

Part 1 - Administrative information (please print)

| | | | | | | | | | | | |
|---------------------|---|--------------|-----------------|---|---|---|---|---|---|---|---|
| Policyholder name | Policy no. | Division no. | Certificate no. | | | | | | | | |
| Participant surname | Given name(s) | | Initial | | | | | | | | |
| Date of birth | <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table> | | | Y | Y | Y | Y | M | M | D | D |
| Y | Y | Y | Y | M | M | D | D | | | | |

Part 2 - Add or modify optional benefits

If you are requesting optional life benefits for the first time or you wish to increase your optional life insurance coverage, you must also complete and submit Evidence of insurability form G1053.

| | | | | |
|-----------------------------------|---|------------------------|--------------|--|
| Participant | Have you smoked cigarettes, small cigars (cigarillos), a pipe or used smoking cessation aid products during the past 12 months? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Add | Life insurance | Total salary multiples | Total amount | \$ |
| <input type="checkbox"/> Increase | Total units | Or | | |
| <input type="checkbox"/> Decrease | AD&D | Total salary multiples | Total amount | \$ |
| | Total units (if applicable) | Or | | |

The beneficiary for the optional life and AD&D insurance coverage is the designated beneficiary for the basic life insurance coverage. If you wish to change your beneficiary designation, please complete Request for change (I) form GE8001.

| | | | | |
|-----------------------------------|---|--|--|--|
| Spouse | Have you smoked cigarettes, small cigars (cigarillos), a pipe or used smoking cessation aid products during the past 12 months? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Add | Life insurance | Total amount | | \$ |
| <input type="checkbox"/> Increase | Total units | | | |
| <input type="checkbox"/> Decrease | AD&D | Total amount | | \$ |
| | Total units (if applicable) | Or <input type="checkbox"/> Percentage | | |

The participant is the beneficiary of the spouse's optional life and AD&D insurance.

| | | | | |
|-----------------------------------|-----------------------------|--|--|----|
| Dependent children | | | | |
| <input type="checkbox"/> Add | Life insurance | Total amount | | \$ |
| <input type="checkbox"/> Increase | Total units | | | |
| <input type="checkbox"/> Decrease | AD&D | Total amount | | \$ |
| | Total units (if applicable) | Or <input type="checkbox"/> Percentage | | |

The participant is the beneficiary of the dependent children's optional life and AD&D insurance.

I understand that optional life insurance coverage will take effect only when the Insurer accepts my evidence of insurability, unless my contract provides for benefits without evidence of insurability. I further understand that any false statement concerning smoking habits will result in the termination of benefits.

| | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|
| Participant signature | Date | | | | | | | | |
| | <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table> | Y | Y | Y | Y | M | M | D | D |
| Y | Y | Y | Y | M | M | D | D | | |

Part 3 - Cancel optional benefits

I wish to cancel optional life insurance and AD&D benefits for:

- myself, my spouse and my dependent children **Or**
 myself my spouse my dependent children

I wish to cancel optional life insurance benefits for:

- myself, my spouse and my dependent children **Or**
 myself my spouse my dependent children

I wish to cancel optional AD&D benefits for:

- myself, my spouse and my dependent children **Or**
 myself my spouse my dependent children

I, the undersigned, request that the optional benefits provided under my group plan be cancelled. I understand that satisfactory evidence of insurability will be required by Standard Life to reinstate such benefits.

| | | | | | | | | | |
|----------------------------|---|---|---|---|---|---|---|---|---|
| Participant signature | Date | | | | | | | | |
| | <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table> | Y | Y | Y | Y | M | M | D | D |
| Y | Y | Y | Y | M | M | D | D | | |
| For Standard Life use only | Date received | | | | | | | | |
| | <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table> | Y | Y | Y | Y | M | M | D | D |
| Y | Y | Y | Y | M | M | D | D | | |

Part 1 - Instructions for the participant

Optional insurance coverage allows you to purchase additional life and/or Accidental Death and Dismemberment (AD&D) insurance to supplement the coverage offered under your group plan. Please consult your employee booklet or contact your plan administrator regarding basic and optional coverage levels under your group plan.

The Optional benefits form is used to request, modify and cancel optional life and/or AD&D coverage for yourself, your spouse and/or your dependent children. Please submit the completed and signed form to Standard Life.

If you are requesting optional life benefits for the first time or you wish to increase your optional life insurance coverage, you must also complete and submit Evidence of insurability form G1053.

Before submitting your form, please ensure you have provided all information requested.

Part 2 - Add or modify optional benefits

Optional benefits must be requested as specified under your group plan. Please consult your employee booklet or contact your plan administrator regarding the following:

- Optional life and AD&D insurance may be based on insurance units or salary multiples.
- Optional AD&D insurance for the spouse or dependent children may be based on insurance units or on a percentage of the participant's AD&D coverage.

Add

Check this option if you are applying for optional insurance coverage for the first time.

Increase

Check this option if you wish to increase the amount of your optional insurance coverage. Please use the space provided to enter the TOTAL amount of insurance coverage as it will stand when the requested increase has been approved.

Decrease

Check this option if you wish to decrease the amount of your optional insurance coverage. Please use the space provided to enter the TOTAL amount of insurance coverage you wish to retain. If you wish to cancel optional insurance coverage for yourself, your spouse and/or your dependent children, please complete part 3.

Please note that you are not eligible for optional life and AD&D insurance if you have reached normal retirement age stipulated in your group plan (generally 65 years of age).

Please advise your plan administrator immediately of any change in your smoking status or that of your spouse.

Part 3 - Cancel optional benefits

Cancellation of optional insurance coverage will take effect on the date of receipt of the Optional benefits form by Standard Life.

Optional benefits – life insurance and AD&D – will be cancelled for any person(s) identified in this section.