



Enrollee's Name _____ **Province of Residence** _____

Sex: M F Smoker Non-Smoker **Date of Birth** M D Y _____

Address: _____ **Phone # ()** _____

Email Address _____

Amount of Principal Sum applied for: \$25,000.00 Coverage \$22.00 per month

Signature _____ **Date** M D Y _____

Premium/month
 \$ _____
 add 8% PST (Ontario)

To be completed if the Spouse is enrolling

Spouse enrollee's Name _____ **Date of Birth** M D Y _____

Sex: M F Smoker Non-Smoker

Amount of Principal Sum applied for: \$25,000.00 Coverage \$22.00 per month

Signature _____ **Date** M D Y _____

Premium/month
 \$ _____
 add 8% PST (Ontario)

Optional Accidental Death & Dismemberment Coverage

I would also like to obtain;

SINGLE

\$50,000.00 Coverage add \$8.00 per month \$100,000.00 Coverage add \$15.00 per month \$150,000.00 Coverage add \$20.75 per month \$200,000.00 Coverage add \$24.50 per month \$250,000.00 Coverage add \$28.25 per month

Enrollee's Name: _____ **Enrollee's Signature** _____

Beneficiary's Last Name _____ First Name _____ Relationship _____

I hereby designate my beneficiary as irrevocable revocable

Or, I would also like to obtain;

APPLICANT WITH FAMILY

\$50,000.00 Coverage add \$12.00 per month \$100,000.00 Coverage add \$19.00 per month \$150,000.00 Coverage add \$25.00 per month \$200,000.00 Coverage add \$32.00 per month \$250,000.00 Coverage add \$39.00 per month

Spousal Enrollee's Name _____ **Spousal Enrollee's Signature** _____

Beneficiary's Last Name _____ First Name _____ Relationship _____

I hereby designate my beneficiary as irrevocable revocable

IMPORTANT: The Beneficiary Designation is revocable unless otherwise specified. **For Quebec Residents** the spousal beneficiary is deemed irrevocable unless otherwise specified.

USES OF YOUR PERSONAL INFORMATION: The information requested on this enrollment form is required by FutureBright Insurance Group Inc. and AXA Assurances Inc. for insurance purposes such as, to assess risk, process this enrolment and to administer any certificate of insurance, if issued. From time to time, FutureBright may wish to use the information obtained in respect of this enrolment for the optional purpose of offering upgraded or additional insurance products and related services. If you do not wish FutureBright to use your personal information for this optional purpose of offering upgraded and additional products and services, check here .

HOW WOULD YOU LIKE TO PAY? For your convenience, if you choose payment by Pre-Authorized Collection or credit card, your future premium billings will automatically reflect the same payment method.

Payment by Credit Card: Annually Monthly Visa MasterCard

 Credit Card Number

 Expiry Number

Payment Annually by Cheque

Include a cheque with your completed application for the annual premium (12 X the monthly premium)

Payment Monthly by Pre-Authorized Collection from your chequing account
Include a sample cheque marked "void" when you return your completed application.

TOTAL PREMIUM

\$ _____

Please Fax Completed Application: (416) 367-5827

Or Mail: FutureBright
260 Queen Street West 4th Flr
Toronto, Ontario M5V 1Z8