daily			
Weekly			
Monthly			

Within the past 10 years, have any of the persons to be insured:	**You**	**Your spouse**
b) consumed substantially more alcohol than outlined previously?	☐ Yes ☐ No	☐ Yes ☐ No
c) been charged with impaired driving or been arrested, due to the influence of alcohol and/or drugs?	☐ Yes ☐ No	☐ Yes ☐ No
d) had your driver's license suspended or revoked, or had three or more moving violations in the last three years?	☐ Yes ☐ No	☐ Yes ☐ No
e) used sedatives, analgesics, hypnotics, tranquilizers and/or stimulants?	☐ Yes ☐ No	☐ Yes ☐ No
f) used marijuana, hashish, cannabis, cocaine, narcotics, hallucinogens, heroin, barbiturates, or sought or received advice or treatment for the use and/or abuse of non-prescribed drugs?	☐ Yes ☐ No	☐ Yes ☐ No
g) had Life insurance declined, postponed rated, rescinded, cancelled or modified in any way, or have you ever been denied renewal or reinstatement?	☐ Yes ☐ No	☐ Yes ☐ No
Within the past 2 years, have any of the persons to be insured:		
h) engaged in or intend to engage in hazardous or extreme activities such as skydiving, hang gliding, scuba diving, mountain climbing, automobile or motorcycle racing, etc.?	☐ Yes ☐ No	☐ Yes ☐ No
Do any of the persons to be insured:		
i) expect to change country of residence or expect to travel outside Canada or the USA within the next 12 months?	☐ Yes ☐ No	☐ Yes ☐ No
For female applicants only		
j) Are you currently pregnant?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please indicate expected due date.	(mm-yyyy)	(mm-yyyy)
k) Have you had any previous complications of pregnancy such as miscarriage, preeclampsia, caesarean section, etc.?	☐ Yes ☐ No	☐ Yes ☐ No

Please provide details below for any yes answers under sections 4.4 and 4.5. Include the results of all physical examinations and check-ups.

If you need more space, please complete on separate sheet of paper and sign and date it.

Question	Name of person to be insured	Date (mm-yyyy)	Name and address of physician and hospital, if any	Where applicable, include all information as to the nature of illness or injury, symptoms, number of attacks, duration, treatment and results

5 Premium payments – monthly pre-authorized debit (PAD)

- **Please attach to this application form a personal blank cheque, marked *VOID* across the front.**

To use Pre-Authorized Debit (PAD) you must agree to all the terms of the authorization. By signing below as payor you agree to the following terms and conditions:

Terms and conditions

You authorize Sun Life Assurance Company of Canada (Sun Life) to collect the monthly premium (including applicable provincial tax) for this insurance through a Pre-Authorized Debit (PAD) from the account indicated above. You acknowledge that your financial institution may treat any withdrawal pursuant to this authorization as a withdrawal for personal services. You acknowledge that the amount of the monthly premium (including applicable provincial tax) collected through this agreement may vary. **You agree to waive the requirement that Sun Life notify you of any payments after the first payment whether the amount of the monthly premium is changed or not.** You understand that the monthly premium is due the first of each month. This agreement will be cancelled automatically if Sun Life is unable to make a withdrawal from your account.

This authorization is to remain in effect until Sun Life has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. You may obtain a sample PAD cancellation form, or more information on your right to cancel a PAD Agreement at your financial institution or by visiting *www.cdnpay.ca*.

Sun Life may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days prior written notice to you.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit *www.cdnpay.ca*.

Sun Life Assurance Company of Canada
Association & Affinity Business
P.O. Box 2001 Stn Waterloo
Waterloo, ON N2J 0A3
Telephone # 1-800-669-7921
email: Can_AssocAndAffinity@sunlife.com

I/we confirm that all persons whose signatures are required to authorize bank withdrawals have signed below.

Signature of account holder	Date (dd-mm-yyyy)
X	– –
Signature of account holder	Date (dd-mm-yyyy)
X	– –

6 Declaration and authorization

Please read and sign this section.

I declare that my answers in this application are true and complete and I understand that concealment, misrepresentation and false declaration concerning this application will cause the insurance to be void.

I hereby certify that I have read the Medical Information Bureau (MIB) notice (see section 7), and having read the contents, I have, by the signature(s) below, authorized the MIB to give to Sun Life Assurance Company of Canada, or its reinsurers, any information it may have.

I authorize Sun Life Assurance Company of Canada, and its agents and service providers to use and exchange information needed for underwriting, administration and adjudicating claims under this insurance coverage with any person or organization who has relevant information about me including health professionals, institutions, the MIB, investigative agencies, insurers, and reinsurers.

A photocopy or electronic version of this authorization is as valid as the original, and shall remain in effect for the duration of my insurance coverage.

Your signature	Your spouse's signature	
X	X	
Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)
		_ _ _ _

Please return your completed application to:

Sun Life Assurance Company of Canada
Client Solutions
P.O. Box 2001 Stn Waterloo
Waterloo ON N2J 0A3

7 Medical Information Bureau notice

In the course of underwriting your application, Sun Life Assurance Company of Canada may disclose information about you or your spouse to its reinsurers. Sun Life Assurance Company of Canada and its reinsurers may also release information in their files to other life and health insurance companies to whom you and/or your spouse may apply for life or health insurance or to whom a claim for benefits may be submitted.

Sun Life Assurance Company of Canada or its reinsurers may also submit a brief report of their findings to the Medical Information Bureau (MIB), a non-profit membership organization of life and health insurance companies, which operates an information exchange on behalf of its members. If you and/or your spouse also applies for insurance coverage or submit(s) a claim with another life or health insurance company that is an MIB member, MIB will, on request, supply that insurance company with the information on its files.

You may ask to see your personal information on file with MIB and correct anything that is inaccurate or incomplete.

You may write to MIB at: Medical Information Bureau
330 University Avenue
Toronto, Ontario M5G 1R7

or call 416-597-0590

8 Respecting your privacy

At Sun Life Financial, 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 investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. 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*, or send a written request by email to *privacyofficer@sunlife.com*, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5 to request that a copy of our Privacy Brochure be sent to you.