Orange Benefit Fund

APPLICATION FOR CHILDREN'S LEGACY PLAN
for ages 6 mo to 15 years
From $5,000 to a Maximum $30,000 per Child

Clear Entire Form

ORANGE BENEFIT FUND
505 CONSUMERS ROAD SUITE 706
TORONTO, ON M2J 4V8
1-800-565-6248

PARENT OR GRANDPARENT APPLYING FOR BENEFIT

First name Last Name Middle Initial ☐ Male ☐ Female Mr. ☐ Mrs. ☐ Ms. ☐

Name _____

No. Street Apt. City Province Postal Code

Address _____

Month Day Year Current

Phone _____ **Mobile** _____ **D.O.B** _____ **Age** _____ **SIN #** _____

Number (and type) Province/Territory of Issue Expiry Date (MM/DD/YY)

☐ **Canadian Citizen**
☐ **Permanent Resident**
☐ **Work Permit**
☐ **Super Visa**

Photo ID (Driver's license or Gov't Issued Photo ID# and Type) _____

Are You an Orange Association Member?
☐ Yes ☐ No, applying for Associate Membership

Email _____

FIRST CHILD TO BE PROTECTED

First Name Last Name Middle Initial ☐ Male ☐ Female

Name _____

No. Street Apt. City Province Postal Code

Address _____

Month Day Year Current

Phone _____ **D.O.B** _____ **Age** _____

Benefit Amount $ _____ **PAC $** _____

Beneficiary or Contingent Owner Name*	Relationship to Insured (to owner in QC)	Phone Number	Date of Birth MM/DD/YY	Beneficiary (B) **default to applicant Contingent OWNER(C)
				☐ B ☐ C
				☐ B ☐ C

* if the beneficiary is a minor: In all provinces except Quebec, a trustee should be named to receive funds on the minor's behalf. Please indicate the trustee's full name and their relationship to the policy owner above.

Does this child have any existing health or medical conditions, diseases or impairments? Yes ☐ / No ☐ if "Yes" please specify below

_____

SECOND CHILD TO BE PROTECTED

Child 2 Clear

First Name Last Name Middle Initial ☐ Male ☐ Female

Name _____

No. Street Apt. City Province Postal Code

Address _____

Month Day Year Current

Phone _____ **D.O.B** _____ **Age** _____

Benefit Amount $ _____ **PAC $** _____

Beneficiary or Contingent Owner Name*	Relationship to Insured (to owner in QC)	Phone Number	Date of Birth MM/DD/YY	Beneficiary (B) **default to applicant Contingent OWNER(C)
				☐ B ☐ C
				☐ B ☐ C

* if the beneficiary is a minor: In all provinces except Quebec, a trustee should be named to receive funds on the minor's behalf. Please indicate the trustee's full name and their relationship to the policy owner above.

Does this child have any existing health or medical conditions, diseases or impairments? Yes ☐ / No ☐ if "Yes" please specify below

_____

THIRD CHILD TO BE PROTECTED

Child 3 Clear

First Name Last Name Middle Initial ☐ Male ☐ Female

Name _____

No. Street Apt. City Province Postal Code

Address _____

Month Day Year Current

Phone _____ **D.O.B** _____ **Age** _____

Benefit Amount $ _____ **PAC $** _____

Beneficiary or Contingent Owner Name*	Relationship to Insured (to owner in QC)	Phone Number	Date of Birth MM/DD/YY	Beneficiary (B) **default to applicant Contingent OWNER(C)
				☐ B ☐ C
				☐ B ☐ C

* if the beneficiary is a minor: In all provinces except Quebec, a trustee should be named to receive funds on the minor's behalf. Please indicate the trustee's full name and their relationship to the policy owner above.

Does this child have any existing health or medical conditions, diseases or impairments? Yes ☐ / No ☐ if "Yes" please specify below

_____

FOURTH CHILD TO BE PROTECTED

Child 4 Clear

First Name Last Name Middle Initial ☐ Male ☐ Female

Name _____

No. Street Apt. City Province Postal Code

Address _____

Month Day Year Current

Phone _____ **D.O.B** _____ **Age** _____

Benefit Amount $ _____ **PAC $** _____

Beneficiary or Contingent Owner Name*	Relationship to Insured (to owner in QC)	Phone Number	Date of Birth MM/DD/YY	Beneficiary (B) **default to applicant Contingent OWNER(C)
				☐ B ☐ C
				☐ B ☐ C

* if the beneficiary is a minor: In all provinces except Quebec, a trustee should be named to receive funds on the minor's behalf. Please indicate the trustee's full name and their relationship to the policy owner above.

Does this child have any existing health or medical conditions, diseases or impairments? Yes ☐ / No ☐ if "Yes" please specify below

_____

EMERGENCY CONTACT

Full Legal Name Phone number Relationship to Owner

Name _____ _____ _____

PAYMENT AND PREMIUM

☐ Monthly
☐ Annual

☐ PAC 1st
☐ PAC 8th
☐ PAC 15th
☐ PAC 22nd

First Payment:
☐ PAC withdrawal
☐ 1st month premium included

Child 1	Child 2	Child 3	Child 4	Total Premium
$ _____	+ $ _____	+ $ _____	+ $ _____	= $ _____

Will this application cause any other insurance or annuity to be replaced totally or partially? ☐ No ☐ Yes (if yes, details _____)
Is any other application for insurance pending or being contemplated in any company? ☐ No ☐ Yes (if yes, details _____)

NOTES / MEDICATIONS / REQUESTS / TRUSTEES

_____

_____

_____

_____

PRE-AUTHORIZED PAYMENT AGREEMENT - AUTHORITY TO HONOUR CHEQUES DRAWN BY AND PAYABLE TO THE ORANGE BENEFIT FUND

Bank Name _____ **Transit #** _____ **Institution #** _____ **Account #** _____

Signature X _____ Date (MM/DD/YYYY) _____

Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my/our account. This authorization may be cancelled at any time upon written notice by me/us. Any delivery of this authorization to you constitutes delivery by me/us. Furthermore, I fully understand that your responsibility does not extend beyond the honouring of such drafts, and that you are not liable for lapse of insurance caused by non-payment of premium. NOTE: NSF charges may apply.

For verification purposes, a picture or physical copy of your personal/void cheque, or a Pre-Authorized Payment form from your Financial Institution must accompany this application.

SIGNATURE SECTION

Signed at: _____ **this** _____ **day of** _____ , **20** _____ **(Rec'd H/O** _____**)**

City or Town

Applicant (Parent or Grandparent) (signature) **X** _____

Agent / Witness (signature) **X** _____ **Agent** (print) _____

Name

Agent Code _____ **Agency #** _____

We, the proposed insured and or the applicant, declare that all answers and explanations given in this application or in any other questionnaire in connection herewith are true and complete. We agree that the insurance/benefit takes effect as of the acceptance of the application by the Orange Benefit Fund / Orange Insurance / Grand Orange Lodge of British America, inasmuch as the latter has been accepted without modification, the first premium has been paid and no change has taken place in the insurability of the proposed insured's since the signing of the application. We hereby authorize any health care professional as well as any other public or private health or social service establishment, any insurance company, the Medical Information Bureau, financial institutions, personal information agents or 3rd party agencies and any public body holding information concerning ourselves or our family, particularly medical information, to supply this information to Orange Benefit Fund and or its reinsurers for the risk assessment or the investigation necessary for the study of any claim. We also authorize our insurer, or its reinsurers, to exchange the personal information contained in this application with other insurers, or financial institutions, and to inquire of them for the appraisal of the risk or in the event of a claim. In case of death or disability, the beneficiary, the heir or the liquidator of my estate, is expressly authorized to supply the Orange Benefit Fund, when required by the latter, with all information and authorizations necessary to study the claim and obtain the required justification. Furthermore, we agree that a photocopy of this authorization shall be as valid as the original. It is further understood that the health of the applicant and or co-applicant be in the same insurable state of health as when the application for benefits was taken, a period of 21 days commencing from the issue date as stipulated by the policy. It has been explained to me/us that the acceptance and validity of the proposed insurance is dependent on the truth and accuracy of the answers given to the questions above, this prerequisite (needed as a prior condition) shall remain in effect for the life of the policy. The Orange Benefit Fund Privacy Code is based on the Model Code for the Protection of Personal Information, and the Federal Personal Information Protection and Electronic Documents Act, PIPEDA.