

ORPHAN BENEFIT APPLICATION FORM

The death of both parents is a tragedy no child should have to face. Through the Orphan Benefit, FaithLife Financial provides \$500 a month to support member children whose parent(s)* have died, to help provide stability for the transition to a new living situation. *(At least one parent of an orphan must have been a FaithLife Financial member at the time of death.)*

A. ELIGIBILITY REQUIREMENTS

1. Applicant is orphaned by the death of the Applicant's last surviving parent*;
2. Applicant is less than 19 years of age, and
 - (i) A member of FaithLife Financial at the time of orphanhood**, or
 - (ii) Not a member of FaithLife Financial but was previously declined for insurance by FaithLife Financial; and,
3. One parent of the Applicant was a member of FaithLife Financial at their time of death.

Retroactive benefit payments are limited to the six-month period prior to the date of approval of this application.

FaithLife Financial has the sole right to define and determine the eligible applicant or parent* status and any interpretation of this definition made by the Society is final.

B. ORPHAN BENEFIT WILL CEASE UPON

1. The Applicant ceasing to be a member of FaithLife Financial; or
2. The Applicant being legally adopted; or
3. The Applicant ceasing to attend school for any reason other than being totally and continuously disabled; or
4. The marriage of the Applicant; or
5. The Applicant attaining 19 years of age (except as noted below***)

NOTES:

**If at the time of orphanhood the Applicant is less than 60 days of age and not a member of FaithLife Financial, the Applicant is eligible for the Orphan Benefit if the Applicant becomes a member of FaithLife Financial before the Applicant's first birthday.

***If an Applicant attains the age of 19 years and on that date the Applicant is enrolled in full-time studies at an accredited secondary school or post-secondary institution and none of the events in Section B have occurred, an Applicant may apply for a continuation of the Orphan Benefit and if eligible (as determined by FaithLife Financial) the monthly benefit will continue to be paid until the earlier of: (i) the Applicant's 23rd birthday; or, (ii) the Applicant receiving a diploma or degree from post-secondary institution; or, (iii) any of the events in Section B occurs; or, (iv) the Applicant ceases to be enrolled in full-time studies at an accredited secondary school or post-secondary institution. To apply for extended benefits, please use form #505A

***Definition of Parent » "Parent" shall mean only one of the following:**

- a) A natural (biological) parent of a minor member who has custody of the minor member;
- b) An adoptive parent of a minor member who has custody of the minor member; or;
- c) An individual who has established parentage of the minor member by a Court Order who has custody of the minor member;

As determined by FaithLife Financial in accordance with its policies in effect from time to time, provided specifically that at all times a natural (biological) parent or adoptive parent of a minor member whose legal rights and standing have been superseded by an adoptive parent of the minor member or an individual who has established parentage of the minor member by a Court Order, as the case may be, shall not be considered a Parent of the minor member in determining entitlement to an Orphan Benefit.

ON BEHALF OF THE APPLICANT NAMED, I HEREBY APPLY FOR THE ORPHAN BENEFIT

APPLICANT'S NAME _____

AGE _____ DATE OF BIRTH _____

FaithLife Financial policy number(s) in force on the life of the applicant _____

If applicant is not insured with FaithLife Financial, was he/she declined for a health condition?

YES If "Yes" give date _____

NO Does condition still exist? Yes No

Applicant resides with:

NAME _____

FULL ADDRESS _____

Applicant is supported by:

NAME _____

FULL ADDRESS _____

Is the applicant attending school?

YES (Grade _____) NO If "No" and age six or more, state reason: _____

Is the applicant legally adopted? YES NO

Has a legal guardian been appointed? YES NO *If "Yes" please provide a certified copy of the letters of guardianship.*

FATHER'S NAME _____

DATE OF BIRTH _____ DATE OF DEATH _____

MOTHER'S NAME _____

DATE OF BIRTH _____ DATE OF DEATH _____

Policy numbers of FaithLife Financial policies in force at time of death:

FATHER'S _____ MOTHER'S _____

NAME OF OTHER CHILDREN OF DECEASED PARENTS	DATE OF BIRTH	POLICY NUMBERS

By signing below, I authorize FaithLife Financial, its partners and its service providers, to collect and use personal information about me to maintain and develop its relationship with me, and to better ensure I am advised of membership benefits, products and services that may be available to me. I understand that I may inform FaithLife Financial, at any time, to stop using my personal information for purposes other than to provide information I require, manage policies or products I purchase from the organization, or as specifically required by law. I also understand that restricting the use of my personal information may prevent me from learning of benefits, services and products that could be of value to me. I certify that the above-named applicant meets the requirements for eligibility as outlined on the reverse of this form and that none of the reasons for termination of the benefit specified on reverse exist.

DATED AT _____ THIS _____ DAY OF _____ 20 _____

SIGNATURE _____ WITNESS _____

RELATIONSHIP TO APPLICANT _____ TELEPHONE () _____

STREET ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

E-MAIL ADDRESS _____

(Copy of death certificate required if not insured with FaithLife Financial)

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Form 505-02-15