



APPLICATION FOR PARTICIPATION CANADIAN LIFE INSURERS ASSURANCE FACILITY (CLIAF)

Department of Finance Canada
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L'Esplanade Laurier
140 O'Connor Street
Ottawa, Ontario K1A 0G5
Attention: Assistant Deputy Minister
Financial Sector Policy Branch

Telephone: 613 996-0316
Fax: 613 943-2039
Email address: CLIAF-FCAV@FIN.GC.CA

Date: _____
YYYY-MM-DD

ISSUER (Eligible Institution)
Name of Issuer: _____

Issuer Contact Information	
Name: _____	Title: _____
Telephone Number: _____	Fax Number: _____
Email Address: _____	Billing Address: _____

APPLICATION	
1. The Issuer hereby applies to participate in the Canadian Life Insurers Assurance Facility.	
2. The Issuer is [<i>check one</i>]:	
<input type="checkbox"/> life insurance holding company, life insurance company, or non-operating company acting as a holding company, incorporated, amalgamated or continued under the federal <i>Insurance Companies Act</i> (Canada)	
<input type="checkbox"/> provincially regulated life insurance company, fraternal benefit society governed by the <i>Insurance Companies Act</i> (Canada), or fraternal benefit society formed and governed under provincial legislation, approved by the Minister of Finance Canada	
<input type="checkbox"/> other [<i>please describe</i>] _____	
3. The Issuer's Maximum Participation Limit is CAD _____, as set out in the Maximum Participation Limit Worksheet attached as Exhibit I.	
4. The Issuer hereby requests a Participation Limit of CAD _____.	
Issuer Representative: _____	Date: _____
Name: Title:	YYYY-MM-DD

FOR DOF USE ONLY	
Ref. # (CLIAF): _____	Approved by: _____ (DoF)
Application #: _____	Other: _____



EXHIBIT I
MAXIMUM PARTICIPATION LIMIT WORKSHEET

ISSUER:	
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Select Option I or II: [All amounts are in Canadian Dollars]

OPTION I: CASHABLE LIABILITIES-BASED¹

Federal Company: ² Total amount of cashable liabilities of the Issuer in Canada as set out in column 01, line 889 on page 35.080 of the Issuer's Life-1 Annual Return for 2008 filed with OSFI as of most recent quarter up to and including December 31, 2008 OR Society or Provincial Company ³ : Total amount of liabilities of Issuer in Canada for 2008 comparable to cashable liabilities as set out in column 01, line 889 on page 35.080 of the OSFI Life-1 Annual Return form as of most recent quarter up to and including December 31, 2008, as filed with Applicable Regulator	A: \$
20% of A	B \$

OPTION II: WHOLESALE DEBT INSTRUMENTS-BASED

Aggregate Face Amounts of wholesale debt instruments ⁴ of Issuer maturing between November 1, 2008 and April 30, 2009 ⁵	C: \$
125% of C	D \$

B or D, at Issuer's option = MAXIMUM PARTICIPATION LIMIT	\$
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¹ See Annex 2 of the Term Sheet for calculation of cashable liabilities-based option.

² Use where Federal Company is required to file cashable liabilities data with OSFI.

³ Use where fraternal benefit society or Provincial Company is not required to file cashable liabilities data with OSFI.

⁴ See Annex A for definition.

⁵ See Annex A for detail.

