

✓ **I wish to accept this special invitation to join the CPA Insurance Plan West's Term Life Insurance Plan.**

Please enroll me for \$50,000 of Term Life Coverage at no cost for one year.

Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Email Address: _____ Date of Birth: (day/month/year) _____

Male Female Smoker Non-Smoker*

**For purchases of coverage provided, non-smoker status applies to people who have not used tobacco products in the past 12 months.*

Name of Beneficiary(s): _____

Relationship: _____

I certify the statements contained on this application are true and complete and form the basis of any insurance issued here under.

I hereby reserve the right to revoke or alter the interest of any beneficiary named herein, subject to any applicable laws.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Offer expires July 11, 2018 for BC graduates.

Please email, fax, or mail to:

CPA Insurance Plans West
9918A 102 Street
Fort Saskatchewan, AB, T8L 2C3
info@cpaipw.ca

Or, visit us online at www.cpaipw.ca and complete this application.

For applications emailed, faxed or submitted online, coverage is conditionally approved pending receipt of an original signature, witnessed, for the beneficiary designation.