

No P98210

THE  
**MONARCH LIFE**



**ASSURANCE COMPANY**

HEAD OFFICE  
**WINNIPEG, CANADA.**

ASSURED  
**JISABURO WAKABAYASHI**  
AMOUNT

**\$2,000.00**

PLAN  
**Endowment at age 70**  
**Participating**

YEARLY PREMIUM

**\$69.90**

DUE

**19th. April**

AGENCY  
**BRITISH COLUMBIA**

# THE MONARCH LIFE ASSURANCE COMPANY



INCORPORATED BY SPECIAL ACT OF PARLIAMENT OF CANADA

HEAD OFFICE - WINNIPEG, CANADA.

Policy No.

**HEREBY ASSURES THE LIFE OF**

Age

P98210

JISABURO WAKABAYASHI

39

of Vancouver, British Columbia,  
(hereinafter called the "Assured") for the amount of Assurance as stated and described in the schedule below.

This Policy is Granted in consideration of the application herof, a copy of which application is attached hereto and which is hereby made a part of this contract, and of the payment of premiums as specified herein.

The Privileges and Provisions contained on the second, third and fourth pages hereof are hereby made a part of this contract.

1. Plan of Assurance. Section "G"	ENDOWMENT AT AGE 70 PARTICIPATING
2. Amount of Assurance.	( \$ 2,000.00 ) TWO THOUSAND DOLLARS
3. Premium.	\$ 69.90 payable in advance every twelve months during the life of the Assured until the premiums for thirty-one full years shall have been paid, commencing on the nineteenth day of April, 19 38.
4. Assurance Payable.	(a) On the nineteenth day of April, 1969, if the Assured be living and this Policy be in force, or (b) Upon receipt and approval of proofs of the death of the Assured before the aforesaid date, while this Policy is in force.
5. Beneficiary.	If the Policy becomes payable as provided in 4 (a) to the Assured  If the Policy becomes payable as provided in 4 (b) to Shige Wakabayashi, Wife of the Assured, if living, otherwise the Executors, Administrators or Assigns of the Assured.
6. Policy years.	On this Policy taking effect Policy years shall be computed as from the nineteenth day of April, 19 38.

In Witness Whereof The MONARCH LIFE ASSURANCE COMPANY has caused these presents to be sealed with its corporate seal, and signed by the proper Officers in that behalf at its Head Office, Winnipeg, Canada, this ninth day of May, nineteen hundred and forty.

EG.

CHECKED

EXAMINED

6556

GENERAL MANAGER

PRESIDENT

FOR THE ACTUARY

# Privileges and Provisions

**1. RESIDENCE, TRAVEL AND OCCUPATION.**—This Policy is unrestricted as to residence, travel and occupation except as to aeronautics and aerial flights. It is a condition of this Policy that should the Assured during its first year after this Policy comes into force, appear in or take part in aeronautics or in aerial flights in any manner or in any capacity whatsoever, and should the death of the Assured occur at any time as a result either directly or indirectly because of the Assured so engaging in (in the part in aeronautics or aerial flights), then the liability of the Company under this Policy shall be limited to thirty per cent of the amount which would otherwise have been payable thereunder.

**2. GRACE.**—One calendar month's grace (if of not less than thirty days) from the premium due date stated herein, is allowed for the payment of renewal premiums, during which time this policy will remain in force.

**3. INDISPENSABILITY.**—This Policy is indisputable after two years from its date of execution (except in case of fraud) if the premiums have been duly paid; the provision respecting Aeronautics coupled with, and the age stipulated in this policy does not insure against death by self destruction, whether sane or insane, nor by violation of the law, should death occur therefrom within two years from the date of its execution.

**4. PAYMENTS.**—The premiums, the sum assured, and all other benefits hereunder are payable at the Company's Head Office, but premiums may be paid on or before their due dates (but in no case after the period of grace referred to in Privilege 2 herein) to a duly authorized Agent producing the Company's printed official receipt therefor, bearing the signature of the General Manager and countersigned by such Agent, and no other receipt for a premium shall be valid or binding upon the Company.

**5. REVIVAL.**—Should any renewal premium be not paid within the said period of grace, or should any written obligation given for the whole or part of any premium be not paid when due, this policy shall immediately become void, but it will be reinstated within two years thereafter on production of evidence satisfactory to the Company of the Assured's insurability and on payment of overdue premiums and any other indebtedness to the Company under this policy with interest compounded at the rate of six per cent. per annum.

**11. ALTERNATIVE SETTLEMENT OPTIONS.**—While this policy is in force and not assigned, the Assured may elect to have the net proceeds hereof payable according to Plan A, B or C hereunder. At any time before this policy matures, a new election may be made in lieu of the one previously made, and in the absence of a prior election the beneficiary may elect when submitting proofs of claim. Election or revocation of an election can be made only by filing a written notice at the Company's Head Office.

**Plan A.**—The net proceeds or any portion thereof may be left with the Company until the death of the beneficiary (if one be designated), the Company to pay the beneficiary interest thereon at the rate of 3 1/2 per annum compounded yearly, such interest payments to be made in monthly, quarterly, half-yearly or yearly instalments as may be elected; the first of such instalments to become due and payable at the expiration of the said instalment period and the last instalment to be a pro rata payment for the expired portion of the instalment period in which the beneficiary dies.

**Plan B.**—The net proceeds or any portion thereof may be payable in equal monthly, quarter-yearly, half-yearly or yearly instalments during a specified number of years (not exceeding thirty) as shown in the table immediately following, which table is based upon One Thousand Dollars as the net proceeds, and applies pro rata to this policy, the first of such instalments to be payable immediately.

Instalment Payments Limited to	AMOUNT OF INSTALMENT PAYABLE			
	Monthly	¼ Yearly	½ Yearly	Yearly
5 years	\$18.15	\$54.20	\$107.95	\$214.00
10 "	9.85	29.45	58.60	116.20
15 "	7.10	21.25	42.30	83.90
20 "	5.75	17.20	34.30	68.00
25 "	4.95	14.85	29.55	58.90
30 "	4.45	13.30	26.50	52.55

**Plan C.**—The net proceeds or any portion thereof may be payable in equal monthly, quarter-yearly, half-yearly or yearly instalments to continue for twenty years certain and so long thereafter as the beneficiary shall live, without apportionment, depending as to the amount on the table immediately following, which table is based upon One Thousand Dollars as the net proceeds and applies pro rata to this policy, the first instalment to be payable immediately.

Upon the surrender of this policy, the Assured may elect to take the Cash Surrender Value thereof in accordance with any of the Alternative Settlement Options set out in Provision No. 11 hereof, provided that the amount of each instalment payment shall be not less than \$100.00.

**6. ASSIGNMENT.**—Any assignment of this policy must be made in duplicate and both copies sent to the Head Office of the Company; one copy will be retained and the other returned. The Company does not assume any responsibility for the validity of any assignment.

**7. AGE.**—Age will be admitted at any time before the maturity of this policy on proof satisfactory to the Company being furnished that it has been correctly stated in the application hereof; but if not so admitted, and if the age has been understated, the amount payable hereunder shall be the assurance which the actual premium paid would have purchased at the true age of the Assured. If the age has been overstated the amount overpaid will be refunded.

**8. INDEBTEDNESS.**—All indebtedness accrued or accruing to the Company shall be a first charge upon this policy in the Company's favor, in priority to the claim of any beneficiary, assignee or other person claiming hereunder, and shall be deducted in any settlement of this policy. If this policy becomes a claim by the death of the Assured, the unpaid portion (if any) of the premium to the end of the current year shall be paid an indebtedness to the Company.

**9. CLAIMS.**—Before settling any claim hereunder, the Company shall be entitled to receive proof satisfactory to it of the age of the Assured and of the title of the claimant, the surrender of this policy, the receipt for the last premium paid and a satisfactory discharge thereof.

**10. CONTRACT.**—This policy, embracing everything contained on pages 1, 2, 3 and 4 hereof, and the application hereof (a copy of which was attached hereto prior to the signing hereof) taken together constitute the entire contract between the Company which cannot be varied except by writing hereon signed at the Head Office of the Company by two of the Executive Officers. Any interlinations, additions, or alterations must be attested by two of the said Officers. All statements made by the Assured shall be deemed representations and not warranties, and no such statement shall be used in defence of a claim under this policy unless contained in the said application.

Age Beneficiary	AMOUNT OF INSTALMENT PAYABLE				Age Beneficiary	AMOUNT OF INSTALMENT PAYABLE			
	Monthly	¼ Yearly	½ Yearly	Yearly		Monthly	¼ Yearly	½ Yearly	Yearly
10	\$8.55	\$10.75	\$21.45	\$42.50	41	\$4.35	\$13.20	\$26.30	\$52.10
11	3.55	10.80	21.55	42.70	42	4.40	13.30	26.55	52.50
12	3.90	10.85	21.65	42.90	43	4.45	13.45	26.80	53.10
13	3.60	10.90	21.75	43.10	44	4.50	13.60	27.05	53.65
14	3.60	11.00	21.90	43.30	45	4.55	13.75	27.30	54.20
15	3.65	11.00	21.95	43.50	46	4.65	13.85	27.60	54.70
16	3.65	11.05	22.05	43.70	47	4.60	14.00	27.85	55.20
17	3.65	11.10	22.15	43.90	48	4.65	14.15	28.20	55.80
18	3.70	11.20	22.25	44.15	49	4.70	14.30	28.60	56.50
19	3.70	11.25	22.35	44.35	50	4.75	14.45	28.80	57.10
20	3.70	11.30	22.45	44.55	51	4.80	14.60	29.10	57.70
21	3.75	11.35	22.60	44.80	52	4.85	14.80	29.45	58.35
22	3.75	11.40	22.75	45.10	53	4.90	14.95	29.75	59.00
23	3.80	11.50	22.90	45.35	54	4.95	15.10	30.05	59.65
24	3.85	11.55	23.00	45.65	55	5.05	15.25	30.40	60.30
25	3.85	11.65	23.15	45.95	56	5.10	15.45	30.75	60.95
26	3.85	11.70	23.25	46.25	57	5.15	15.60	31.05	61.60
27	3.90	11.80	23.60	46.55	58	5.20	15.75	31.40	62.25
28	3.95	11.90	23.65	46.90	59	5.25	15.90	31.70	62.85
29	3.95	11.95	23.80	47.20	60	5.30	16.05	32.00	63.45
30	3.95	12.05	24.00	47.55	61	5.35	16.20	32.30	64.00
31	4.00	12.15	24.15	47.90	62	5.40	16.35	32.55	64.55
32	4.05	12.25	24.35	48.30	63	5.45	16.45	32.80	65.05
33	4.05	12.35	24.55	48.70	64	5.45	16.60	33.05	65.50
34	4.10	12.40	24.75	49.05	65	5.50	16.70	33.25	65.90
35	4.15	12.50	24.95	49.45	66	5.55	16.80	33.45	66.30
36	4.15	12.60	25.15	49.85	67	5.55	16.85	33.60	66.60
37	4.20	12.75	25.35	50.30	68	5.60	16.95	33.75	66.90
38	4.25	12.85	25.60	50.75	69	5.60	17.00	33.85	67.15
39	4.25	12.95	25.80	51.20	70	5.60	17.05	33.95	67.35
40	4.30	13.10	26.05	51.65					

Notwithstanding any election so made or anything to the contrary as aforesaid, the beneficiary shall have the right at any time after the policy becomes due and payable to withdraw the amount left with the Assured under Plan A upon the policy becoming due and payable or on any interest due therefor; or to commute the instalment payments under Plans B or C on any instalment due date for a present cash payment, such commutation to be effected by discounting the unpaid instalments at the rate of 3 1/2 per cent. per annum compounded yearly unless the Assured shall have by written notice filed at the Company's Head Office specifically prohibited such right of commutation, provided, however, that under Plan C the instalments contingent upon a beneficiary living after the twenty guaranteed payments cannot be commuted.

**Participating Instalments.**—If settlement of this policy is made in accordance with Plan A, B or C, the interest payments under Plan A or the instalments under Plans B or C, as the case may be, will be increased by such amounts as may be apportioned by the Directors from the interest earned in excess of the guaranteed rate of 3 1/2 per cent. per annum compounded yearly, on the balance of the proceeds remaining with the Company.



THE MONARCH LIFE ASSURANCE COMPANY  
 MONARCH BUILDING  
 1000 BROADWAY, NEW YORK 10003

PART ONE OF  
**APPLICATION FOR REINSTATEMENT**  
 THIS POLICY NO. 98210 WAS ISSUED BY YOU ON DATE 1948

1. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 2. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 3. Do you wish to reinstate this policy as to date of issue and amount? **No**

4. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 5. Do you wish to reinstate this policy as to date of issue and amount? **No**

6. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 7. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 8. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 9. Do you wish to reinstate this policy as to date of issue and amount? **No**

10. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 11. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 12. Do you wish to reinstate this policy as to date of issue and amount? **No**

13. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 14. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 15. Do you wish to reinstate this policy as to date of issue and amount? **No**

16. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 17. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 18. Do you wish to reinstate this policy as to date of issue and amount? **No**

19. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 20. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 21. Do you wish to reinstate this policy as to date of issue and amount? **No**

22. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 23. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 24. Do you wish to reinstate this policy as to date of issue and amount? **No**

25. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 26. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 27. Do you wish to reinstate this policy as to date of issue and amount? **No**

28. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 29. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 30. Do you wish to reinstate this policy as to date of issue and amount? **No**

31. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 32. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 33. Do you wish to reinstate this policy as to date of issue and amount? **No**

34. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 35. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 36. Do you wish to reinstate this policy as to date of issue and amount? **No**

37. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 38. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 39. Do you wish to reinstate this policy as to date of issue and amount? **No**

40. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 41. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 42. Do you wish to reinstate this policy as to date of issue and amount? **No**

# Change of Policy

change Policy No. **98210** on the

case of apparent errors or omissions discovered by the Company, the policy shall be deemed to have been issued on the basis of the facts stated in this application and to change the policy on the basis of such amended policy containing a copy of the original of such amendment without further reference to the original of such policy based on this form, if so

TO AMENDMENTS  
 (For Head Office use only)

1. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 2. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 3. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 4. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 5. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 6. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 7. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 8. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 9. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 10. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 11. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 12. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 13. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 14. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 15. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 16. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 17. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 18. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 19. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 20. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 21. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 22. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 23. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 24. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 25. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 26. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 27. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 28. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 29. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 30. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 31. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 32. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 33. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 34. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 35. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 36. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 37. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 38. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 39. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 40. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 41. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 42. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 43. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 44. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 45. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 46. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 47. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 48. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 49. Do you wish to reinstate this policy as to date of issue and amount? **No**  
 50. Do you wish to reinstate this policy as to date of issue and amount? **No**

1948-4-19 day of April 1948  
 J. Wakabayashi  
 Assured

1948-4-19 day of April 1948  
 J. Wakabayashi  
 Beneficiary

Yrs.	Extended Term Assurance		Amount Pure Endowment
	Mon.	\$	
4	6	0	
6	6	0	
8	6	0	
10	0	0	
11	6	0	
13	0	0	
14	0	0	
15	0	0	
16	0	0	
17	0	0	
18	0	34	
19	0	125	
20	0	212	
21	0	294	
22	0	370	
23	0	441	
24	0	508	
25	0	573	
26	0	633	
27	0	688	
28	0	737	
29	0	781	
30	0	820	

means the policy year...  
 as stated are available  
 the premium that is  
 to the Company  
 at such periods

referred to in 13 (b)  
 's grace, all liability  
 as the full premium  
 o such expiration.

it, per annum, and  
 ated Surplus, shall  
 be the amount of the  
 ed by the holder of  
 company, remain in

the fifth  
 e Company for the  
 If option (d) shall  
 of death shall be  
 o the credit of the

of a previous  
 thousand Dol-  
 the policy number, this policy is issued to take the place  
 previous policy, and this provision shall be in lieu of  
 understood and agreed that if any material misrepresen-  
 tation for such reinstatement and change, such re-  
 med not to have been made.



APPLICATION FOR ASSURANCE  
 TO THE MONARCH LIFE ASSURANCE COMPANY  
 Head Office: Wellington, New Zealand

Policy No. 98210

**Issued by** Taisei Buro Wakabayashi  
**1602 - W. 2nd Ave**  
**YANCOUVER, B.C. - 5**

**Insured** Shirō Wakabayashi  
**Residence** 1145 - 12th Ave  
**Occupation** Same  
**Marital Status** Married  
**Spouse** Same  
**Age** 38  
**Sex** Male  
**Religion** Buddhist  
**Signature** [Signature]  
**Date** 1940

**Beneficiary** Same  
**Signature** [Signature]  
**Date** 1940

**Medical History**  
 No. 1. Do you have any present or former illness?  
 No. 2. Do you have any present or former injury?  
 No. 3. Do you have any present or former operation?  
 No. 4. Do you have any present or former accident?  
 No. 5. Do you have any present or former consumption?  
 No. 6. Do you have any present or former tuberculosis?  
 No. 7. Do you have any present or former diabetes?  
 No. 8. Do you have any present or former heart disease?  
 No. 9. Do you have any present or former kidney disease?  
 No. 10. Do you have any present or former liver disease?  
 No. 11. Do you have any present or former lung disease?  
 No. 12. Do you have any present or former stomach disease?  
 No. 13. Do you have any present or former intestinal disease?  
 No. 14. Do you have any present or former nervous system disease?  
 No. 15. Do you have any present or former mental disease?  
 No. 16. Do you have any present or former eye disease?  
 No. 17. Do you have any present or former ear disease?  
 No. 18. Do you have any present or former nose disease?  
 No. 19. Do you have any present or former throat disease?  
 No. 20. Do you have any present or former skin disease?  
 No. 21. Do you have any present or former venereal disease?  
 No. 22. Do you have any present or former syphilis?  
 No. 23. Do you have any present or former gonorrhoea?  
 No. 24. Do you have any present or former malaria?  
 No. 25. Do you have any present or former yellow fever?  
 No. 26. Do you have any present or former cholera?  
 No. 27. Do you have any present or former typhoid fever?  
 No. 28. Do you have any present or former diphtheria?  
 No. 29. Do you have any present or former scarlet fever?  
 No. 30. Do you have any present or former measles?  
 No. 31. Do you have any present or former mumps?  
 No. 32. Do you have any present or former whooping cough?  
 No. 33. Do you have any present or former pertussis?  
 No. 34. Do you have any present or former influenza?  
 No. 35. Do you have any present or former pneumonia?  
 No. 36. Do you have any present or former tuberculosis?  
 No. 37. Do you have any present or former consumption?  
 No. 38. Do you have any present or former phthisis?  
 No. 39. Do you have any present or former emphysema?  
 No. 40. Do you have any present or former asthma?  
 No. 41. Do you have any present or former bronchitis?  
 No. 42. Do you have any present or former pleurisy?  
 No. 43. Do you have any present or former peritonitis?  
 No. 44. Do you have any present or former appendicitis?  
 No. 45. Do you have any present or former diverticulitis?  
 No. 46. Do you have any present or former colitis?  
 No. 47. Do you have any present or former proctitis?  
 No. 48. Do you have any present or former hemorrhoids?  
 No. 49. Do you have any present or former piles?  
 No. 50. Do you have any present or former varicose veins?  
 No. 51. Do you have any present or former ulcers?  
 No. 52. Do you have any present or former skin disease?  
 No. 53. Do you have any present or former eczema?  
 No. 54. Do you have any present or former psoriasis?  
 No. 55. Do you have any present or former dermatitis?  
 No. 56. Do you have any present or former scabies?  
 No. 57. Do you have any present or former ringworm?  
 No. 58. Do you have any present or former athlete's foot?  
 No. 59. Do you have any present or former nail disease?  
 No. 60. Do you have any present or former hair disease?  
 No. 61. Do you have any present or former eye disease?  
 No. 62. Do you have any present or former ear disease?  
 No. 63. Do you have any present or former nose disease?  
 No. 64. Do you have any present or former throat disease?  
 No. 65. Do you have any present or former skin disease?  
 No. 66. Do you have any present or former venereal disease?  
 No. 67. Do you have any present or former syphilis?  
 No. 68. Do you have any present or former gonorrhoea?  
 No. 69. Do you have any present or former malaria?  
 No. 70. Do you have any present or former yellow fever?  
 No. 71. Do you have any present or former cholera?  
 No. 72. Do you have any present or former typhoid fever?  
 No. 73. Do you have any present or former diphtheria?  
 No. 74. Do you have any present or former scarlet fever?  
 No. 75. Do you have any present or former measles?  
 No. 76. Do you have any present or former mumps?  
 No. 77. Do you have any present or former whooping cough?  
 No. 78. Do you have any present or former pertussis?  
 No. 79. Do you have any present or former influenza?  
 No. 80. Do you have any present or former pneumonia?  
 No. 81. Do you have any present or former tuberculosis?  
 No. 82. Do you have any present or former consumption?  
 No. 83. Do you have any present or former phthisis?  
 No. 84. Do you have any present or former emphysema?  
 No. 85. Do you have any present or former asthma?  
 No. 86. Do you have any present or former bronchitis?  
 No. 87. Do you have any present or former pleurisy?  
 No. 88. Do you have any present or former peritonitis?  
 No. 89. Do you have any present or former appendicitis?  
 No. 90. Do you have any present or former diverticulitis?  
 No. 91. Do you have any present or former colitis?  
 No. 92. Do you have any present or former proctitis?  
 No. 93. Do you have any present or former hemorrhoids?  
 No. 94. Do you have any present or former piles?  
 No. 95. Do you have any present or former varicose veins?  
 No. 96. Do you have any present or former ulcers?  
 No. 97. Do you have any present or former skin disease?  
 No. 98. Do you have any present or former eczema?  
 No. 99. Do you have any present or former psoriasis?  
 No. 100. Do you have any present or former dermatitis?  
 No. 101. Do you have any present or former scabies?  
 No. 102. Do you have any present or former ringworm?  
 No. 103. Do you have any present or former athlete's foot?  
 No. 104. Do you have any present or former nail disease?  
 No. 105. Do you have any present or former hair disease?

# Change of Policy

change Policy No. 98210 on the

use of apparent errors or omissions discovered by the  
 shall be unwilling to change the policy on the basis  
 this application and to change the policy on the  
 tance of such changed policy containing a copy of  
 roval of such amendment without further reference  
 ceptance of such policy based on this form, if so

TO AMENDMENTS  
 (For Head Office use only)

Wolver of Premium Disability, Double Indemnity

annually.

39 (nearest birthday)

Yrs.	Mon.	8	Extended Term Assurance	Amount Pure Endowment
			Res Privilege 12 (d)	
4	6	0		
6	6	0		
8	6	0		
10	0	0		
11	6	0		
13	0	0		
14	0	0		
15	0	0		
16	0	0		
16	6	0		
17	0	0		
17	0	34		
16	0	125		
15	0	212		
14	0	294		
13	0	370		
12	0	441		
11	0	508		
6	0	783		
1	0	972		

19-4-88 19

4-40 two premiums

with the third

40.

1940 day of April 1940

Shirō Wakabayashi

Assured

Beneficiary

means the policy year  
 ed. The policy year  
 as stated are available

the premium that is

ht to the Company  
 premium at a rate  
 ed at such periods

ferred to in 13 (b)  
 's grace, all liability  
 as the full premium  
 o such expiration.

it, per annum, and  
 ated Surplus, shall  
 the amount of the

ed by the holder of  
 company, remain in

the fifth  
 Company for the  
 If option (d) shall  
 of death shall be  
 o the credit of the

of a previous  
 thousand Dol-  
 me policy number, this policy is issued to take the place  
 previous policy, and this provision shall be in lieu of  
 understood and agreed that if any material misrep-  
 resentation for such reinstatement and change, such re-  
 med not to have been made.

# Application for Change of Policy

To THE MONARCH LIFE ASSURANCE COMPANY,  
Head Office, Winnipeg.

We hereby request and authorize the Company to change Policy No. 98210 on the

life of Jianburo Wakabayashi

in accordance with the particulars given below. In case of apparent errors or omissions discovered by the Company in this application, or in case the Company shall be unwilling to change the policy on the basis applied for, the Company is hereby authorized to amend this application and to change the policy on the basis of this application so amended, and <sup>my</sup> acceptance of such changed policy containing a copy of this application so amended shall constitute <sup>my</sup> approval of such amendment without further reference to <sup>me</sup>; nevertheless <sup>we</sup> reserve the right to decline acceptance of such policy based on this form, if so amended.

FROM			TO			AMENDMENTS (For Head Office use only)
Amount \$	2,000		\$ 2,000			
Plan	End. at 70		End. at 70			
MARK "X" IF BENEFIT IS INCLUDED			MARK "X" IF BENEFIT IS DESIRED			
Monthly Income Disability	Waiver of Premium Disability	Double Indemnity	Monthly Income Disability	Waiver of Premium Disability	Double Indemnity	
Dividend Period	5		5			
Premium \$	67.50	* annually.	\$ 69.90	* annually.		
<small>(*insert 1/4 or 1/2 for quarterly or semi-annual premiums.)</small>						
Age at issue of Policy	38 <small>(nearest birthday)</small>		39 <small>(nearest birthday)</small>			
Premium Due Date	19-4		19-4			
Policy Years Measured From	19-4-	19 37	19-4-38		19	

**Additional Particulars**

On payment of \$5.25 as at 19-4-40 two premiums will be shown as paid in full with the third premium falling due April 19/40.

Dated at Vancouver B.C. this 19th day of April 1940

[Signature] Witness [Signature] Assured

Witness

3371-431-3 (20-5-39)

Extended Term Assurance		Amount Pure Endowment
See Privilege 12 (d)		
Yrs.	Mos.	\$
4	6	0
6	6	0
8	6	0
10	0	0
11	6	0
13	0	0
14	0	0
15	0	0
16	0	0
16	6	0
17	0	0
17	0	34
16	0	125
15	0	212
14	0	270
13	0	370
12	0	441
11	0	508
6	0	783
1	0	972

means the policy year ended. The policy year as stated are available

the premium that is

bit to the Company premium at a rate added at such periods

referred to in 13 (b) 's grace, all liability as the full premium to such expiration.

it. per annum, and ated Surplus, shall y the amount of the

sed by the holder of Company, remain in

the fifth e Company for the If option (d) shall of death shall be to the credit of the

of a previous thousand Dol- and in cancellation of the said previous policy, and this provision shall be in lieu of a reinstatement certificate. It is understood and agreed that if any material misrepresentation has been made in the application for such reinstatement and change, such reinstatement and change shall be deemed not to have been made.



## Privileges and Provisions

### 12. GUARANTEED SURRENDER AND LOAN VALUES.—

After the premiums for three or more policy years have been paid, if written request to the Head Office is made by the person entitled hereunder, within one month from the premium due date stated herein, and while this policy is in force, the Company, in the absence of any statutory restriction, will

(a) Grant a Cash Surrender Value upon being discharged from all liability hereunder and upon this policy being surrendered together with the receipt for the last renewal premium, or

(b) Make a Loan of an amount not exceeding ninety-four per cent. of the Cash Surrender Value, upon the Company's Loan Agreement form being completed, with interest not exceeding seven per cent. per annum, the policy being first produced for examination and endorsement and assigned to the Company, the policy after such production and endorsement to be returned to the Borrower if so required by him, provided, however, that such loan may at the option of the Company be deferred for a period not exceeding three months from the time the holder applies therefor, or

(c) Convert this Policy into a Non-participating Paid-up Endowment Policy, but for a reduced amount, upon the Company's form of application for Paid-up Policy being completed and the receipt for the last renewal premium paid being surrendered, or

(d) Convert this Policy into a Non-participating Paid-up Term Policy of the same amount, for a specified period, to run from the due date of the premium last due, upon the Company being paid all indebtedness (if any) hereunder, and upon the Company's form of application for Extended Term Assurance being completed and the receipt for the last renewal premium paid being surrendered. Should the period of Term Assurance referred to in this paragraph (d) extend till the end of the Endowment Period, and should the Assured be then alive, the person entitled hereunder shall receive in cash a Pure Endowment as provided in the table of "Guaranteed Surrender Values" below. If the Assured dies within three years from the date of the conversion hereof into a Paid-up Term Policy (as herein provided), the Company will deduct from the amount payable under the said Term Policy a sum equal to the additional premiums that would have fallen due hereunder before the Assured's death if such conversion had not been made.

### 13. AUTOMATIC NON-FORFEITURE.—

After the premiums for three or more policy years have been paid, and on the non-payment within the period of grace of any subsequent premium on this policy, if the cash surrender value (less any indebtedness) shall exceed one-fourth of the annual premium, the policy will be automatically continued in force as follows:

(a) If such excess is equal to or greater than the premium that is due, this policy will be automatically continued in force for the ensuing premium period; or

(b) If such excess is less than the premium that is due but is sufficient to pay at least one-fourth of the annual premium as aforesaid, this policy will be automatically continued in force for such proportion of

### 14. SURPLUS DISTRIBUTION.—

At the end of the fifth policy year, and at the end of each fifth policy year thereafter, Surplus shall be apportioned to this policy and the person entitled may select one of the following options:

(a) To apply the Surplus to the purchase of a Paid-up Addition to the sum assured.

(b) To apply the Surplus to reduce future premiums.

(c) To receive payment in cash.

(d) To allow the Surplus apportioned to this policy to remain with the Company and accumulate to the credit of the policy with interest

The Cash Surrender and Paid-up Assurance and Pure Endowment Values available in accordance with Privileges 12 (a), (c), and (d), subject to adjustment in case of indebtedness to the Company will be

twice

the amounts stated; the periods of Term Assurance in accordance with Privilege 12 (d) are shown. The Loan Values are 94 per cent. of the Cash Surrender Values (See privilege 12 (b)).

Values for years other than those mentioned in the table will be furnished on request.

Policy Year for which Premiums have been paid	Cash Surrender Value See Privilege 12 (a)	Paid-up Policy See Privilege 12 (c)	Extended Term Assurance		Amount Pure Endowment
			Yrs.	Mon.	
3	43	93	4	6	0
4	67	141	6	6	0
5	91	186	8	6	0
6	115	229	10	0	0
7	140	271	11	6	0
8	166	313	13	0	0
9	192	352	14	0	0
10	219	391	15	0	0
11	246	428	16	0	0
12	273	462	16	6	0
13	301	496	17	0	0
14	330	530	17	0	34
15	359	562	16	0	125
16	389	593	15	0	212
17	420	624	14	0	294
18	451	653	13	0	370
19	483	682	12	0	441
20	516	709	11	0	508
25	700	842	6	0	783
30	940	973	1	0	972
70x	1000				

In the above table, "@ 55," etc., means the policy year ending nearest age 55, etc., as stated. The policy year marked "X" means that the values stated are available at the end of such policy year.

the ensuing premium period as the said excess is of the premium that is due.

The unpaid premium shall be considered a debt to the Company which shall bear interest from the due date of such premium at a rate not exceeding seven per cent. per annum, compounded at such periods as the premiums hereon are payable.

At the expiration of the proportionate period referred to in 13 (b) herein, which shall run concurrently with the month's grace, all liability of the Company under this policy shall cease, unless the full premium due and owing, and interest thereon are paid prior to such expiration.

annually at not less than three and one-half per cent. per annum, and when the Reserve, together with the Accumulated Surplus, shall amount to the sum assured, the Company will pay the amount of the Endowment hereunder.

Provided, however, that the option once exercised by the holder of this policy shall, except with the consent of the Company, remain in force during the continuance of the policy.

In the event of the death of the Assured after the fifth policy year, an interim dividend shall be paid by the Company for the period elapsed since the last Surplus Distribution. If option (d) shall have been selected, the amount payable in event of death shall be increased by the accumulated profits at that time to the credit of the policy.

At the written request of the Assured herein for reinstatement and change of a previous policy issued by this Company on the nineteenth day of April, 1937, for Two Thousand Dollars (\$2,000.00) and bearing the same policy number, this policy is issued to take the place of and in cancellation of the said previous policy, and this provision shall be in lieu of a reinstatement certificate. It is understood and agreed that if any material misrepresentation has been made in the application for such reinstatement and change, such reinstatement and change shall be deemed not to have been made.