

**SCHEDULE "B"**

**NEW YORK LIFE SETTLEMENT CLAIM FORM**

**COMPLETE THIS FORM ONLY IF ALL OF THE FOLLOWING ARE MET:**

- 1. You purchased a policy from New York Life Insurance Company in Quebec after January 1, 1979 and prior to May 1, 1994 whereby participation in dividends provided the option of premium offset and/or purchase of paid-up insurance with their dividends, and which policy was assigned to Canada Life Assurance Company on April 1<sup>st</sup>, 1994;**
  
- 2. You have not signed a release in favour of New York Life Insurance Company or Canada Life Assurance Company in relation to the issues raised in this class action; and,**
  
- 3. You wish to make a claim for compensation in this class action.**

**NOTE: All Parts of this Claim Form must be completed in order to be eligible to recover settlement funds. This includes Part 1 (Claimant's Name and Contact Information); Part 2 (Supporting Documentation); Part 3 (Declaration). In order for you to be eligible to recover, the completed Claim Form must be received by the Respondents before 5 p.m. E.S.T, on February 8, 2007. The Respondents' address is provided at the end of this Claim Form.**

**PART 1: CLAIMANT'S NAME AND CONTACT INFORMATION**

**Name of Claimant:** \_\_\_\_\_

**Name of Parent or Guardian** \_\_\_\_\_

(If Claim Form is being completed  
on behalf of a minor or a  
person under a disability)

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
(if you change your address, please advise.)

**Phone Number:**

|          |       |
|----------|-------|
| Business | _____ |
| Home     | _____ |
| Fax      | _____ |

E-mail address (if any) \_\_\_\_\_

**Please indicate the Canada Life Policy Numbers for all policies purchased from New York Life Insurance Company and for which you are making a claim:** \_\_\_\_\_

**PART 2: SUPPORTING DOCUMENTATION**

In order to be eligible for the settlement, you must provide a copy of either

(1) an illustration given to you during the application or sale process for each policy, and before the policy was issued, showing that you had the option of only paying premiums out of pocket for a limited number of years. (Examples of these illustrations can be found at Class Counsel's website), or

(2) a written document given to you during the application or sale process for each policy, and before the policy was issued, with the New York Life insignia or letterhead on the document, stating expressly that no premiums will be payable after a certain specified number of years.

\_\_\_ I have provided the required document(s).

**PART 3: DECLARATION**

**In order to be eligible for the settlement, you must also swear to the following declaration. This statement must be sworn before a Commissioner for Oaths.**

I solemnly declare that:

- a. when I purchased my policy from New York Life Insurance Company, I was advised that I would only have to pay premiums for the number of years shown on the attached illustration or described in the attached written document;
- b. I did not appreciate that the number of years that I would have to pay premiums could vary;
- c. I have not signed a release in favour of New York Life Insurance Company or Canada Life Assurance Company in relation to the issues raised in this class action;
- d. I paid all premiums required to be paid out of my own funds independent of values in the policy when due, up to the date provided for premium offset in the illustration or document from New York Life Insurance Company;

- e. I never made any changes to my policy that rendered it ineligible for premium offset.<sup>1</sup>

I make this solemn declaration under oath.

Sworn before me at \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 2006

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Commissioner for Oaths

\_\_\_\_\_  
Commissioner's Name and Address (print)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Phone #) \_\_\_\_\_

**This solemn declaration can be sworn before (for example) a lawyer, notary, priest, municipal official or any other person authorized by law.**

**Once the Claim Form is completed, send it by mail to:**

Canada Life Assurance Company  
(New York Life Settlement)  
1901 Scarth Street  
Regina, Saskatchewan S4P 4L4  
Call (toll free): 1-888-252-1847

**THE CLAIM FORM MUST BE RECEIVED BEFORE 5 P.M. EASTERN STANDARD TIME ON FEBRUARY 8, 2007.**

<sup>1</sup> Some of the more common steps that might render a policy ineligible for premium offset include: (1) not paying premiums when due, (2) changing your dividend option, (3) taking a loan from the accumulated dividend values, or (4) failing to pay loan interest when due.