

Plan Member/Spouse Section

If your Great-West group life insurance has been terminated or reduced, you may be entitled to purchase an individual life insurance conversion policy, without providing medical evidence of insurability if:

- Your completed application for the individual policy and the first premium in full is received by Great-West or Freedom 55 Financial within **31 days** after your group insurance terminates or reduces.

To convert your group life insurance, you'll need to:

- Contact a Great-West or Freedom 55 financial security advisor;
- Provide your Advisor with this Group Life Conversion Privilege Notification form, completed in full.

If your current advisor is licensed to sell Great-West or Freedom 55 financial products, he or she can assist you in the conversion process. Otherwise, please visit greatwestlife.com - **Contact an advisor**, or go to freedom55financial.com - **Find an Advisor**.

Plan Administrator Section

Complete the fields below, give one copy of this form to the plan member upon termination or reduction of group life insurance, and keep a copy for your files.

1. Group insurance policy - Financial security advisor information (if applicable)

Advisor Stuart Rowles	Telephone no. (604) 684-8313	Fax no. (604) 684-8315
Address 1810 - 1075 West Georgia Street Vancouver BC V6E 3C9		Email address stuart@rowlesfinancial.com

2. Plan member/spouse information

Plan member's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Month	Date of birth Day	Year
Spouse's name (if eligible for spousal conversion)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Month	Date of birth Day	Year
Address			Telephone no. ()	

3. Group life insurance information

Group policy name: Catholic Independent Schools of Vancouver Archdiocese (CISVA)					
		Policy no.:	Reduced/terminated amount:	Combined (max \$200,000 per person) conversion maximum	Date insurance reduced/terminated
Plan member	Basic		\$	\$ 0.00	(month/day/year)
	Optional		\$		(month/day/year)
	Supplementary		\$		(month/day/year)
Spouse	Basic		\$	\$ 0.00	(month/day/year)
	Optional		\$		(month/day/year)

4. Plan administrator information

Date (month/day/year)	Plan administrator's name (Please print) April Baytan, Benefits Administrator, CISVA abaytan@cisva.bc.ca
Telephone no. (604) 683-9310	Plan administrator's signature