

F4A

Request
for change



LIFE
INSURANCE



CRITICAL
ILLNESS



F4A(17-05) PDF

Invested in you.



INSTRUCTIONS

- The **MANDATORY INFORMATION** and **SIGNATURES** sections must be completed for each submitted page of the form.
- Each page of this request for change form must be used for one policy only, except for page **F4A-01**.
- You must submit only the page(s) of this form which applies to the change(s) requested.
- **Please provide your client with page F4A-18 of this form, if applicable.**
- Please refer to the wording of the policy for the applicable conditions for each product.

TABLE OF CONTENTS

F4A	Section	Request for Change
F4A-01	1	Mode of Payment to Monthly Pre-Authorized Cheque Payment / Pre-Authorized Debit (PAC/PAD) Agreement Modify Existing PAC/PAD Agreement
F4A-02	2	Change of Mode of Payment to Annual, Semi-Annual or Quarterly
F4A-03	3 4 5	Addition of Coverage and/or Additional Benefits Addition of 10-15-20 Option (Universal Life Policy) Addition of a Child to an Existing Child Module
F4A-04	6	Cancellation/Reduction of Coverage and/or Additional Benefits
F4A-05	7	Reinstatement/Policy Not Placed
F4A-06	8 9	Tobacco Status (Change to Non-Smoker) Non-Smoker Bonus (Increase in Coverage)
F4A-07	10 11	Risk Class (Change to Preferred/Elite) Extra Premium/Exclusion (Revision)
F4A-08	12 13 14	Cost of Insurance from YRT to Level (Universal Life Policy) Death Benefit (Universal Life Policy) Minimization Period (Universal Life Policy)
F4A-09	15	Reduced Paid-Up Insurance (Traditional Policy)
F4A-10	16	Change in Type of Coverage
F4A-11	17 18 19 20	Change of Address Duplicate Policy Date of Birth (Correction) Dividend Option
F4A-12	21	Exercise the Guaranteed Insurability (GI) Benefit
F4A-13	22	Conversion
F4A-14	23	Dissociation
F4A-15	24 25	Dissolution of a Joint 1st to Die Coverage Withdrawal of an Insured from a Joint 1st to Die Coverage
F4A-16	26 27	Change to the EquiBuild Bonus option Paid-up Insurance (PUA) (EquiBuild)
F4A-17	28	Substitution of Life Insured (Universal Life Policy)
F4A-18	29	Interim Insurance Agreement in the Event of Death or Critical Illness

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Policyowner's last and first name _____ Amount received _____

\$ _____

! *If there is a change in the **policyowner's** address, complete **section 17** of form **F4A-11**.*

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Please check

1. ☐ MODE OF PAYMENT TO MONTHLY PAC/PAD AGREEMENT / MODIFY EXISTING PAC/PAD


- !** ➔ Upon receipt of this form, **all outstanding premiums and fees** will be **withdrawn** from the **bank account**, while respecting the reinstatement rules, unless it is a **universal life** policy with sufficient available funds.
- ➔ The **banking information** must be the same for **all policies** indicated on this form.
- ➔ The modification will be **effective** as of the **reception date** of this form **OR** the following date (yyyy-mm-dd):
- !** The effective date requested must be within the grace period for the payment of the premium.

1.1 Please indicate all the policies to be modified by this request for change.

	Policy 1	Policy 2	Policy 3
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Withdrawal Day	<input type="checkbox"/> _____ (from 1 to 28) <input type="checkbox"/> Issue day	<input type="checkbox"/> _____ (from 1 to 28) <input type="checkbox"/> Issue day	<input type="checkbox"/> _____ (from 1 to 28) <input type="checkbox"/> Issue day
	! If no withdrawal day is specified, the PAC/PAD will be withdrawn on the issue day of the policy.		
Target Premium (UL only)	<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Minimum premium <input type="checkbox"/> Monthly cost + taxes <input type="checkbox"/> Current premium (Trend)	<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Minimum premium <input type="checkbox"/> Monthly cost + taxes <input type="checkbox"/> Current premium (Trend)	<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Minimum premium <input type="checkbox"/> Monthly cost + taxes <input type="checkbox"/> Current premium (Trend)
	! ➔ Upon a change of mode to PAC/PAD , if no premium is specified, the target premium will be the minimum premium , unless the monthly cost + taxes is higher OR the current premium for a Trend product. ➔ Please make sure that the new premium is sufficient to maintain the policy in force. ➔ For EquiBuild policy with the Fund PUA Option , please ensure that the target premium is sufficient to cover the PUA Allocation otherwise it will be reduced.		
Reimbursement of the loan	Amount of: \$ _____ for the reimbursement of the loan	Amount of: \$ _____ for the reimbursement of the loan	Amount of: \$ _____ for the reimbursement of the loan
	! The amount indicated for the reimbursement of the loan is a monthly withdrawal in addition to the regular premium/target premium .		
Postpone PAC/PAD Withdrawal	<input type="checkbox"/> Postpone to: _____ <input type="checkbox"/> Postpone to the maximum date allowed. <input type="checkbox"/> Change of banking information to follow. <input type="checkbox"/> Termination of policy to follow. <input type="checkbox"/> Following the death of: <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div> <i>Name of the person deceased</i>	<input type="checkbox"/> Postpone to: _____ <input type="checkbox"/> Postpone to the maximum date allowed. <input type="checkbox"/> Change of banking information to follow. <input type="checkbox"/> Termination of policy to follow. <input type="checkbox"/> Following the death of: <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div> <i>Name of the person deceased</i>	<input type="checkbox"/> Postpone to: _____ <input type="checkbox"/> Postpone to the maximum date allowed. <input type="checkbox"/> Change of banking information to follow. <input type="checkbox"/> Termination of policy to follow. <input type="checkbox"/> Following the death of: <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div> <i>Name of the person deceased</i>
	! ➔ The maximum date allowed to postpone a PAC/PAD is the following month's PAC/PAD withdrawal day (the 2 premiums will be withdrawn at the same time). ➔ In the case of a deceased person , please provide us with new banking information if it is the bank account holder and/or a death claim if the person is an insured on the policy and/or the policyowner covered under a waiver of premium upon death benefit.		
Premium Holiday (UL only)	<input type="checkbox"/> Stop PAC/PAD until: _____ <input type="checkbox"/> Undetermined period	<input type="checkbox"/> Stop PAC/PAD until: _____ <input type="checkbox"/> Undetermined period	<input type="checkbox"/> Stop PAC/PAD until: _____ <input type="checkbox"/> Undetermined period
	! Please make sure that the accumulation fund and/or the premiums paid to date are sufficient to maintain the policy in force and that all contractual obligations are respected.		



BANKING INFORMATION**1.2 Do you already pay by PAC/PAD?**

☐ **Yes** → The premiums must be withdrawn from the same bank account as the one used for the following policy: 

☐ **No** → Please attach a **void personal cheque** OR provide the banking information in **section 1.3**.

 **The banking information cannot come from a credit card or a line of credit.**

1.3 Withdrawal Arrangement: Variable **PAC/PAD category:** ☐ Personal ☐ Business (If both boxes are left unchecked, the PAC/PAD category will be considered "Personal").

Name of financial institution: _____

Name of account holder(s): _____

Last and first name

Last and first name

Branch
no.:



Financial
institution no.:



Bank
account no.:



|| 999 ||

1

: 99999 : 999 :

2

3

999 : 999 : 999 ||

4

- 1 Cheque number (do not write this number).
- 2 Branch number (5 digits).
- 3 Financial institution number (3 digits).
- 4 Account number. The format may vary from one financial institution to another. Indicate all numbers and only the numbers.

OR

Please attach (with adhesive tape) the void personal cheque in the box below.

Void cheque

DETAILS AND SPECIAL INSTRUCTIONS

1.4 Pre-Authorized Cheque Payment/Pre-Authorized Debit (PAC/PAD) Agreement

Each account holder is referred to as "I" in this PAC/PAD Agreement section and makes the following statements in respect to himself or herself.

- I authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for regular recurring payments and/or one-time payments from time to time for payment of all premiums, deposits, instalments and charges arising from the contract hereunder mentioned. Regular payments will be debited from my specified account based on the date and/or frequency I have chosen, whereas one-time payments from time to time can be debited from my account on any other date.
- I agree that, for the purpose of this PAC/PAD Agreement, all PACs/PADs from my account will be treated as Personal unless I advise otherwise.
- I waive the right to receive pre-notification of an increase or a decrease in the amount to be debited or a change in the date and/or frequency of these payments.**
- I agree that the Company is not required to provide me with written notice of a change in a PAC/PAD amount that is made as a result of my request.
- If a PAC/PAD is dishonoured for any reason such as, but not limited to, insufficient funds ("NSF"), stop payment or account closed, the Company is authorized to re-submit the payment. **Any charges incurred by the Company as a result of the dishonoured PAC/PAD will be added to the subsequent PAC/PAD.**
- I may cancel or modify this PAC/PAD Agreement at any time, subject to providing the Company thirty (30) days notice in writing. To obtain a sample cancellation form or for more information on my right to cancel the PAC/PAD Agreement, I may contact my financial institution or visit www.payments.ca concerning Rule H1 – Pre-authorized debits (PADs).
- Any cancellation of this PAC/PAD Agreement will not affect my insurance contract(s) and/or contract(s) for financial services, so long as payment is provided by an alternate method.
- The Company will not assign this PAC/PAD Agreement without providing, any time prior to the next PAC/PAD, written notice to me of the assignment.**
- I have certain recourse rights if any PAC/PAD does not comply with this PAC/PAD Agreement. For example, I have the right to receive reimbursement for any PAC/PAD that is not authorized or is not consistent with this PAC/PAD Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit www.payments.ca.

SIGNATURES

Is the **ownership** of this policy **joint**?

☐ **Yes** ➔ Please obtain the signature of **all policyowners**.

Is the **policyowner** and/or the **bank account holder** a **company**?

☐ **Yes** ➔ Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

Is new banking information provided with this request?

☐ **Yes** ➔ The signature of the **policyowner** and/or the **bank account holder** is required. If the bank account is joint, the signature of all bank account holders are required.

Is this a change regarding a **withdrawal day, target premium, reimbursement of loan, PAC/PAD postponement or premium holiday**?

☐ **Yes** ➔ The signature of **all the policyowners** is **preferable** but **not mandatory**.

We agree that this request is an integral part of the modified contract and that the modification takes effect as of the acceptance of the request by the Company inasmuch as the latter has been accepted without modification.

I confirm that I have all the necessary authorizations from the bank account holder (if other than myself) in order to allow the Company to withdraw the premiums from the bank account.

Signed at _____ this _____ day of _____ 20_____

X _____
Agent

X _____
Bank account holder if other than policyowner

X _____
Policy no. 1 – Policyowner/Authorized person

X _____
Witness

X _____
Bank account holder if other than policyowner

X _____
Policy no. 2 – Policyowner/Authorized person

X _____
Policy no. 3 – Policyowner/Authorized person

Attention:
signatures required if the
policyowners are other
than the policyowner of
policy no. 1.

Contact Information of service centres:

Quebec: Industrial Alliance Insurance and Financial Services Inc., Policyowner Services
1080 Grande Allée West, PO Box 1907, Station Terminus, Quebec City, QC G1K 7M3
Telephone: 1-844-442-4636, fax: 1-866-572-1075, email: infolife@ia.ca

Toronto: Industrial Alliance Insurance and Financial Services Inc., Toronto Service Centre, Policyowner Services
522 University Avenue, Suite 400, Toronto, ON M5G 1Y7
Telephone: 1-844-442-4636, fax: 1-877-780-7231, email: infolife@ia.ca

Vancouver: Industrial Alliance Insurance and Financial Services Inc., Vancouver Service Centre, Policyowner Services
2165 West Broadway, PO Box 5900, Vancouver, BC V6B 5H6
Telephone: 1-844-442-4636, fax: 1-844-739-0634, email: infolife@ia.ca

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Policy no.	Policyowner's last and first name		Amount received	
<div></div>	<div></div>		<div></div>	
			\$	

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div></div>	<div></div>	<div></div>

2. ☐ Please check

MODE OF PAYMENT TO ANNUAL, SEMI-ANNUAL OR QUARTERLY

- !** ➔ Please include a **cheque** for the **payment of premiums due** in accordance with the new mode of payment chosen, unless it is a **universal life** policy in which there are sufficient funds available in the policy.
- ➔ The modification will **take effect** as of the **reception date** of this form **OR** the following date (yyyy-mm-dd):
- !** The effective date requested must be within the grace period for the payment of the premium.

2.1 Select the available mode of payment according to the type of product

- Alternative
- Perspective
- Universal Life
- Transition
- Access Life

Modify the mode of payment to: ☐ Annual

• Other products ➔ Modify the mode of payment to ☐ Annual ☐ Semi-annual ☐ Quarterly

2.2 Target premium (universal life policy)

! ➔ Upon a **change** to the Annual mode, if no target premium is specified, the premium will be the **minimum premium** unless the monthly cost + taxes is higher **OR** the **current premium** for a **Trend** product.

I would like the following **target premium**:

☐ Amount: \$ OR ☐ Minimum premium OR ☐ Monthly cost + taxes OR ☐ Current premium (Trend)

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

! THE SIGNATURE OF **ALL POLICYOWNERS** IS **PREFERABLE** BUT **NOT MANDATORY**.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. inasmuch as the latter has been accepted without modification and that the premium has been paid.

Signed at _____ this _____ day of _____ 20_____

X _____	X _____	X _____	X _____
Agent	Witness	Policyowner/Authorized person	Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			\$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

3. ☐ Please check
ADDITION OF COVERAGE AND/OR ADDITIONAL BENEFITS

! ➔ For policies issued **before January 1, 2017**, only the addition of additional benefits or critical illness or disability are allowed.
➔ Attach form **F3A** duly completed and signed for each insured for which the request to add coverage applies.

3.1 Coverage to be added:

Insured (last and first name)	Type of coverage	Face amount added	Annual premium added
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
TOTAL ADDITIONAL PREMIUM:			\$ _____

3.2 For a policy with CAD, CID, CADE, WP, WPD is or WPD benefits, do I want to increase the benefit(s) with the addition? ☐ **Yes** ➔ Attach form **F3A** for the policyowner

3.3 The coverage to be added is:

<input type="checkbox"/> Critical Illness	}	Forms F3A and Q4A .
<input type="checkbox"/> Child Life & Health Duo		➔ Forms F3A and Q6A .
<input type="checkbox"/> Disability		➔ Forms F3A and Q9A .
<input type="checkbox"/> Life and Serenity 65		

! These forms must be completed for **each insured** for whom coverage is being added.

3.4 Is a cheque equivalent to one monthly premium attached to this request? ☐ **Yes** ➔ Complete and submit to the client form **F4A-18 Interim Insurance Agreement in the Event of Death or Critical Illness**.

3.5 For a **universal life** policy, I would like the following target premium:

☐ Amount: \$ _____ OR ☐ Minimum premium OR ☐ Monthly cost + taxes OR ☐ Current premium (Trend)

4. ☐ Please check
ADDITION OF 10-15-20 OPTION (UNIVERSAL LIFE POLICY)

! For certain types of joint coverages, levelling of the cost of insurance is not allowed within the **first 10 years**. Please refer to the wording of the policy.

4.1 Is the **cost of insurance** on the coverage presently YRT?

☐ **No** ➔ Continue to **section 4.2**.

☐ **Yes** ➔ Has the coverage been in force for **more than 3 years**?

☐ **No** ➔ The addition of the option is not permitted.

☐ **Yes** ➔ Cost of insurance will be leveled.

4.2 I would like to add: ☐ Option 10 ☐ Option 15 ☐ Option 20

For the following insured(s):	Insured (last and first name)	Face amount
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____

4.3 I would like the following target premium: ☐ Amount: \$ _____ OR ☐ Minimum premium OR ☐ Monthly cost + taxes

5. ☐ Please check

ADDITION OF A CHILD TO AN EXISTING CHILD MODULE

 Please refer to the wording of the policy for the applicable conditions of eligibility.

5.1 Add the following child/children to the existing child module:

Child (last and first name)

Date of birth (yyyy-mm-dd)

Relationship with the insured to whom the
Child Module is attached

1. _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											_____
2. _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											_____
3. _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											_____

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the **ownership** of this policy **joint**?

☐ **Yes** → Please obtain the signature of **all policyowners**.

Is the **policyowner** a **company**?

☐ **Yes** → Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

Is this a request for an addition of a child to an existing Child Module?

☐ **Yes** → The signature of the policyowner(s) is preferable but not mandatory.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request. We acknowledge having read the interim insurance agreement in the event of death or critical illness and having understood the terms thereof.

Signed at _____ this _____ day of _____ 20_____

X _____	X _____	X _____	X _____
Agent	Witness	Policyowner/Authorized person	Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			\$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

6. ☐ Please check CANCELLATION/REDUCTION OF COVERAGE AND/OR ADDITIONAL BENEFITS

! In the case of a cancellation/reduction of **universal life** coverage with **surrender charges**, surrender charges proportional to the cancellation/reduction of the face amount will be withdrawn from the policy's accumulation fund.

- 6.1 Is the entire policy being surrendered? ☐ **Yes** → Use form **F6A**.
☐ **No** → Continue to **section 6.2**.

6.2 Coverage to be cancelled/reduced:

Insured (last and first name)

Type of coverage

1. _____
2. _____
3. _____
4. _____

- ☐ Cancel the entire coverage
☐ Reduce the face amount to \$ _____
☐ Cancel the entire coverage
☐ Reduce the face amount to \$ _____
☐ Cancel the entire coverage
☐ Reduce the face amount to \$ _____
☐ Cancel the entire coverage
☐ Reduce the face amount to \$ _____

6.3 Is this a **universal life** policy?

- ☐ **Yes** → Include a **\$25** cheque for transaction fees.
☐ **No** → No transaction fees.

6.4 The cancellation is **conditional** on the acceptance of the:

- ☐ Addition of coverage on this policy.

☐ Addition of coverage on policy:

☐ New application no.:

6.5 Is the cancelled coverage replaced by a new coverage?

- ☐ **Yes** → Attach a **Notice of Replacement**, if applicable in your province.

6.6 If the cancelled coverage contains **surrender values**, how will they be paid?

- ☐ Payment to the policyowner by cheque.

☐ Deposit to policy no.

! If there is a loan against the policy, it will be reimbursed before the payment of the surrender value.

☐ Deposit to application no.

☐ **Direct deposit**

→ The bank account holder must be the policyowner.

- ☐ Use the policy's current bank account
☐ Use the bank account specified on the attached **personalized cheque**.

6.7 Is it a **Home Protection Plan** policy?

- ☐ **Yes** → Attach form **Q8A**, completed and signed.

6.8 For a **universal life** policy, I would like the following target premium:

- ☐ Amount: \$ _____ OR ☐ Minimum premium OR ☐ Monthly cost + taxes OR ☐ Current premium (Trend)

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the **ownership** of this policy **joint**?

☐ **Yes** ➔ Please obtain the signature of **all policyowners**.

Is the **policyowner** a **company**?

☐ **Yes** ➔ Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

Is the **beneficiary** of the coverage to be cancelled **irrevocable**?

☐ **Yes** ➔ Please obtain the signature of the **irrevocable beneficiary(ies)**.

Is the policy **assigned for collateral security** or **seized** by the government or a trustee?

☐ **Yes** ➔ Please obtain the required documents.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. (the "Company").

In the case of a direct deposit, it is hereby understood that the Company does not assume any liability once the proceeds are deposited in the bank account provided by the policyowner.

Signed at _____ this _____ day of _____ 20_____

X _____
Agent

X _____
Witness

X _____
Irrevocable Beneficiary

X _____
Policyowner/Authorized person

X _____
Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
				\$

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

7. ☐ Please check **REINSTATEMENT/POLICY NOT PLACED**

! ➔ **Acceptance of a cheque does not mean that the reinstatement has been accepted.** The insurability declarations must be reviewed before confirming the acceptance of the request.
 ➔ In all cases, **attach a cheque for premiums and fees due.** Interest applies in some situations.

7.1 Does the **banking information** for this policy need to be modified? ☐ **Yes ➔** Complete form **F4A-01**.

7.2 Do you wish to **exclude** an insured(s) from this reinstatement request?

☐ **No ➔** Continue to **section 7.3**.

☐ **Yes ➔** I want to **exclude the following insured(s)** and I understand that this/these insured(s) will no longer be covered under this insurance policy:

Insured (last and first name)	Insured (last and first name)
1. _____	2. _____
3. _____	4. _____

7.3 REINSTATEMENT

Is this a **universal life** policy? ☐ **Yes ➔** Include **\$25** for transaction fees

At the cancellation of the policy, did it include a:

- ☐ **Surrender value?**
- ☐ **Loan** which exceeded the surrender value?

How long has the policy been cancelled?

☐ **Yes ➔** It is **MANDATORY** to reimburse the **surrender value** paid to the policyowner

☐ **Yes ➔** It is **MANDATORY** to reimburse the **total** or **partial** amount (minimum required) of the **loan**.

☐ **Less than 120 days ➔** Complete **section 7.5**.

☐ **120 days or more ➔** Complete **section 7.6**.

7.4 POLICY NOT PLACED

Do you want to place the policy with a change of effective date? ☐ **Yes ➔** If the change leads to an increase in age for the insured(s):

- ☐ Conserve the age.
- ☐ Increase the age. ➔ **Attach the policy to this request.**

! For a **universal life** policy, submit a new **illustration**.

How long has the policy been terminated?

☐ **Less than 120 days ➔** Complete **section 7.5**.

☐ **120 days or more ➔** Submit a **new application**, since a reinstatement is not allowed. This form is not required.

7.5 POLICY CANCELLED OR NOT PLACED FOR *LESS THAN 120 DAYS* – INSURABILITY DECLARATIONS

! Please complete the following insurability declarations for all persons covered under this policy, such as: each **insured, policyowner(s)** covered under a **CAD, CID, CADE, WP, WPDIs** or **WPD** benefit and each **child** covered under a **child module**.

Is this a simplified issue policy such as **Access Life, Alternative, Perspective** or **Transition Simplified**? ☐ **No** → Please answer questions **A, B, C, D, E** and **F** below. ☐ **Yes** → Attach to this request the **application** (completed and signed) which corresponds to the type of product for the insurability declarations. **→ Questions A, B, C, D, E and F are not required.**

F2A – Alternative
F8A – Perspective
F11A – Alternative – Term Product
F32A – Transition Simplified Issue
F35A – Access Life

Question A: In the last year, has the person suffered from any illness, had health problems or consulted a physician?

Question B: In the last year, has the person tested positive for an AIDS screening test or for Hepatitis B or C?

Question C: In the past year, has the person been disabled or absent from work for more than two weeks for health reasons?

Question D: Please answer if the policy contains a **disability** insurance coverage: In the last five years, has the person suffered from nervous disorders (fatigue, anxiety, depression, anguish, overwork, burnout or other) or musculoskeletal disorders (herniated disk, vertebra related disorders, disorders of the neck, back, shoulders, elbows, knees or other joints), osteoarthritis or arthritis?

Question E: Is the person covered under a **Critical Illness** insurance coverage?

Question F: Is the person covered under a **Life and Serenity 65** insurance coverage?

Last and first name of all persons who have coverage	Question A	Question B	Question C	Question D	Question E	Question F
1.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

VERY IMPORTANT
PLEASE FOLLOW THESE INSTRUCTIONS:

Answer = **Yes**
F3A required.

Answer = **Yes**
F3A and **Q6A** required.

Answer = **Yes**
Q4A required.

Answer = **Yes**
Q9A required.

! The required **F3A, Q4A, Q6A** and **Q9A** forms must be completed and signed by **each insured**.

7.6 POLICY CANCELLED FOR *MORE THAN 120 DAYS* – INSURABILITY DECLARATIONS

! Please complete the following insurability declarations for all persons covered under this policy, such as: each **insured** and **policyowner(s)** covered under a **CAD, CID, CADE, WP, WPDIs** or **WPD** benefit and each **child** covered under a **child module**.

Is this a simplified issue policy such as **Access Life, Alternative, Perspective** or **Transition Simplified**? ☐ **No** → Attach the **F3A** form completed and signed for each insured **AND** answer **questions 1, 2, and 3** below. ☐ **Yes** → Attach to this request the **application** (completed and signed) which corresponds to the type of product for the insurability declarations. **→ The F3A and questions 1, 2 and 3 are not required.**

F2A – Alternative
F8A – Perspective
F11A – Alternative – Term Product
F32A – Transition – Simplified Issue
F35A – Access Life

Question 1: Is the person covered under a **Critical Illness** insurance coverage?

Question 2: Is the person covered under a **Disability** insurance coverage?

Question 3: Is the person covered under a **Life and Serenity 65** insurance coverage?

Last and first name of all persons who have coverage	Question 1	Question 2	Question 3
1.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

VERY IMPORTANT
PLEASE FOLLOW THESE INSTRUCTIONS:

Answer = **Yes**
F3A and **Q4A** required.

Answer = **Yes**
F3A and **Q6A** required.

Answer = **Yes**
F3A and **Q9A** required.

! The required **F3A, Q4A, Q6A** and **Q9A** forms must be completed and signed by **each insured**.

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the insured aged **16 or over**?☐ **Yes** → Please obtain the signature of the **insured**.Is the **ownership** of this policy **joint**?☐ **Yes** → Please obtain the signature of **all policyowners**.Is the **policyowner** a **company**?☐ **Yes** → Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services inc. inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20_____

X _____
 Agent

X _____
 Policyowner/Authorized person

X _____
 Insured 1


X _____
 Witness

X _____
 Policyowner/Authorized person

X _____
 Insured 2

X _____
 Insured 3

X _____
 Insured 4

 *Signature(s)
required if the
insured(s) are
other than the
policyowner(s).*

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>			<div style="border:1px solid black; height:20px; width:100%;"></div>
				\$

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>

8. ☐ **TOBACCO STATUS (CHANGE TO NON-SMOKER)**

! Attach a duly completed and signed **F3A** (including the Tobacco Use and Declaration of Insurability sections) form for each applicable insured.

8.1 Change the tobacco status to non-smoker for the following insured(s): Insured (last and first name)

1. _____

2. _____

3. _____

8.2 Please select the applicable option.

☐ For a coverage that was issued with a smoker rate due to age (child under age 15):

- !** → Changes for children under age 15 when the original coverage was issued will all take effect using the attained age.
→ No transaction fees.

OR

☐ For an insured aged 15 or more at issue who stopped using tobacco: Choose the applicable transaction fee and attach a cheque to the request

- ☐ If 12 months or less since the coverage was issued: **No fees** (the change will take effect according to the insured's age at issue and the original rate).
☐ If between 1 and 5 years since the coverage was issued: **\$50 fee** (the change will take effect according to the insured's age at issue and the original rate).
☐ If more than 5 years since the coverage was issued: **No fees** (the change will take effect according to the insured's attained age and the original rate).

! Please make sure that the non-smoker premium and/or cost of insurance for **universal life** policies at the attained age is to the client's advantage compared to the smoker premium/cost of insurance currently in effect.

8.3 Is it **Joint Last to Die** coverage? ☐ **Yes** → Attach form **F3A** for each joint insured under this coverage.

8.4 Is the coverage:

<input type="checkbox"/> Critical Illness <input type="checkbox"/> Child Life & Health Duo <input type="checkbox"/> Disability <input type="checkbox"/> Life and Serenity 65 <input type="checkbox"/> Alternative <input type="checkbox"/> Perspective <input type="checkbox"/> Alternative Term Insurance <input type="checkbox"/> Transition Simplified Issue <input type="checkbox"/> Access Life	}	Attach forms F3A and Q4A . → Attach forms F3A and Q6A . → Attach forms F3A and Q9A . → Attach form F2A . → Attach form F8A . → Attach form F11A . → Attach form F32A . → Attach form F35A .
---	---	---

! These forms must be completed for **each insured** for whom the change is applied.

8.5 For a **universal life** policy, I would like the following target premium:

☐ Amount: \$ _____ OR ☐ Minimum premium OR ☐ Monthly cost + taxes OR ☐ Current premium (Trend)

9. ☐ **NON-SMOKER BONUS (INCREASE IN COVERAGE)**

! → Please refer to the wording of the policy for non-smoker bonus eligibility.
→ Attach form **F3A** duly completed and signed by **each insured** for whom this change applies.

9.1 Grant the **non-smoker bonus** to the following insured(s):

→ Please refer to the wording of the policy for the percentage of increase of coverage granted.

Insured (last and first name)

1. _____

2. _____

3. _____

9.2 Is the coverage a **Child Life & Health Duo**? ☐ **Yes** → Attach forms **F3A** and **Q4A** completed for **each insured** for whom coverage is being added.

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the **ownership** of this policy **joint**?

☐ **Yes** ➔ Please obtain the signature of **all policyowners**.

Is the **policyowner** a **company**?

☐ **Yes** ➔ Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20_____

X

X

X

X

Agent

Witness

Policyowner/Authorized person

Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
				\$

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

10. ☐ Please check
RISK CLASS (CHANGE TO PREFERRED/ELITE)

! ➔ Please refer to the wording of policy for the prime rate eligibility.
➔ Attach form **F3A** duly completed and signed for each applicable insured.

10.1 Has the coverage been issued for less than **2 years**? ☐ **Yes** ➔ The change is not allowed.
☐ **No** ➔ Continue to **section 10.2**.

10.2 Please select the applicable conditions according to the number of years for which the coverage has been in force:

- ☐ Contract in force between **2 to 5 years**: Attach a **\$50** fee (the change will take effect according to the insured's age at issue and the original rate).
☐ Contract in force for **more than 5 years**: **No fee** (the change will take effect according to the insured's attained age and the original rate).

! Please verify if the preferred/elite premium and/or cost of insurance for **universal life** type products at the insured's attained age is to the client's advantage compared to the premium and/or cost of insurance currently in force.

10.3 Change the risk class:

! The preferred selection criteria in effect when the request for change is made will apply.

Insured (last and first name)

1. _____ apply the most favorable class be it **Preferred** or **Elite**.
 2. _____ apply the most favorable class be it **Preferred** or **Elite**.
 3. _____ apply the most favorable class be it **Preferred** or **Elite**.

10.4 Is it **joint last to die** coverage? ☐ **Yes** ➔ Attach form **F3A** for **each joint insured** under this coverage.

10.5 For a **universal life** policy, I would like the following target premium:

☐ Amount: \$ _____
☐ Minimum premium
☐ Monthly cost + taxes

11. ☐ Please check
EXTRA PREMIUM/EXCLUSION (REVISION)

! Attach form **F3A** duly completed and signed for each applicable insured.

11.1 Revise the extra premium/exclusion for the following insured(s): **Insured (last and first name)**

1. _____
 2. _____

11.2 Is it **joint last to die** coverage? ☐ **Yes** ➔ Attach form **F3A** duly completed and signed for **each joint insured** under this coverage.

11.3 Is the coverage:

<input type="checkbox"/> Critical Illness	}	Attach the F3A and Q4A forms.
<input type="checkbox"/> Child Life & Health Duo		
<input type="checkbox"/> Disability		
<input type="checkbox"/> Life and Serenity 65		

➔ Attach the **F3A** and **Q6A** forms.
 ➔ Attach the **F3A** and **Q9A** forms.

! These forms must be completed for **each insured** for whom coverage is being added.

FOR UNIVERSAL LIFE POLICIES ONLY:

11.4 Is this a request to remove the **extra premium**? ☐ **Yes** ➔ If approved, do you want to activate the **Automatic Optimization of Face Amount (AOFA)**?

☐ **Yes**
☐ **No** ➔ The AOFA will remain inactive.

I would like the following **target premium**:

☐ Amount: \$ _____ OR ☐ Minimum premium OR ☐ Monthly cost + taxes OR ☐ Current premium (Trend)

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the **ownership** of this policy **joint**?☐ **Yes** → Please obtain the signature of **all policyowners**.Is the **policyowner** a **company**?☐ **Yes** → Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20_____

X _____	X _____	X _____	X _____
Agent	Witness	Policyowner/Authorized person	Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>			<div style="border:1px solid black; height:20px; width:100%;"></div>
				\$

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>

12. ☐ Please check **COST OF INSURANCE FROM YRT TO LEVEL (UNIVERSAL LIFE POLICY)**

- !** → Verify if the current target premium is sufficient to maintain the policy in force, if not, modify it in **section 12.5**.
→ Attach a **\$25** cheque for transaction fees.
→ For certain types of joint coverages, levelling of insurance costs is not allowed within the **first 10 years**. Please refer to the wording of the policy.

- 12.1 Has the coverage to be levelled been in force for more than **3 years**? ☐ **No** → The change is not allowed.
☐ **Yes** → Continue to **section 12.2**.
- 12.2 Is the type of **death benefit** presently **Face amount only**? ☐ **No** → Continue to **section 12.3**.
☐ **Yes** → Does your contract require that the death benefit be **Face amount + fund** in order to obtain a level cost of insurance?
☐ **No** → Continue to **section 12.3**.
☐ **Yes** → I understand that the **death benefit** will be changed to **Face amount + fund** and I want to:
☐ Keep the current face amount (original face amount **less** current amount of accumulation fund).
☐ Maintain the face amount at the original amount.

! Attach form **F3A** duly completed and signed.

12.3 **Change the cost of insurance to level and guaranteed for life for the following insureds:** **Insured (last and first name)**

! The change will take effect according to the insured's attained age.

1.
2.

12.4 Does the policy include a coverage issued from the **Automatic Optimization of Face Amount** option (AOFA)? ☐ **Yes** → Do you want to change the cost of insurance for this coverage to level and guaranteed for life? ☐ **No**

! For certain types of policies, the AOFA Option can not be levelled. Please refer to the wording of the policy.

☐ **Yes** → **!** The AOFA option will no longer be available for the remaining duration of this policy.

- 12.5 I would like the following target premium: ☐ **Amount: \$**
☐ **Minimum premium**
☐ **Monthly cost + taxes**

13. ☐ Please check **DEATH BENEFIT (UNIVERSAL LIFE POLICY)**

! The death benefit can only be changed for the principal insured.

- 13.1 Select the new type of death benefit: ☐ **Face amount only**
☐ **Face amount + fund** → Is the type of death benefit currently "**Face amount only**"?
☐ **Yes** → ☐ I want to keep the current face amount (original face amount **less** current amount of accumulation fund).
☐ I want to maintain the face amount to the original amount.
! Attach form **F3A** duly completed and signed.

Please check

14. ☐ **MINIMIZATION PERIOD (UNIVERSAL LIFE POLICY)**

! Please refer to the wording of the policy for the applicable activation period and conditions.

- 14.1 Is the type of death benefit option **Wealth Maximizer, Face Amount + Fund with Wealth Maximizer or Minimized?** ☐ **No** → The change is not allowed.
☐ **Yes** → Continue to **section 14.2**.

Year

14.2 I want to activate the minimization period starting at the annual anniversary of:

14.3 I want to change the floor face amount to: \$

DETAILS AND SPECIAL INSTRUCTIONS**SIGNATURES**

Is the **ownership** of this policy **joint**?

☐ **Yes** → Please obtain the signature of **all policyowners**.

Is the **policyowner** a **company**?

☐ **Yes** → Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

If this is a change of **COST OF INSURANCE FROM YRT TO LEVEL**:

Is the **beneficiary** of the coverage to be levelled **irrevocable**? ☐ **Yes** → Please obtain the signature of the **irrevocable beneficiary(ies)** if the change of **rate** leads to a **decrease** in the **face amount**.

Is the policy **assigned for collateral security** or **seized** by the government or a trustee?

☐ **Yes** → Please obtain the required documents if the change of **rate** leads to a **decrease** in the **face amount**.

If this is a change of **DEATH BENEFIT**:

Is the **beneficiary** of the coverage **irrevocable**?

☐ **Yes** → Please obtain the signature of the **irrevocable beneficiary(ies)** if the death benefit is changed to **Face amount only**.

Is the policy **assigned for collateral security** or **seized** by the government or a trustee?

☐ **Yes** → Please obtain the required documents if the death benefit is changed to **Face amount only**.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20_____

X _____
Agent

X _____
Witness

X _____
Irrevocable Beneficiary

X _____
Policyowner/Authorized person

X _____
Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			\$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

15. ☐ Please check **REDUCED PAID-UP INSURANCE (TRADITIONAL POLICY)**

! Please refer to the wording of the policy for the applicable conditions for each product.

15.1 Select the portion of the policy you want to pay up and for which insureds:

☐ 1. The entire policy

! The policy's total values will be used.

OR

☐ 2. For the following insured(s): Insured (last and first name)

1. _____ ➔ Select one of the following two options:

! Only the values of the selected insureds will be used.

2. _____
☐ 1. The coverage for the other insured(s) remains in force.
☐ 2. The coverage for the other insured(s) must be cancelled.

OR

☐ 3. Pay up 25% of the face amount **!** Applicable only to the **Modular A4** product.

15.2 Is there a policy loan on the policy? ☐ Yes ➔ I want to: ☐ Keep the policy loan if surrender value remains once the policy is paid-up.
☐ Eliminate the policy loan by reducing the paid-up amount.

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the ownership of this policy joint ?	<input type="checkbox"/> Yes ➔ Please obtain the signature of all policyowners .
Is the policyowner a company ?	<input type="checkbox"/> Yes ➔ Please obtain the signature of an authorized person AND attach a copy of the company's resolution designating the authorized signatories.
Is the beneficiary of the coverage irrevocable ?	<input type="checkbox"/> Yes ➔ Please obtain the signature of the irrevocable beneficiary(ies) .
Is the policy assigned for collateral security or seized by the government or a trustee?	<input type="checkbox"/> Yes ➔ Please obtain the required documents.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20_____

X _____ Agent	X _____ Witness	X _____ Irrevocable Beneficiary
X _____ Policyowner/Authorized person	X _____ Policyowner/Authorized person	

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			\$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

16. ☐ Please check
CHANGE IN TYPE OF COVERAGE

- !** ➔ Allows for a change **retroactive to issue** within **13 months** following the issue date of the coverage.
 ➔ If there is reduction in coverage, the cancellation/reduction is first applied as of the current date and the change in type of coverage takes effect at the issue date.
 ➔ Attach the policy to this request.

16.1 Has the coverage been issued for **more than 13 months**? ☐ **Yes** ➔ The change is not allowed.
☐ **No** ➔ Continue to **section 16.2**.

16.2 Protection to change:

Insured (last and first name)	Current coverage	New coverage	New face amount
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____

16.3 Has the policy been issued for **more than 3 months**? ☐ **Yes** ➔ Attach a **\$50** cheque for transaction fees.

16.4 Will the new premium be higher than the old premium? ☐ **Yes** ➔ Attach a cheque for the difference in premium since issue.
 Amount: \$ _____

16.5 Is there an increase in the face amount of the life insurance? ☐ **Yes** ➔ Attach form **F3A** duly completed and signed for each insured involved in this change.

16.6 Is the coverage: ☐ **Critical Illness** ➔ Attach forms **F3A** and **Q4A**.
☐ **Disability** ➔ Attach forms **F3A** and **Q6A**.
☐ **Life and Serenity 65** ➔ Attach forms **F3A** and **Q9A**.

! These forms must be completed for **each insured** for whom coverage is being added.

16.7 Is the type of product changing from a traditional to a **universal life** policy? ☐ **Yes** ➔ It is **MANDATORY** to complete and sign the following **DOCUMENTS**:
 ➔ **F1A** (excluding the insurability declarations if no increase in coverage) including the **Confirmation of Identity**.
 ➔ **Illustration** signed by the policyowner.

16.8 Is the product changing to an **EquiBuild**? ☐ **Yes** ➔ It is **MANDATORY** to complete and sign the following **DOCUMENTS**:
 ➔ **F1A** (Excluding proof of insurability if no PUA coverage purchase using the accumulation fund) including the **Confirmation of Identity**.
 ➔ **Illustration** signed by the policyowner.

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the **ownership** of this policy **joint**?

☐ **Yes** → Please obtain the signature of **all policyowners**.

Is the **policyowner** a **company**?

☐ **Yes** → Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

Is the **beneficiary** of the coverage **irrevocable**?

☐ **Yes** → Please obtain the signature of the **irrevocable beneficiary(ies)** if the **change in type of coverage** leads to a **decrease** in the **face amount**.

Is the policy **assigned for collateral security** or **seized** by the government or a trustee?

☐ **Yes** → Please obtain the required documents if the **change in type of coverage** leads to a **decrease** in the **face amount**.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20_____

X _____
Agent

X _____
Witness

X _____
Irrevocable Beneficiary

X _____
Policyowner/Authorized person

X _____
Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			\$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Date (yyyy-mm-dd)	Initials
Reserved for H.O. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

17. ☐ **CHANGE OF ADDRESS**

No.	Street	Apartment	PO Box
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
City	Province	Postal code	Social Insurance No.
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Email address	Tel.: Home () - Work () -		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

18. ☐ **DUPLICATE POLICY**

- ! ➔ Enclose a **\$50** cheque for transaction fees.
➔ The policyowner's signature is mandatory.

19. ☐ **DATE OF BIRTH (CORRECTION)**

- ! ➔ Attach proof of date of birth.
➔ In some situations, premiums in arrears and interest are applicable.

19.1 **CORRECT THE DATE OF BIRTH** for the following insured: **Insured (last and first name)**

20. ☐ **DIVIDEND OPTION**

- 20.1 I want to change the dividend option to:
- ☐ Payable in cash.
 - ☐ Applied towards the payment of the premium.
 - ☐ Applied towards a deposit with interest.
 - ☐ Applied towards the purchase of supplementary insurance.
➔ Attach form **F3A** completed and signed for the addition of coverage.

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

- | | |
|--|---|
| Is the ownership of this policy joint ? | <input type="checkbox"/> Yes ➔ Please obtain the signature of all policyowners . |
| Is the policyowner a company ? | <input type="checkbox"/> Yes ➔ Please obtain the signature of an authorized person AND attach a copy of the company's resolution designating the authorized signatories. |
| If this is a request for a DUPLICATE POLICY : | |
| Is the policy assigned for collateral security or seized by the government or a trustee? | <input type="checkbox"/> Yes ➔ Please obtain the required documents. |

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20_____

X _____	X _____	X _____	X _____
Agent	Witness	Policyowner/Authorized person	Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			\$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

21. ☐ Please check

EXERCISE THE GUARANTEED INSURABILITY (GI) BENEFIT

! For policies issued before January 1, 2017, a new policy will be issued following the exercise of the GI Benefit. Please attach a duly completed and signed F1A form.

Type of coverage

21.1 I would like the following coverage(s):

1. Insured (last and first name)	Face amount	New coverage	
	\$		
Beneficiary 1 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Beneficiary 2 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Beneficiary 3 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
2. Insured (last and first name)	Face amount	New coverage	
	\$		
Beneficiary 1 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Beneficiary 2 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Beneficiary 3 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Additional required information

21.2 Do you want to add **coverage** or **additional benefits** other than the coverage granted under the exercise of the **GI**?

☐ **Yes** ➔ Please complete **section 3** of form **F4A-03**.

21.3 Is there a change in the **risk class** or **tobacco status** for the new coverage?

☐ **Yes** ➔ Attach form **F3A** duly completed and signed for each insured involved in this change.

21.4 Does the policy have the **CAD**, **CID**, **CADE**, **WP**, **WPD**is and **WPD** benefits?

☐ **Yes** ➔ Attach form **F3A** for the policyowner.

21.5 Do you want to proceed with a **change of ownership** on this **policy**?

☐ **Yes** ➔ Attach forms **F30A** and **F5A** to this request.

21.6 For a **universal life** policy, I would like the following target premium:

☐ Amount: \$ OR ☐ Minimum premium OR ☐ Monthly cost + taxes OR ☐ Current premium (Trend)

Issuance of the new coverage as a result of the exercise of the Guaranteed Insurability

! Please refer to the wording of the policy for the applicable conditions of eligibility.

21.7 Choose **ONE** of the following three options:

☐ 1. The purchased insurance will be added to the current policy.

! This option is available only for policies issued on or after January 1, 2017.

OR

☐ 2. The purchased insurance will be issued under a new policy(ies).

2.1 Ownership rights of the new policy(ies) resulting from the exercise of the Guaranteed Insurability:

The current policyowner(s) of this policy:

- ☐ remains the policyowner(s) of the new policy.
☐ assigns to each applicable insured their own policy.
☐ assigns the ownership of the new policy to _____.

! **IMPORTANT**

It is **MANDATORY** to choose **ONE** of these three options.

! If there is a **transfer of ownership**, the current policyowner(s) automatically renounce all their rights in favor of the **new policyowner(s)** of the new policy(ies).

2.2 It is **MANDATORY** to provide the following **DOCUMENTS**:

! → **F1A** completed and signed by the policyowner of the new policy (excluding the insurability declarations if no addition of coverage).

! Attach form **F3A** for each additional insured.

→ **Pre-Authorized Cheque Payment / Pre-Authorized Debit (PAC/PAD) Agreement** for each **new payor**.

→ **Confirmation of Identity (F51-208A)** for each **new policyowner** for a **universal life** policy.

OR

☐ 3. The purchased insurance will be added and assigned to the owner of policy issued on or after January 1, 2017 no.:

- !** → The policyowner of the Insurance and Financial Services Inc. above-mentioned policy must agree to the addition to his/her policy by signing below.
 → If the policy includes the **CAD, CID, CADE, WP, WPDIs** or **WPD**, attach the **F3A** form for the policyowner.

I agree to the addition of the insurance to my insurance policy. The addition will take effect when the transaction is accepted by Industrial Alliance Insurance and Financial Services Inc. (the "Company").

Policyowner/Authorized person

Policyowner/Authorized person

! **IMPORTANT**

Please also fill out the **SIGNATURES** section below to complete this transaction.

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the insured aged **16 or over**?

☐ **Yes** → Please obtain the signature of the **insured**

Is the **ownership** of this policy **joint**?

☐ **Yes** → Please obtain the signature of **all policyowners**.

Is the **policyowner** a **company**?

☐ **Yes** → Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by the Company inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20____

X _____
Agent

X _____
Witness

X _____
Proposed insured

X _____
Policyowner/Authorized person

X _____
Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
Policy no.	Policyowner's last and first name		Amount received	
			\$	

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials

22. ☐ Please check
CONVERSION

Type of conversion

22.1 Please choose the type of conversion:

- ☐ 1. **Total conversion of the face amount:** I wish to convert the total amount of coverage.
- OR
- ☐ 2. **Partial conversion of the face amount:** I wish to **keep** the remaining insurance in force.
- OR
- ☐ 3. **Partial conversion of the face amount:** I wish to **cancel** the remaining insurance and I understand that the new converted face amount is reduced to the amount indicated in **section 22.3**.

Coverage to be converted

22.2 Is the coverage to be converted a **joint insurance**? ☐ **Yes** → I want to convert the coverage into the following type of insurance: ☐ joint ☐ individual **!** Please refer to the wording of the policy to verify the availability of the individual insurance.

22.3 If applicable, do you want to save age on the converted coverage? ☐ **Yes**

1. Insured (last and first name)	Converted coverage	New face amount	New type of coverage
		\$	
Beneficiary 1 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Beneficiary 2 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Beneficiary 3 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
2. Insured (last and first name)	Converted coverage	New face amount	New type of coverage
		\$	
Beneficiary 1 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Beneficiary 2 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Beneficiary 3 (last and first name)	Date of birth (yyyy-mm-dd)	%	Relationship to insured
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Additional benefits, riders and/or child modules to keep/cancel with the new coverage issued from this conversion

! Following the conversion, certain additional benefits and riders are not transferable to the new coverage. Please refer to the wording of the policy.

22.4 The **converted coverage** includes **additional benefits, riders** and/or a **child module**?

☐ **Yes** → Please choose only **ONE** of the following options:

☐ I want to keep the current additional benefits, riders and/or child module on the new converted coverage.

OR

☐ I want to keep only the following additional benefits, riders and/or child module on the new converted coverage and I understand that all other additional benefits will be cancelled:

<input type="checkbox"/> CAD	<input type="checkbox"/> WPDIs	<input type="checkbox"/> AD	<input type="checkbox"/> GI	<input type="checkbox"/> Child Module	<input type="checkbox"/> Disability Credit
<input type="checkbox"/> CADE	<input type="checkbox"/> WPD	<input type="checkbox"/> AD&D	<input type="checkbox"/> Fracture	<input type="checkbox"/> Supplementary Income	<input type="checkbox"/> WP

OR

☐ I do not want to keep the additional benefits, riders and/or child module on the new converted coverage.

Issuance of the new coverage resulting from this conversion

! Please refer to the wording of the policy for the applicable conditions of eligibility.

22.5 Please choose **ONE** of the following three options:

☐ 1. The **converted insurance** will be added to the **current policy**.

! This option is available only for policies issued on or after January 1, 2017.

OR

☐ 2. The **converted insurance** will be issued under a **new policy(ies)**.

2.1 **Ownership rights of the new policy(ies) resulting from this conversion:**

The **current policyowner(s)** of this policy:

- ☐ remains the policyowner(s) of the new policy.
☐ assigns to each applicable insured their own policy.
☐ assigns the ownership of the new policy to _____.

! **IMPORTANT**

It is **MANDATORY** to choose **ONE** of these three options.

! If there is a **transfer of ownership**, the current policyowner(s) and the irrevocable beneficiary(ies) automatically renounce all their rights in favor of the **new policyowner(s)** of the new policy(ies).

2.2 It is **MANDATORY** to provide the following **DOCUMENTS**:

! → **F1A** completed and signed by the policyowner of the new policy (excluding the insurability declarations if no addition of coverage).

! Attach form **F3A** for each additional insured.

→ **Pre-Authorized Cheque Payment / Pre-Authorized Debit (PAC/PAD) Agreement** for each **new payor**.

→ **Confirmation of Identity (F51-208A)** for each **new policyowner** for a **universal life** policy.

OR

☐ 3. The **converted insurance** will be added and assigned to the owner of policy issued on or after January 1, 2017 no.: _____.

- !** → The policyowner of the above-mentioned policy must agree to the addition to his/her policy by signing below.
 → If the policy includes the **CAD, CID, CADE, WP, WPDIs** or **WPD**, attach form **F3A** for the policyowner.

I agree to the addition of the converted insurance to my insurance policy. The addition will take effect when the transaction is accepted by Industrial Alliance Insurance and Financial Services Inc. (the "Company").

Policyowner/Authorized person

Policyowner/Authorized person

! **IMPORTANT**

Please also fill out the **SIGNATURES** section on the next page to complete this transaction.

Additional required information

22.6 Do you want to add **coverage** or **additional benefits** other than the coverage granted under the conversion clause?

☐ **Yes** → Please complete **section 3** of form **F4A-03**.

22.7 Is there a change in the **risk class** or **tobacco status** for the converted coverage?

☐ **Yes** → Please attach form **F3A** duly completed and signed for each insured involved in this change.

22.8 Is **Home Protection Plan** coverage being converted?

☐ **Yes** → Attach form **Q8A** completed and signed by the policyowner.

22.9 Is the **conversion** from ☐ **Yes** → I want to: ☐ **keep the child module** on this policy since there are children still covered under this module.

a **child module**? ☐ **cancel the child module** on this policy since there are no other children insured under this module.

22.10 Do you want to proceed with a **change of ownership** on this **policy**?

☐ **Yes** → Attach forms **F30A** and **F5A** to this request.

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the **ownership** of this policy **joint**?

☐ **Yes** → Please obtain the signature of **all policyowners**.

Is the **policyowner** a **company**?

☐ **Yes** → Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

Is the **beneficiary** of the coverage to be converted **irrevocable**?

☐ **Yes** → Please obtain the signature of the **irrevocable beneficiary(ies)** if the **conversion** leads to a **decrease** in the **face amount** and/or a change in the **designation of the beneficiary(ies)**.

Is the policy **assigned for collateral security** or **seized** by the government or a trustee?

☐ **Yes** → Please obtain the required documents.

Is this the conversion of a **child module**?

☐ **Yes** → Please obtain the insured's signature if the insured is from Quebec and aged **14 or over** or from outside Quebec and aged **16 or over**.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by the Company inasmuch as the latter has been accepted without modification and the premium has been paid.

Signed at _____ this _____ day of _____ 20_____

X _____
Agent

X _____
Witness

X _____
Irrevocable beneficiary

X _____
Policyowner/Authorized person

X _____
Policyowner/Authorized person

X _____
Insured

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
Policy no.	Policyowner's last and first name		Amount received	
			\$	

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials

23. ☐ Please check
DISSOCIATION

! If the policy has a debt (advance, loan), a portion of this debt, calculated proportionately to the surrender value of the dissociated coverage, will automatically be transferred to the new policy.

23.1 Attach a **\$50** transaction fee, except in the following two cases:

- ➔ The insured was age **18 or under** when the policy was issued.
- ➔ The policy has been issued for **less than 3 months**.

23.2 Provide the following details on the following additional insureds to be dissociated:

Insured (last and first name)	Coverage to dissociate
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

For a universal life policy:

23.3 If a balance remains after the mandatory splitting of the accumulation fund, do you want to share the balance of the fund between the current policy and the policies to be dissociated?

☐ **Yes ➔** Indicate the amount **OR** percentage to share for each insured:
! The total amount of % must equal **100%**.

! If the dissociated coverage includes surrender charges, we automatically transfer a portion of the accumulation fund to the new policy that is proportionate to the surrender charges of the dissociated coverage in relation to the total surrender charges of the contract prior to dissociation, without exceeding the surrender charges for the dissociated coverage.

Insured (last and first name)	<input type="checkbox"/> \$ OR <input type="checkbox"/> %
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Additional required information

23.4 Do you want to add **coverage** on this policy?

☐ **Yes ➔** Please complete **section 3** of form **F4A-03**.

23.5 Is there a change of **risk class** or **tobacco status** for the dissociated coverage?

☐ **Yes ➔** Please attach form **F3A** duly completed and signed for each insured involved in this change.

23.6 Do you want to proceed with a **change of ownership** on this policy?

☐ **Yes ➔** Attach forms **F30A** and **F5A** to this request.

! If there is a transfer of ownership rights resulting from the dissociation, please complete section 23.7.

Issuance of the new coverage resulting from this dissociation23.7 Please choose **ONE** of the following two options:

- ☐ 1. The dissociated insurance will be issued: ☐ on **only one new policy** including **all dissociated insureds**.
! This option is available for traditional life policies only
OU
☐ on one **new policy** for **each dissociated insured**.

! **IMPORTANT**
 It is **MANDATORY** to choose **ONE** of these two options.

1.1 Ownership rights of the new policy(ies) resulting from this dissociation:**The current policyowner(s) of this policy:**

- ☐ remains the policyowner(s) of the new policy.
☐ assigns to each applicable insured their own policy.
☐ assigns the ownership of the new policy to _____.

! **IMPORTANT**
 It is **MANDATORY** to choose **ONE** of these three options.

! If there is a **transfer of ownership**, the current policyowner(s) and the irrevocable beneficiary(ies) automatically renounce all their rights in favor of the **new policyowner(s)** of the new policy(ies).

1.2 It is MANDATORY to provide the following DOCUMENTS:

- !** → **F1A** completed and signed by the policyowner of the new policy (excluding the insurability declarations if no addition of coverage).
! Attach form **F3A** for each additional insured.
 → **Pre-Authorized Cheque Payment / Pre-Authorized Debit (PAC/PAD) Agreement** for each **new payor**.
 → **Confirmation of Identity (F51-208A)** for each **new policyowner** for a **universal life** policy.

OR

- ☐ 2. The dissociated insurance will be added and assigned to the owner of policy issued on or after January 1, 2017. no.: _____

- !** → The owner of the above-mentioned policy must agree to the addition to his/her policy by signing below.
 → If the policy contains the **CAD, CID, CADE, WP, WPDIs** and **WPD** benefits, attach form **F3A** for the policyowner.
 → The **traditional** insurance products must be part of the **same family** of products.
 → The **universal life** insurance products must be part of the **same generation** of products.
 → The issue date of the dissociated coverage must be subsequent to the issue date of the above-mentioned policy.

I agree to the addition of the dissociated insurance to my insurance policy. The addition will take effect when the transaction is accepted by Industrial Alliance Insurance and Financial Services Inc. (the "Company").

Policyowner/Authorized person_____
Policyowner/Authorized person

! **IMPORTANT**
 Please also fill out the **SIGNATURES** section below to complete this transaction.

DETAILS AND SPECIAL INSTRUCTIONS**SIGNATURES**

- Is the **ownership** of this policy joint? ☐ **Yes** → Please obtain the signature of **all policyowners**.
- Is the **policyowner** a **company**? ☐ **Yes** → Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.
- Is the **beneficiary** of the coverage to be dissociated **irrevocable**? ☐ **Yes** → Please obtain the signature of the **irrevocable beneficiary(ies)**.
- Is the policy **assigned for collateral security** or **seized** by the government or a trustee? ☐ **Yes** → Please obtain the required documents.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by the Company inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20_____

X _____
AgentX _____
WitnessX _____
Irrevocable BeneficiaryX _____
Policyowner/Authorized personX _____
Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>			<div style="border:1px solid black; height:20px; width:100%;"></div>
				\$

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>	<div style="border:1px solid black; height:20px; width:100%;"></div>

Please check

24. ☐ DISSOLUTION OF A JOINT 1ST TO DIE COVERAGE

- !** ➔ Following this **dissolution** request, for certain types of products, the joint coverage for **all the insureds** will have been dissolved and only **individual coverage** will remain on the policy. Please refer to the wording of the policy for the applicable conditions for each product.
- ➔ Upon dissolution of a Universal Life policy issued on or after January 1, 2017, a new individual policy will be issued for each insured.

24.1 Do you want to dissolve **all the insureds** covered on the joint coverage? ☐ **Yes** ➔ Continue to **section 24.2**.
☐ **No** ➔ Please complete **section 25** since this is the **withdrawal of an insured**.

24.2 Attach a **\$50** transaction fee, except in the following 2 cases: ➔ The insured was age **18 or under** when the policy was issued.
➔ The policy has been issued for **less than 3 months**.

24.3 Please indicate **all the insureds covered under the joint coverage** and provide instructions for each insured:

Insured (last and first name)

Face amount

- | | |
|----------|--|
| 1. _____ | <input type="checkbox"/> I want to keep the maximum face amount permitted. |
| | <input type="checkbox"/> I want to reduce the face amount permitted and keep \$ _____. |
| | <input type="checkbox"/> I want to cancel the total amount of coverage. |
| 2. _____ | <input type="checkbox"/> I want to keep the maximum face amount permitted. |
| | <input type="checkbox"/> I want to reduce the face amount permitted and keep \$ _____. |
| | <input type="checkbox"/> I want to cancel the total amount of coverage. |
| 3. _____ | <input type="checkbox"/> I want to keep the maximum face amount permitted. |
| | <input type="checkbox"/> I want to reduce the face amount permitted and keep \$ _____. |
| | <input type="checkbox"/> I want to cancel the total amount of coverage. |

24.4 Do you want to proceed with a **change of ownership** on this **policy**? ☐ **Yes** ➔ Attach forms **F30A** and **F5A** to this request.

24.5 Do you also want the insured(s) to be **dissociated** from this policy? ☐ **Yes** ➔ Please complete a dissociation request in **section 23** of form **F4A-14**.

Please check

25. ☐ WITHDRAWAL OF AN INSURED FROM A JOINT 1ST TO DIE COVERAGE

- !** Following this **withdrawal** of one or more insureds, the other insureds will remain covered under the joint coverage. At least two insureds must remain insured under the joint coverage. Each insured which has been withdrawn can either keep the coverage on an individual basis or cancel the coverage.

25.1 Following this **withdrawal** of one or more insureds, will **at least two insureds** remain covered under the **joint coverage**?

- ☐ **Yes** ➔ Continue to **section 25.2**.
☐ **No** ➔ Please complete **section 24** since this is a **dissolution**.

25.2 Attach a **\$25** cheque for transaction fees if this is the withdrawal of an insured on a **universal life** policy with a **reduction/cancellation** of face amount.

25.3 Please indicate the joint insured(s) that want to be withdrawn from the joint coverage:

Insured (last and first name)

Face amount

- | | |
|----------|--|
| 1. _____ | <input type="checkbox"/> I want to keep the maximum face amount permitted. |
| | <input type="checkbox"/> I want to reduce the face amount permitted and keep \$ _____. |
| | <input type="checkbox"/> I want to cancel the total amount of coverage. |
| 2. _____ | <input type="checkbox"/> I want to keep the maximum face amount permitted. |
| | <input type="checkbox"/> I want to reduce the face amount permitted and keep \$ _____. |
| | <input type="checkbox"/> I want to cancel the total amount of coverage. |
| 3. _____ | <input type="checkbox"/> I want to keep the maximum face amount permitted. |
| | <input type="checkbox"/> I want to reduce the face amount permitted and keep \$ _____. |
| | <input type="checkbox"/> I want to cancel the total amount of coverage. |

25.4 Do you want to proceed with a **change of ownership** on this **policy**?

☐ **Yes** ➔ Attach forms **F30A** and **F5A** to this request.

25.5 Do you also want the insured(s) to be **dissociated** from this policy?

☐ **Yes** ➔ Please complete a dissociation request in **section 23** of form **F4A-14**.

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the **ownership** of this policy **joint**?

☐ **Yes** ➔ Please obtain the signature of **all policyowners**.

Is the **policyowner** a **company**?

☐ **Yes** ➔ Please obtain the signature of an **authorized person** AND attach a copy of the **company's resolution** designating the authorized signatories.

Is the **beneficiary** of the coverage to be **dissolved** or **withdrawn irrevocable**?

☐ **Yes** ➔ Please obtain the signature of the **irrevocable beneficiary(ies)**.

Is the policy **assigned for collateral security** or **seized** by the government or a trustee?

☐ **Yes** ➔ Please obtain the required documents.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20_____

X _____
Agent

X _____
Witness

X _____
Irrevocable Beneficiary

X _____
Policyowner/Authorized person

X _____
Policyowner/Authorized person

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
				\$

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

26. ☐ **CHANGE TO THE EQUIBUILD BONUS OPTION**

26.1 ☐ I want to change the EquiBuild Bonus Option "Bonus PUA Option" to "Bonus Deposit Option."

27. ☐ **PAID-UP INSURANCE (PUA) (EQUIBUILD)**

27.1 ☐ Modification of the PUA Allocation

I want to: ☐ Decrease the current PUA Allocation to: \$ _____

OR

☐ Cancel the Fund PUA Option

27.2 ☐ Modification of the Maximum PUA Face Amount

I want to: ☐ Set a Maximum PUA Face Amount of: \$ _____

OR

☐ Decrease the current Maximum PUA Face Amount to: \$ _____

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the ownership of this policy joint ?	<input type="checkbox"/> Yes ➔ Please obtain the signature of all policyowners .
Is the policyowner a company ?	<input type="checkbox"/> Yes ➔ Please obtain the signature of an authorized person AND attach a copy of the company's resolution designating the authorized signatories.
Is the beneficiary of the coverage to be cancelled irrevocable ?	<input type="checkbox"/> Yes ➔ Please obtain the signature of the irrevocable beneficiary(ies) .
Is the policy assigned for collateral security or seized by the government or a trustee?	<input type="checkbox"/> Yes ➔ Please obtain the required documents.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. (the "Company").

In the case of a direct deposit, it is hereby understood that the Company does not assume any liability once the proceeds are deposited in the bank account provided by the policyowner.

Signed at _____ this _____ day of _____ 20_____

X _____ Agent	X _____ Witness	X _____ Irrevocable Beneficiary
X _____ Policyowner/Authorized person	X _____ Policyowner/Authorized person	

MANDATORY INFORMATION

Agency	Agency Code	Agent	Agent code	SU
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Policy no.	Policyowner's last and first name			Amount received
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			\$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

! If there is a change in the **policyowner's address**, complete **section 17** of form **F4A-11**.

Reserved for H.O.	Date (yyyy-mm-dd)	Initials
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

28. ☐ Please check **SUBSTITUTION OF LIFE INSURED (UNIVERSAL LIFE POLICY)**

! ➔ The substitution of life is available only for certain types of **universal life** products. Please refer to the wording of the policy for the applicable conditions.
➔ All additional benefits under the policy with respect to the replaced insured will terminate.

28.1 Attach a **\$500** cheque for transaction fees.

! If the request is **declined**, the transaction fee is **not refundable**.

28.2 I want to **replace** the following insured: Last and first name Coverage to be substituted

↳ by the following **new insured**: Last and first name

! It is **MANDATORY** to attach form **F3A** duly completed and signed by the **new insured**.

28.3 Do you want to proceed with a **change of ownership** on this **policy**? ☐ **Yes** ➔ Attach forms **F30A** and **F5A** to this request

28.4 I would like the following target premium:

☐ **Amount:** \$

☐ **Minimum premium**

☐ **Monthly cost + taxes**

DETAILS AND SPECIAL INSTRUCTIONS

SIGNATURES

Is the ownership of this policy joint ?	<input type="checkbox"/> Yes ➔ Please obtain the signature of all policyowners .
Is the policyowner a company ?	<input type="checkbox"/> Yes ➔ Please obtain the signature of an authorized person AND attach a copy of the company's resolution designating the authorized signatories.
Is the beneficiary of the coverage to be substituted irrevocable ?	<input type="checkbox"/> Yes ➔ Please obtain the signature of the irrevocable beneficiary(ies) .
Is the policy assigned for collateral security or seized by the government or a trustee?	<input type="checkbox"/> Yes ➔ Please obtain the required documents.

We agree that this request is an integral part of the modified policy and that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance and Financial Services Inc. inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at _____ this _____ day of _____ 20____

X _____ Agent	X _____ Witness	X _____ Irrevocable Beneficiary
X _____ Policyowner/Authorized person	X _____ Policyowner/Authorized person	

29. INTERIM INSURANCE AGREEMENT IN CASE OF DEATH OR CRITICAL ILLNESS

The interim insurance coverage applies to each proposed insured whose name appears on the application bearing the same number as this agreement, according to the conditions hereunder.

Industrial Alliance Insurance and Financial Services Inc. (the "Company") offers insurance coverage as of the date the application bearing the same number as this agreement is signed, when an amount equal to 1/12 of the annual premium is paid with the application, including any payment made upon enrolment in the PAC/PAD plan. The amount paid will be applied to pay for the policy on the policy issue date.

Life insurance, accidental death, accidental fracture and critical illness coverage requested on the application are payable according to the terms and exclusions of the underwritten policy and the conditions and exclusions hereunder.

MAXIMUM AMOUNT OF INSURANCE

The maximum coverage for all **interim** insurance coverages in-force for all applications signed for the same proposed insured is \$500,000 including accidental death coverage.

Policy replacement

If the requested insurance replaces a contract of the Company whose face amount is lower than the face amount of the requested insurance, the amount of the interim insurance is the difference between the requested face amount on the application and the face amount of the replaced contract.

If the requested insurance replaces a contract of the Company whose face amount is greater than or equal to the face amount of the requested insurance, no amount is payable under this interim insurance agreement.

CONDITIONS AND SPECIFIC EXCLUSIONS

This agreement does not include any disability benefits, any hospitalization riders, any paramedical care riders or any changes of insurability that occur before the date the application is accepted other than if death has occurred or a critical illness has been diagnosed.

The interim insurance agreement is null and void if any of the following cases apply:

- If, at the time the application is signed, the proposed insured had consulted or been treated for the illness which caused his/her death or which led to the diagnosis of a critical illness;
- If the proposed insured had consulted a physician in the 30-day period before the application was signed for a reason other than pregnancy;

- If any answer given on the application, the medical examination report or any other document or process used to collect information with regards to the risk is incomplete or false and if a true answer had been given, the application would not have been accepted as requested;
- If the proposed insured is less than 15 days old or more than 71 years old on the nearest birthday when the application is signed;
- **specifically for the life insurance coverage**, if the proposed insured commits suicide, or dies:
 - while committing or attempting to commit a criminal offence;
 - after using drugs or medication otherwise than prescribed by a physician;
 - while he/she is driving a vehicle with a blood alcohol level higher than 80 milligrams per 100 millilitres of blood;
- **specifically for the critical illness coverage**, if the proposed insured has already suffered from a covered critical illness or if the diagnosis of a critical illness is cancer or if he/she self-inflicts injuries or he/she does not survive 30 days after the date of the diagnosis.

The death benefit for the Home Protection Plan is not payable if the critical illness benefit is payable.

TERMINATION OF THE INTERIM INSURANCE AGREEMENT

The interim insurance agreement terminates on the date that the first of the following events occurs:

- The application is accepted without modification;
- 60 days after the application has been accepted with a modification such as a change of class, an extra premium, a rate change or a change in the insurance amount;
- The acceptance by the applicant of a policy issued with a modification;
- The application is denied by the Company, regardless of whether or not the applicant has been advised;
- The cancellation of the application by the applicant;
- In all cases, even though the 60-day period mentioned above has not expired, 90 days after the date the application was signed.

The death benefit and critical illness benefit are payable according to the designated beneficiaries on the application and the accidental fracture benefit is payable to the applicant.

Signed at _____ this _____ day of _____ 20____ Agent's signature _____

PRE-NOTICE FROM MIB INC.

Information regarding your insurability will be treated as confidential. The Company and its reinsurers may, however, make a brief report thereon to MIB INC., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB INC. member company for life or health coverage, or a claim for benefits is submitted to such company, the MIB INC., upon request, will supply such company with the information it may have in its files.

Upon receipt of a request from you, the MIB INC. will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB INC.'s file, you may contact them and request a correction. The address of the MIB INC.'s information office is: MIB INC., 330 University Avenue, Suite 501, Toronto, Canada, M5G 1R7; telephone: 416 597-0590. Information about the MIB INC. may be obtained on its website at www.mib.com.

The Company may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

NOTICE

In order to consider your request for insurance, it is possible that we may request additional information.

A representative from an inspection company may contact you to obtain information concerning your personal and financial status. A doctor or registered nurse from a paramedical organization may be asked to complete a medical examination and/or collect a blood or urine sample. The analysis will be used to determine the presence of different anomalies such as cholesterol, diabetes, hepatic disorders or the use of medication, drugs, nicotine, and infection by the AIDS virus.

Before collecting this blood or urine specimen, your written consent will be required.

CONSTITUTION OF A FILE AND PROTECTION OF PERSONAL INFORMATION

In order to ensure the confidentiality of your personal information, the Company will establish a file, the object of which is to offer you insurance, annuity and credit products and other complementary services according to your needs, and in which the necessary information gathered for this object will be kept.

Only the employees or representatives of the Company who need this information as part of their duties, or any other person whom you authorize, will have access to this file. Your file will be kept at the Company's offices.

You are entitled to access the personal information contained in this file and, if necessary, to have it rectified by sending a written request to the following address:

DISCLOSURE STATEMENT

This application is being submitted by an authorized representative of the Company who will receive compensation if the application is accepted and in no way imposes on the applicant an obligation to transact additional business with said representative.

Industrial Alliance
Insurance and Financial Services Inc.
Chief Privacy Officer
1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3

The Company may establish a list of its clients for its own commercial prospecting purposes or that of member companies of the Industrial Alliance group. However, you are entitled to have your name removed from this list by making a written request to this effect to the Information Access Officer or Privacy Officer at the addresses indicated above.

Detach and submit to client



F4A

Request for change

About iA Financial Group

Founded in 1892, iA Financial Group offers life and health insurance products, mutual and segregated funds, savings and retirement plans, RRSPs, securities, auto and home insurance, mortgages and car loans and other financial products and services for both individuals and groups. It is one of the four largest life and health insurance companies in Canada and one of the largest publicly traded companies in the country. iA Financial Group stock is listed on the Toronto Stock Exchange under the ticker symbol IAG.

Service Centre contact information

F4A(17-05)

Toll-free: 1-844-4iA-INFO (442-4636) Email: infolife@ia.ca		
Quebec Industrial Alliance Insurance and Financial Services Inc. Head Office Policyowner Services 1080 Grande Allée West PO Box 1907, Station Terminus Quebec City, QC G1K 7M3 Fax: 1-866-572-1075	Toronto Industrial Alliance Insurance and Financial Services Inc. Toronto Service Centre Policyowner Services 522 University Avenue Suite 400 Toronto, ON M5G 1Y7 Fax: 1-877-780-7231	Vancouver Industrial Alliance Insurance and Financial Services Inc. Vancouver Service Centre Policyowner Services 2165 West Broadway PO Box 5900 Vancouver, BC V6B 5H6 Fax: 1-844-739-0634

INVESTED IN YOU.