

## OPTIONAL SMOKER RATE GROUP LIFE INSURANCE PREMIUM REMITTANCE FORM

**PLEASE COMPLETE IN DUPLICATE AND FORWARD ORIGINAL TO:**  
 THE CANADA LIFE ASSURANCE COMPANY  
 ATTN: PAYMENT ADMINISTRATION  
 PO BOX 1053  
 WINNIPEG MB R3C 2X4  
 CANADA

NAME OF MEMBER ORGANIZATION	GWL ACCT. NO. ONLY <b>44989</b>	DIVISION NO.	FOR THE MONTH OF
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### CALCULATION OF PREMIUM DUE BY COVERAGE

<b>IMPORTANT</b> INCLUDE ALL CHANGES IN COVERAGE NOT PREVIOUSLY REPORTED AND EFFECTIVE ON OR PRIOR TO THE PREMIUM DUE DATE OF THIS STATEMENT	LIFE AGE UNDER 40		LIFE AGE 40 - 44		LIFE AGE 45 - 49		LIFE AGE 50 - 54		LIFE AGE 55 - 59		LIFE AGE 60 - 64	
	NO. OF EMPLOYEES	AMOUNT OF INSURANCE	NO. OF EMPLOYEES	AMOUNT OF INSURANCE	NO. OF EMPLOYEES	AMOUNT OF INSURANCE	NO. OF EMPLOYEES	AMOUNT OF INSURANCE	NO. OF EMPLOYEES	AMOUNT OF INSURANCE	NO. OF EMPLOYEES	AMOUNT OF INSURANCE
1. IN FORCE COVERAGE (FROM LINE 6 PREVIOUS STATEMENT)												
2. PLUS ADDITIONS (NEW ENTRANTS, REINSTATEMENTS, TRANSFERS IN)												
3. PLUS INCREASES IN COVERAGE												
4. MINUS CANCELLATIONS (TERMINATIONS, DEATHS, TRANSFERS OUT)	-	-	-	-	-	-	-	-	-	-	-	-
5. MINUS DECREASES IN COVERAGE		-		-		-		-		-		-
6. IN FORCE COVERAGE THIS STATEMENT (NET TOTAL OF ITEMS 1 TO 5)												
7. COVERAGE PREMIUM RATE	.088 PER \$1,000		.150 PER \$1,000		.213 PER \$1,000		.450 PER \$1,000		.750 PER \$1,000		1.050 PER \$1,000	
8. IN FORCE PREMIUM THIS STATEMENT												
9. PLUS BACK PREMIUM CHARGES												
10. MINUS BACK PREMIUM CREDITS												
11. TOTAL PREMIUM DUE THIS STATEMENT												

TOTAL OF LINE 11 ALL PREMIUMS \$ \_\_\_\_\_

MISCELLANEOUS DEBIT OR CREDIT \$ \_\_\_\_\_

OUR CHEQUE ATTACHED IN THE AMOUNT OF \$ \_\_\_\_\_

DATE

SIGNING OFFICER