



F4A(17-05) PDF

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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.

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 MODE OF PAYMENT TO MONTHLY PRE-AUTHORIZED CHEQUE PAYMENT / PRE-AUTHORIZED DEBIT (PAC/PAD) AGREEMENT

• MODIFY EXISTING PAC/PAD AGREEMENT

MANDATORY IN	FORMATION						
Agency	Ager	ncy Code Agent		Agent code	SU		
Policyowner's last and fire	st name	Amount received					
			Ф				
			\$				
		e is a change in the policyowne SS, complete section 17 of forn		Date (yyyy-mm-dd)).	Initials		
Please o	heck	•					
1. MODE	OF PAYMENT TO MONTHLY PA	C/PAD AGREEMENT / MO	DIFY EXISTING PAC/PAD				
universal lin → The banking → The modifica ↑ The effect	t of this form, all outstanding premium fe policy with sufficient available funds. I information must be the same for all pation will be effective as of the reception cive date requested must be within the call the policient to be modified by this.	nolicies indicated on this form. n date of this form OR the follo grace period for the payment o	owing date (yyyy-mm-dd):	specting the reinstatement rules, u	ınless it is a		
1.1 Please indicate	all the policies to be modified by this i	equest for change.	Dalla d	B.P. 0			
	Policy 1		Policy 2	Policy 3			
Withdrawal Day	Issue day (from 1 to 28)	☐ Issue day	(from 1 to 28)	Issue day (from 1	to 28)		
	A If no withdrawal day is specified, t	he PAC/PAD will be withdrawn	on the issue day of the policy.				
Target Premium (UL only)	Amount \$ Minimum premium Monthly cost + taxes Current premium (Trend)	Amount \$ Minimum pre Monthly cost Current prem	+ taxes	Amount \$ Minimum premium Monthly cost + taxes Current premium (Trend)			
	→ Please make sure that the new	premium for a Trend product. premium is sufficient to maint	tain the policy in force.	the minimum premium , unless th			
	Amount of: \$	Amount of: \$		Amount of: \$			
Reimbursement of the Ioan	for the reimbursement of the loan	for the reimburse		for the reimbursement of the lo			
	The amount indicated for the reim	bursement of the loan is a mon	thly withdrawal in addition to th	T			
Postpone PAC/PAD Withdrawal	Postpone to: Postpone to the maximum date al Change of banking information to Termination of policy to follow. Following the death of:	lowed. Postpone to to follow. Change of ba	the maximum date allowed. nking information to follow. of policy to follow. death of:	Postpone to: Postpone to the maximum Change of banking informa Termination of policy to fo Following the death of:	date allowed. ation to follow.		
	Name of the person deceased	Name of	the person deceased	Name of the person de	eceased		
	the same time). → In the case of a deceased per	son , please provide us with nev		drawal day (the 2 premiums will b bank account holder and/or a dea n upon death benefit.			
Dramium Haliday	Stop PAC/PAD until:	Stop PAC/PA	D until:	Stop PAC/PAD until:			
Premium Holiday (UL only)	Undetermined period	Undetermine	d period	Undetermined period			
	▲ Please make sure that the accumb obligations are respected.	ulation fund and/or the premiun	ns paid to date are sufficient to I	maintain the policy in force and th	at all contractual		

Name of account holder(s): Last and first name La	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. Withdrawal Arrangement: Variable PAC/PAD category: Personal Business (if both boxes are left unchecked, the PAC/PAD category will be considered by the packing institution: Name of financial institution: Last and first name Last and first name	'4A-U I
To you already pay by PAC/PAD?	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.	
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Name of account holder(s): Last and first name Last and first name Branch no: *999 * *999 * *999 * *999 * *999 * *999 * *999 * *999 * *999 * *999 * *999 * *999 * *999 * *999 * *999 * *999 * *999 * *	Name of financial institution: Last and first name Last and first name	
Branch Financial institution no.: Bank account no.:	Branch no.: Financial institution no.: Bank account no.:	ered "Personal"
Branch no:	Branch no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Bank account no.: Pank qqqist qqqist Pank qqqist qqqist qqqist Pank qqqist qqqqist qqqqist qqqist qqqist qqqist qqqqist qqqqqqqqqq	
Financial institution no.:	Branch no.:	
In account no: In a account no: In a account n	institution no.: 1	
1 2 3 4 1 Cheque number (do not write this number). 2 Branch number (6 digits). 3 Financial institution number (8 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.	1 2 3 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	
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1	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	
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Please attach (with adhesive tape) the void personal cheque in the box below.		
Void cheque	Please attach (with adhesive tape) the void personal cheque in the box below.	
Void cheque	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 sign designating the auth			-	ND attach a copy of the	company's resolution
Is new banking information provided with this request?	☐ Yes →	The signature of the policy joint, the signature of all ba			. If the bank account is
Is this a change regarding a withdrawal day, target premium, reimbursement of loan, PAC/PAD postponement or premium holiday?	☐ Yes →	The organical or an are po		-	0
We agree that this request is an integral part of the modified the latter has been accepted without modification.	i contract an	d that the modification take	s effect as of the acceptar	ice of the request by ti	ne Company Inasmuch as
I confirm that I have all the necessary authorizations from the bank account.	ne bank acco	ount holder (if other than my	vself) in order to allow the	Company to withdraw	the premiums from the
Signed at		this	day of		20
x x		f other than policyowner	X Policy no. 1 – Policyow X Policy no. 2 – Policyow X Policy no. 3 – Policyow	ner/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



• MODE OF PAYMENT TO ANNUAL, SEMI-ANNUAL OR QUARTERLY

MANDATORY INFORMATION				
Agency	Agency Code	Agent	Agent code	SU
olicy no.	Policyowner's last and first na	me		Amount received
Please check	-	ction 17 of form F4A-11.	Date (yyyy-mm-dd) Reserved for H.O.	Initials
	licy. s of the reception date of this for	dance with the new mode of payi	nent chosen, unless it is a universal li n-dd):	fe policy in which there are
.1 Select the available mode of paymen	t according to the type of produc	et		
Alternative Perspective Universal Life Transition Access Life	he mode of payment to: 🔲 A	nnual		
• Other products → Modify the mode	of payment to	nnual 🗌 Semi-annual	Quarterly	
2 Target premium (universal life policy	·)			
→ Upon a change to the Annual mode current premium for a Trend prode		ed, the premium will be the minin	num premium unless the monthly cost	+ taxes is higher OR the
I would like the following target premi Amount: \$ ETAILS AND SPECIAL INSTRUCTION	OR Minimum premium (OR Monthly cost + taxes Of	R Current premium (Trend)	
ETAILS AND SPECIAL INSTRUCTION	JN5			
		SIGNATURES		
	A	SIGNATURES OLICYOWNERS IS PREFERABLE E	UT not mandatory .	
Ve agree that this request is an integral pand Financial Services Inc. inasmuch as the	THE SIGNATURE OF ALL P eart of the modified policy and tha	OLICYOWNERS IS PREFERABLE E	of the acceptance of the request by II	ndustrial Alliance Insurance
and Financial Services Inc. inasmuch as th	THE SIGNATURE OF ALL P eart of the modified policy and that e latter has been accepted withou	OLICYOWNERS IS PREFERABLE E at the modification takes effect as at modification and that the premi	of the acceptance of the request by li um has been paid.	
We agree that this request is an integral part and Financial Services Inc. inasmuch as the Signed at	THE SIGNATURE OF ALL P eart of the modified policy and that e latter has been accepted withou	OLICYOWNERS IS PREFERABLE E at the modification takes effect as at modification and that the premi	of the acceptance of the request by li um has been paid.	



• 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

MANDATORY INFORMATION	ON			
ency	Agency Code	Agent	Agent	code SU
lioune	Daliayayyaawa laak and fin			Amount received
licy no.	Policyowner's last and fire	st name		Amount received
				\$
	A If there is a change	e in the policyowner's	Date (yyyy-mm	-dd) Initials
Please check	address, complete	e section 17 of form F4A-11.	Reserved for H.O.	
ADDITION OF CO	VERAGE AND/OR ADDITIONAL	L BENEFITS		
→ For policies issued before	January 1, 2017, only the addition of	f additional benefits or critical illn	ness or disability are allowed.	
→ Attach form F3A duly com	pleted and signed for each insured for			
Coverage to be added:	_			
Insured (last and first name)		oe of coverage	Face amount added	Annual premium added
			\$	\$ \$
				\$ \$
				\$
			OTAL ADDITIONAL PREMIUM:	\$
added is:	•	Forms F3A and Q4A . Forms F3A and Q6A . Forms F3A and Q9A .	These forms must be insured for whom con	completed for each verage is being added.
added is:	Child Life & Health Duo Disability	Forms F3A and Q6A. Forms F3A and Q9A. st? Yes - Comp Agree	insured for whom con lete and submit to the client form F4 ment in the Event of Death or Critic	verage is being added. IA-18 Interim Insurance al Illness.
added is:	Child Life & Health Duo Disability Life and Serenity 65 Conthly premium attached to this reques Could like the following target premium OR Minimum premium	Forms F3A and Q6A. Forms F3A and Q9A. tt? Yes → Comp Agree n: m OR Monthly cost + taxe	insured for whom con lete and submit to the client form F4 ment in the Event of Death or Critic	verage is being added. IA-18 Interim Insurance al Illness.
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4 Is a cheque equivalent to one mode of the second of the	Child Life & Health Duo Disability Life and Serenity 65 Conthly premium attached to this reques Could like the following target premium OR Minimum premiu 15-20 OPTION (UNIVERSAL LIF Cerages, levelling of the cost of insuran EVEN Has the coverage Has the coverage Yes Tost of Insured (last and first name) 1. 2. 3.	Forms F3A and Q6A. Forms F3A and Q9A. St? Yes → Comp Agree The OR Monthly cost + taxe FE POLICY) For is not allowed within the first on 4.2. Sheen in force for more than 3 yes didition of the option is not permit of insurance will be leveled.	insured for whom considered and submit to the client form F4 ment in the Event of Death or Critical as OR Current premium (Trendary 10 years. Please refer to the wording stars? Attention of the considered are set to the wording stars?	verage is being added. A-18 Interim Insurance all Illness. d)

			F4A-03
Please check ADDITION OF A CHILD TO AN E	EXISTING CHILD MODULE		
A Please refer to the wording of the policy for the	applicable conditions of eligibili	ty.	
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			
2			
3.			
	SIGN	ATURES	
Is the aumerahin of this policy joint?		IATURES	
Is the ownership of this policy joint ? Is the policyowner a company ?	☐ Yes → Please obt	tain the signature of all policyowners .	ND attach a copy of the company's resolution
Is the policyowner a company ?	Yes → Please obt Yes → Please obt designation	tain the signature of all policyowners. tain the signature of an authorized person AN	
Is the policyowner a company?	Yes → Please obt Yes → Please obt designatin Yes → The signat modified policy and that the mo as been accepted without modif	tain the signature of all policyowners . tain the signature of an authorized person AN ig the authorized signatories. ture of the policyowner(s) is preferable but no diffication takes effect as of the acceptance ication, the premium has been paid and no	ot mandatory. of the request by Industrial Alliance Insurance change has taken place in the insurability of th
Is the policyowner a company ? Is this a request for an addition of a child to an existing Child Module? We agree that this request is an integral part of the and Financial Services Inc. inasmuch as the latter h proposed insureds since the signing of the request.	Yes → Please obto designating Yes → The signate modified policy and that the motion as been accepted without modified. We acknowledge having read the second second designation of the signate without modified policy and that the motion as been accepted without modified.	tain the signature of all policyowners . tain the signature of an authorized person AN g the authorized signatories. ture of the policyowner(s) is preferable but no diffication takes effect as of the acceptance ication, the premium has been paid and no ne interim insurance agreement in the even	of mandatory. of the request by Industrial Alliance Insurance change has taken place in the insurability of th it of death or critical illness and having



• CANCELLATION/REDUCTION OF COVERAGE AND/OR ADDITIONAL BENEFITS

ANDATORY INFORMATION				
ncy	Agency Code	Agent	Agent code	SU
cy no.	Policyowner's last and firs	t name	Amou	nt received
			\$	
		in the policyowner's	Date (yyyy-mm-dd) Reserved for H.O.	Initials I
Please check CANCELLATION/REDUC	•	section 17 of form F4A-11. ND/OR ADDITIONAL BENI		
				a of the force on
will be withdrawn from the policy's acc		un surrenuer charyes , surrend	der charges proportional to the cancellation/reduction	i oi liie iace aii
Is the entire policy being surrendered?				
Coverage to be cancelled/reduced:	No → Continue to so	ection 6.2.		
Insured (last and first name)		Type of coverage		
			Cancel the entire coverage	
1			Reduce the face amount to \$	
2			☐ Cancel the entire coverage☐ Reduce the face amount to \$	
			Cancel the entire coverage	
3			Reduce the face amount to \$	
			Cancel the entire coverage	
4ls this a universal life policy?				
is this a universal the policy:		No → No transact	·	
The cancellation is conditional on the a	cceptance of the:	Addition of coverage	ge on this policy.	
		☐ Addition of coverage	ge on policy:	
		Addition of coverage	ge on policy.	
		☐ New application no	n:	
Is the cancelled coverage replaced by a	now coverage?		otice of Replacement, if applicable in your province.	
If the cancelled coverage contains surre			licyowner by cheque.	
how will they be paid?	snuci values,	— Tayment to the pol	ncyowner by cheque.	
A		Deposit to policy n		
If there is a loan against the policy reimbursed before the payment of				
		Deposit to applicat	iion no.	
		☐ Direct deposit		
			unt holder must be the policyowner.	
			licy's current bank account nk account specified on the attached personalized cl	heque.
Is it a Home Protection Plan policy?		_	n Q8A , completed and signed.	
For a universal life policy, I would like	the followina taraet premium	:		
Amount: \$			es OR 🔲 Current premium (Trend)	

				Γ4A-U4
DETAILS AND SPECIAL INSTRUCTIONS				
	SIGNAT	TURES		
Is the ownership of this policy joint?	Yes → Please obtain th	ne signature of all policyo	owners.	
Is the policyowner a company?		ne signature of an authori ze authorized signatories.	zed person AND attach a	a copy of the company's resolution
Is the beneficiary of the coverage to be cancelled irrevocable ?	☐ Yes → Please obtain th	ne signature of the irrevoc	cable beneficiary(ies).	
Is the policy assigned for collateral security or seized by the government or a trustee?	Yes → Please obtain th	ne required documents.		
We agree that this request is an integral part of the modifie and Financial Services Inc. (the "Company").	policy and that the modific	cation takes effect as of t	the acceptance of the re	equest by Industrial Alliance Insurance
In the case of a direct deposit, it is hereby understood that t the policyowner.	Company does not assun	ne any liability once the p	proceeds are deposited	in the bank account provided by
Signed at		this	day of	20
x x		¥		
Agent Witness		Irrevocab	le Beneficiary	
XX_	/Athiid			
Policyowner/Authorized person Policyov	er/Authorized person			



• REINSTATEMENT/POLICY NOT PLACED

MANDATORY INFORMATION					
Agency	Agency Code	Agent		Agent code	SU
Policy no.	Policyowner's last and first	name		Amount	t received
				\$	
Please check	•	n the policyowner's ection 17 of form F4A-	1. Reserved for H.O.	Date (yyyy-mm-dd)	Initials
7. REINSTATEMENT/POLICY Acceptance of a cheque does not me		as been accepted. The	insurability declarations m	ust be reviewed before confirmir	ng the acceptance
of the request. → In all cases, attach a cheque for prem					
7.1 Does the banking information for this poli	cy need to be modified?		Yes → Complete form F4/	A-01.	
7.2 Do you wish to exclude an insured(s) from	n this reinstatement reques	?			
No → Continue to section 7.3.					
Yes → I want to exclude the following	g insured(s) and I understa	nd that this/these insur	ed(s) will no longer be cove	ered under this insurance policy:	
Insured (last and first name)		Insu	ed (last and first name)		
1		2			
3		4			
7.3 REINSTATEMENT					
Is this a universal life policy?			Yes → Include \$25 for tra	nsaction fees	
At the cancellation of the policy, did it include a: • Surrender value?			Yes → It is MANDATORY i	to reimburse the surrender valu	e paid to the
• Loan which exceeded the surrender value	?			to reimburse the total or partial a n .	amount (minimum
How long has the policy been cancelled?			Less than 120 days → Co 120 days or more → Com	•	
7.4 POLICY NOT PLACED					
Do you want to place the policy with a change o	f effective date?		Conserve the Increase the a		is request.
				niversal life policy, submit a nev	v illustration .
How long has the policy been terminated?				omplete section 7.5 . mit a new application , since a re wed. This form is not required.	einstatement is not

							F4A-05
7.5 POLICY CANCELLED OR NOT PLACED FOR LI							
Please complete the following insurability dec WP, WPDis or WPD benefit and each child co	elarations for all person overed under a child m	s covered under thi odule.	s policy, such as: ea	ach insured, policyowi	ner(s) cov	ered under	a CAD, CID, CADE,
Is this a simplified issue policy such as Access Li		lease answer quest	ions A, B, C, D, E	and F below.			
Alternative, Perspective or Transition Simplified	a les		et the application (concresponds to the tyeclarations.		F8A – P	Alternative erspective Alternative -	- Term Product
			, E and F are not re	equired.		Transition S Access Life	implified Issue
Question A: In the last year, has the person suffer Question B: In the last year, has the person tested				ician?			
Question C: In the past year, has the person been Question D: Please answer if the policy contains a depression, anguish, overwork, burne elbows, knees or other joints), osteoa	disabled or absent from a disability insurance cout or other) or muscu arthrosis or arthritis?	n work for more th overage: In the last loskeletal disorders	an two weeks for he five years, has the	person suffered from r			
Question E: Is the person covered under a Critica Question F: Is the person covered under a Life an							
Last and first name of all persons who have coverage	Question A	Question B	Question C	Question D	Que	stion E	Question F
1.	□ No □ Yes	□ No □ Yes	□ No □ Yes	□ No □ Yes	□ No	☐ Yes	□ No □ Yes
2.	□ No □ Yes	□ No □ Yes	□ No □ Yes	□ No □ Yes	□ No	☐ Yes	□ No □ Yes
3.	□ No □ Yes	□ No □ Yes	□ No □ Yes	□ No □ Yes	□ No	☐ Yes	□ No □ Yes
4.	□ No □ Yes	□ No □ Yes	□ No □ Yes	No Yes	□ No	☐ Yes	□ No □ Yes
VERY IMPORTANT PLEASE FOLLOW THESE INSTRUCTIONS:		Answer = Yes F3A required.		Answer = Yes F3A and Q6A required.		er = Yes equired.	Answer = Yes Q9A required.
THESE INSTRUCTIONS.	The required F3.	A , Q4A , Q6A and Q9	A forms must be co	mpleted and signed by	each insui	red.	
7.6 POLICY CANCELLED FOR <i>MORE THAN 12</i>	O DAYS – INSURABI	LITY DECLARATION	IS				
Please complete the following insurability dec CADE, WP, WPDis or WPD benefit and each of	clarations for all person child covered under a c	s covered under thi hild module.	s policy, such as: ea	ach insured and policy	rowner(s)	covered un	der a CAD , CID ,
Is this a simplified issue policy such as Access Life Alternative , Perspective or Transition Simplified	2		completed and signed	d for each insured AND	-		, and 3 below.
	a	nd signed) which c	orresponds to the ty		F8A – P	Iternative erspective	
		or the insurability d he F3A and question	eclarations. s 1, 2 and 3 are not r	required.	F32A -		- Term Product Simplified Issue
Question 1: Is the person covered under a Critica							
Question 2: Is the person covered under a Disabi Question 3: Is the person covered under a Life an							
Last and first name of all persons who have coverage		_	stion 1	Question 2		(Question 3
1.		□ No	☐ Yes	□ No □ Ye	s		No 🗆 Yes
2.		□ No	☐ Yes	□ No □ Ye	s		No 🗆 Yes
3.		□ No	☐ Yes	□ No □ Ye	s		No Yes
4.		□ No	☐ Yes	□ No □ Ye	s		No Yes
VERY IMPORTANT PLEASE FOLLOW			er = Yes 4A required.	Answer = Yes F3A and Q6A requir	red.		swer = Yes d Q9A required.
THESE INSTRUCTIONS:		The requir	red F3A , Q4A , Q6A a	nd Q9A forms must be	completed	and signed	by each insured .

				F4A-03
DETAILS AND SPECIAL INSTRUCTIONS				
DETAILS AND SPECIAL INSTRUCTIONS				
	SIGNA	TURES		
Is the insured aged 16 or over ?	☐ Yes → Please obtain t	the signature of the ins	sured.	
Is the ownership of this policy joint?	☐ Yes → Please obtain t			
Is the policyowner a company?		-	-	py of the company's resolution
to the portoyourner a company.		e authorized signatorie	-	py or the company o reconduction
We agree that this request is an integral part of and Financial Services inc. inasmuch as the latter proposed insureds since the signing of the requ	r has been accepted without modificati	cation takes effect as o on, the premium has	of the acceptance of the request been paid and no change has t	st by Industrial Alliance Insurance taken place in the insurability of the
Signed at		this	day of	20
x	Χ	Y		
Agent	Policyowner/Authorized person	Insur		
x	Y	Y		٦
Witness	Policyowner/Authorized person	Insur	red 2	Signature(s)
		Х		required if the
		Insur	red 3	insured(s) are other than the
		Y		policyowner(s).
		Insur	red 4	



• TOBACCO STATUS (CHANGE TO NON-SMOKER)

• NON-SMOKER BONUS (INCREASE IN COVERAGE)

F4A-06

ANDATORY I	NFORMATION					
ency	Į.	Agency Code	Agent		Agent code	SU
licy no.	Policyow	ner's last and first na	me			Amount received
						\$
	▲ If th	vara is a abanga in	the policyowner's		Date (yyyy-mm-dd)	Initials
—— Please			ction 17 of form F4A-11.	Rese	erved for H.O.	
I I	ACCO STATUS (CHANGE TO N	ON-SMOKER)				
Attach a duly	completed and signed F3A (including t	the Tobacco Use a	nd Declaration of Insurab	ility sections	s) form for each applicable insured.	
Change the tol	acco status to non-smoker for the fo	llowing insured(s)	: Insured (last and f	irst name)		
			1			
			2			
			3			
_	he applicable option.					
▲ → 0	rage that was issued with a smoker r Changes for children under age 15 whe Ho transaction fees.		- ,	ake effect us	sing the attained age.	
If mor Pleas	veen 1 and 5 years since the coverage e than 5 years since the coverage was e make sure that the non-smoker pren moker premium/cost of insurance curr	issued: No fees (t nium and/or cost o ently in effect.	he change will take effect of insurance for universa l	t according t I life policies	o the insured's attained age and the	original rate).
B Is it Joint Last	to Die coverage?	form F3A for eac	h joint insured under this	s coverage.		
Is the coverage	Child Life & Health Duo Disability		forms F3A and Q4A . In forms F3A and Q6A .	A	These forms must be completed f	
	Life and Serenity 65 Alternative	→ Attach	n forms F3A and Q9A . n form F2A .	,	applied.	
	☐ Perspective☐ Alternative Term Insuran		n form F8A . n form F11A .			
	Transition Simplified Iss		n form F32A .			
	Access Life	→ Attach	n form F35A .			
For a universa	life policy, I would like the following	target premium:				
Amount: \$	OR 🗆 Mii	nimum premium (OR 🔲 Monthly cost + t	axes OR [Current premium (Trend)	
Please	check					
NON	-SMOKER BONUS (INCREASE I	IN COVERAGE)				
	r to the wording of the policy for non-s n F3A duly completed and signed by e s					
	smoker bonus to the following insured to the wording of the policy for the pe		se of coverage granted.			
Insured (last a	nd 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.

			1 171 00
DETAILS AND ODES!AL INSTRUCTIONS			
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 designating the authorized signat		opy of the company's resolution
We agree that this request is an integral part of the modifiand Financial Services Inc. inasmuch as the latter has been proposed insureds since the signing of the request.			
Signed at	this	day of	20
l,	V	V	
Agent XWitness	XPolicyowner/Autho	X prized person Policy	owner/Authorized person



• RISK CLASS (CHANGE TO PREFERRED/ELITE)

• EXTRA PREMIUM/EXCLUSION (REVISION)

ANDATORY INFORMATION		
cy	Agency Code Agent	Agent code SU
y no.	Policyowner's last and first name	Amount received
	- single-main	
		\$
Please check	If there is a change in the policyowner's address, complete section 17 of form F4A-11.	Date (yyyy-mm-dd) Initials Reserved for H.O.
	TO PREFERRED/ELITE)	
 → Please refer to the wording of poli → Attach form F3A duly completed a 	icy for the prime rate eligibility. and signed for each applicable insured.	
1 Has the coverage been issued for less		
Please select the annlicable condition	ons according to the number of years for which the coverage	has been in force:
	years: Attach a \$50 fee (the change will take effect according to	
	years: No fee (the change will take effect according to the ins	- ,
A		ureu's attaineu age and the original rate). e products at the insured's attained age is to the client's advantag
	dreme premium and/or cost of misurance for universal me type and/or cost of insurance currently in force.	e products at the moured's attained age is to the chent's advantag
Change the risk class:		
The preferred selection criteria i	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 .
4 Is it joint last to die coverage?	Yes → Attach form F3A for each joint insured under this cov	verage.
5 For a universal life policy, I would like the following target premium:	Amount: \$	
ince the following target premium.	☐ Minimum premium ☐ Monthly cost + taxes	
	inditing bost + taxes	
Please check EXTRA PREMIUM/EXCL	USION (REVISION)	
Attach form F3A duly completed and		
Revise the extra premium/exclusion for		
Thouse the extra profitation for	- , , , , , , , , , , , , , , , , , , ,	
	2.	
2 Is it ioint last to die coverage?	Yes → Attach form F3A duly completed and signed for each j	ioint insured under this coverage.
3 Is the coverage: Critical III		
_	& Health Duo	These forms must be completed for
☐ Disability	→ Attach the F3A and Q6A forms.	each insured for whom coverage is
Life and S	erenity 65 Attach the F3A and Q9A forms.	being added.
R UNIVERSAL LIFE POLICIES ONLY: 4. Is this a request to remove the extra pre-	emium? ☐ Yes → If approved, do you want to activate the Aut	tomatic Ontimization of Face Amount (AOEA\2
יוס מווס מ ופקטפסנ נט ופוווטעפ נוופ פגנומ אונ	Yes	iomane opininzation of race Amount (AOFA)?
	No → The AOFA will remain inactive.	
I would like the following target prem		on [] o
☐ Amount: \$	OR	s OR LJ Current premium (Trend)

		SIGNATURES		
Is the ownership of this policy joint? Is the policyowner a company?	☐ Yes →	Please obtain the signature of al Please obtain the signature of ar designating the authorized signa	n authorized person AND attach a	copy of the company's resolution
We agree that this request is an integral pa and Financial Services Inc. inasmuch as th proposed insureds since the signing of the	e latter has been accepted with			
Signed at		this	day of	20
XAgent	XWitness	XPolicyowner/Auth	orized person X	cyowner/Authorized person



• COST OF INSURANCE FROM YRT TO LEVEL (UNIVERSAL LIFE POLICY)

• DEATH BENEFIT (UNIVERSAL LIFE POLICY)

MINIMIZATION PERIOD (UNIVERSAL LIFE POLICY)

MANDATORY INFORMATION						
Agency	Agency Code	Agent		Agent code		SU
Policy no.	Policyowner's last and first na	me			Amount received	
Please check	If there is a change in address, complete see	the policyowner's ction 17 of form F4A-11.	Date (yy Reserved for H.O.	vyy-mm-dd)	Initial:	S
12. COST OF INSURANCE FRO	OM YRT TO LEVEL (UNIVE	ERSAL LIFE POLICY)				
→ Verify if the current target premium is → Attach a \$25 cheque for transaction fe → For certain types of joint coverages, le 12.1 Has the coverage to be levelled been in fo	ees. evelling of insurance costs is n		10 years . Please refer to the wo	ording of the pol	licy.	
12.1 Has the coverage to be levelled been in to	ice for more man 3 years?	Yes → Continue to s				
12.2 Is the type of death benefit presently Face amount only?	No → Con Yes → I und	ct require that the death be tinue to section 12.3 . derstand that the death ben	_	unt + fund and I	want to:	
12.3 Change the cost of insurance to level an	d guaranteed for life for the f		Insured (last and first name)			
The change will take effect according						
_	option (AOFA)? FA Option can not be leveled. olicy. \$ m premium	□ No	The AOFA option will no duration of this policy.			
Please check	cost + taxes					
The death benefit can only be changed for 13.1 Select the new type of death benefit:	-	Yes → I want to amount I want to	fit currently "Face amount only be keep the current face amount of accumulation fund). In maintain the face amount to the ttach form F3A duly completed	(original face ar		ent

				F4A-08
Please check MINIMIZATION PERIOD (UNIVERSAL	HEE BOLICY			
4. MINIMIZATION PERIOD (UNIVERSAL	LIFE POLICY)			
A Please refer to the wording of the policy for the applic	able activation pe	riod and conditions.		
4.1 Is the type of death benefit option Wealth Maximizer, Wealth Maximizer or Minimized?	Face Amount + F		e change is not allowed. ntinue to section 14.2.	
14.2 I want to activate the minimization period starting at the 14.3 I want to change the floor face amount to: \$	ne annual annivers			
DETAILS AND SPECIAL INSTRUCTIONS				
	ζ	SIGNATURES		
Is the ownership of this policy joint ?	☐ Yes → Ple	ease obtain the signature of all pol	icyowners.	
Is the policyowner a company ?		ease obtain the signature of an aut signating the authorized signatorie		copy of the company's resolution
If this is a change of COST OF INSURANCE FROM YRT TO LI	:VEL:			
Is the beneficiary of the coverage to be levelled irrevocable ?		ease obtain the signature of the irr d the face amount .	evocable beneficiary(ies) if t	he change of rate leads to a decrease
Is the policy assigned for collateral security or seized by the government or a trustee?	☐ Yes → Ple	ease obtain the required document	s if the change of rate leads to	o a decrease in the face amount .
If this is a change of DEATH BENEFIT :				
Is the beneficiary of the coverage irrevocable ?		ease obtain the signature of the irr o nount only.	evocable beneficiary(ies) if t	ne death benefit is changed to Face
Is the policy assigned for collateral security or seized by the government or a trustee?	☐ Yes → Ple	ease obtain the required document	s if the death benefit is chang	ed to Face amount only.
We agree that this request is an integral part of the modific and Financial Services Inc. inasmuch as the latter has been proposed insureds since the signing of the request.				
Signed at		this	day of	20
X X Witne		X	ocable Beneficiary	
x x				
Policyowner/Authorized person Policy	owner/Authorized pe	erson		



• REDUCED PAID-UP INSURANCE (TRADITIONAL POLICY)

MANDATORY INFORMATION		
gency	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	Date (yyyy-mm-dd) Initials eserved for H.O.
Please check	address, complete section 11 of form 14A-11.	0001700101110
5. REDUCED PAID-UP INSUR	RANCE (TRADITIONAL POLICY)	
Please refer to the wording of the policy in	for the applicable conditions for each product.	
5.1 Select the portion of the policy you want	t to pay up and for which insureds:	
1. The entire policy		
The policy's total values will	be used.	
OR		
\square 2. For the following insured(s):	Insured (last and first name)	Calcat are of the fallowing two antique.
<u> </u>	_	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.
5.2 Is there a policy loan on the policy?	Eliminate the policy loan by reducing	
3. Pay up 25% of the face amount 5.2 Is there a policy loan on the policy?	Yes → I want to: ☐ Keep the policy loan if surrender value of the policy loan by reducing the policy loan by red	
3. Pay up 25% of the face amount 5.2 Is there a policy loan on the policy?	Yes → I want to: Keep the policy loan if surrender value in the policy loan by reducing signature. SIGNATURES	ng the paid-up amount.
3. Pay up 25% of the face amount 5.2 Is there a policy loan on the policy?	Yes → I want to: Keep the policy loan if surrender value in the policy loan by reducing signature. SIGNATURES Yes → Please obtain the signature of all policy.	ng the paid-up amount.
3. Pay up 25% of the face amount 5.2 Is there a policy loan on the policy? DETAILS AND SPECIAL INSTRUCTION Is the ownership of this policy joint?	Yes → I want to: Keep the policy loan if surrender value in the policy loan by reducing signature. SIGNATURES Yes → Please obtain the signature of all policy. Yes → Please obtain the signature of an author.	ryowners. Deprivation of the company's resolution
3. Pay up 25% of the face amount 2.2 Is there a policy loan on the policy? ETAILS AND SPECIAL INSTRUCTION Is the ownership of this policy joint? Is the policyowner a company? Is the beneficiary of the coverage irrevocable? Is the policy assigned for collateral security or	Yes - I want to: Keep the policy loan if surrender value	ryowners. Prized person AND attach a copy of the company's resolution rocable beneficiary(ies).
3. Pay up 25% of the face amount 5.2 Is there a policy loan on the policy? DETAILS AND SPECIAL INSTRUCTION Is the ownership of this policy joint? Is the policyowner a company? Is the beneficiary of the coverage irrevocable? Is the policy assigned for collateral security or by the government or a trustee? We agree that this request is an integral part and Financial Services Inc. inasmuch as the land	Yes - I want to: Keep the policy loan if surrender value	eyowners. Prized person AND attach a copy of the company's resolution eyocable beneficiary(ies).
3. Pay up 25% of the face amount 5.2 Is there a policy loan on the policy? DETAILS AND SPECIAL INSTRUCTION Is the ownership of this policy joint? Is the policyowner a company? Is the beneficiary of the coverage irrevocable? Is the policy assigned for collateral security or by the government or a trustee? We agree that this request is an integral part and Financial Services Inc. inasmuch as the laproposed insureds since the signing of the results.	Yes - I want to: Keep the policy loan if surrender value	ryowners. prized person AND attach a copy of the company's resolution rocable beneficiary(ies). the acceptance of the request by Industrial Alliance Insurance een paid and no change has taken place in the insurability of the
3. Pay up 25% of the face amount 5.2 Is there a policy loan on the policy? DETAILS AND SPECIAL INSTRUCTION Is the ownership of this policy joint? Is the policyowner a company? Is the beneficiary of the coverage irrevocable? Is the policy assigned for collateral security or by the government or a trustee? We agree that this request is an integral part and Financial Services Inc. inasmuch as the laproposed insureds since the signing of the results.	Yes → I want to: Keep the policy loan if surrender value	ryowners. Prized person AND attach a copy of the company's resolution Procable beneficiary(ies). The acceptance of the request by Industrial Alliance Insurance een paid and no change has taken place in the insurability of the day of
3. Pay up 25% of the face amount 5.2 Is there a policy loan on the policy? DETAILS AND SPECIAL INSTRUCTION Is the ownership of this policy joint? Is the policyowner a company? Is the beneficiary of the coverage irrevocable? Is the policy assigned for collateral security or by the government or a trustee? We agree that this request is an integral part and Financial Services Inc. inasmuch as the laproposed insureds since the signing of the results.	Yes → I want to: Keep the policy loan if surrender value	ryowners. prized person AND attach a copy of the company's resolution rocable beneficiary(ies). the acceptance of the request by Industrial Alliance Insurance een paid and no change has taken place in the insurability of the
3. Pay up 25% of the face amount 5.2 Is there a policy loan on the policy? DETAILS AND SPECIAL INSTRUCTION Is the ownership of this policy joint? Is the policyowner a company? Is the beneficiary of the coverage irrevocable? Is the policy assigned for collateral security or by the government or a trustee? We agree that this request is an integral part and Financial Services Inc. inasmuch as the laproposed insureds since the signing of the resigned at Signed at	Yes → I want to: SIGNATURES Yes → Please obtain the signature of all policy designating the authorized signatories. Yes → Please obtain the signature of the irreverse of the modified policy and that the modification takes effect as of latter has been accepted without modification, the premium has been accepted without modification.	ryowners. Prized person AND attach a copy of the company's resolution Procable beneficiary(ies). The acceptance of the request by Industrial Alliance Insurance een paid and no change has taken place in the insurability of the day of day of 20



• CHANGE IN TYPE OF COVERAGE

MANDATORY INFORMATION				
Agency	Agency Code	Agent	Agent	t code SU
Policy no.	Policyowner's last and	first name		Amount received
				\$
Please check		ge in the policyowner's te section 17 of form F4A-11 .	Date (yyyy-mm	n-dd) Initials
16. CHANGE IN TYPE OF C	OVERAGE			
 Allows for a change retroactive to If there is reduction in coverage, t Attach the policy to this request. 16.1 Has the coverage been issued for more	he cancellation/reduction is e than 13 months?		te and the change in type of coverage	takes effect at the issue date.
10.0 Protection to change	ш.	NO - Continue to Section 10.2.		
16.2 Protection to change: Insured (last and first name)		Current coverage	New coverage	New face amount
1		•	<u> </u>	s
				\$
3				\$
16.3 Has the policy been issued for more t l		Yes → Attach a \$50 chequ	-	Ψ
16.4 Will the new premium be higher than t	he old premium?	Yes → Attach a cheque for Amount: \$	the difference in premium since issu	9.
16.5 Is there an increase in the face amoun	t of the life insurance?	☐ Yes → Attach form F3A du	uly completed and signed for each inst	ured involved in this change.
16.6 Is the coverage: Critical Illne Disability Life and Ser	SS → Attach forms F → Attach forms F → Attach forms F	3A and Q6A. These	e forms must be completed for each Bed for whom coverage is being added.	
16.7 Is the type of product changing from a universal life policy?	a traditional to a Yes •		ility declarations if no increase in cove	
16.8 Is the product changing to an EquiBui	ld? Yes •			

		F4A-10
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 m and Financial Services Inc. inasmuch as the latter has proposed insureds since the signing of the request.	odified policy and t been accepted wit	that the modification takes effect as of the acceptance of the request by Industrial Alliance Insurance ithout modification, the premium has been paid and no change has taken place in the insurability of the
Signed at		this day of 20
		X
Agent \	Vitness	Irrevocable Beneficiary
X X Policyowner/Authorized person	Policyowner/Authorize	zed person



• CHANGE OF ADDRESS

• DUPLICATE POLICY

• DATE OF BIRTH (CORRECTION)

DIVIDEND OPTION

ency	TORY INFORMATION					
,,,oy		Agency Code Agent			Agent code	SU
		Agency doub			Agont bodo	30
y no.		Policyowner's last and first name			Amount rece	ived
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	yy-mm-dd) In	itials
	Please check			Reserved for H.O.		
	CHANGE OF ADDRESS					
No.	Street			Apartment	PO Box	
City		Province		Postal code	Social Insurance No	D.
Email	address					
		Tel.: Home (-	Work () -	
	Please check					
	DUPLICATE POLICY					
→ E	Enclose a \$50 cheque for transaction t	rees.				
→ 7	The policyowner's signature is mandat	tory.				
	Please check					
	DATE OF BIRTH (CORRECT	TION)				
→ At	ttach proof of date of birth.					
	Please check					
l wan	at to change the dividend option to:	Payable in cash. Applied towards the payment of the pre				
I wan	•	Applied towards the payment of the pro	t.			
I wan	•	Applied towards the payment of the pro Applied towards a deposit with interest Applied towards the purchase of supplo	t. ementary insur			
	nt to change the dividend option to:	Applied towards the payment of the produced Applied towards a deposit with interest Applied towards the purchase of suppleted Attach form F3A completed and sign.	t. ementary insur			
	•	Applied towards the payment of the produced Applied towards a deposit with interest Applied towards the purchase of suppleted Attach form F3A completed and sign.	t. ementary insur			
	nt to change the dividend option to:	Applied towards the payment of the produced Applied towards a deposit with interest Applied towards the purchase of suppleted Attach form F3A completed and sign.	t. ementary insur			
	nt to change the dividend option to:	Applied towards the payment of the pre Applied towards a deposit with interest Applied towards the purchase of supple Attach form F3A completed and sign	t. ementary insur ed for the additi			
	nt to change the dividend option to:	Applied towards the payment of the produced Applied towards a deposit with interest Applied towards the purchase of suppleted Attach form F3A completed and sign.	t. ementary insur ed for the additi			
ΓAILS	nt to change the dividend option to:	Applied towards the payment of the pre Applied towards a deposit with interest Applied towards the purchase of supple Attach form F3A completed and sign	t. ementary insur ed for the additi	on of coverage.		
TAILS	at to change the dividend option to:	Applied towards the payment of the pre Applied towards a deposit with interest Applied towards the purchase of supple → Attach form F3A completed and sign SIGNATU Yes → Please obtain the sign Yes → Please obtain the sign	t. ementary insur- ed for the additu JRES signature of all p	on of coverage. olicyowners. uthorized person AND attack	n a copy of the company's re :	solution
TAILS	nt to change the dividend option to:	Applied towards the payment of the pre Applied towards a deposit with interest Applied towards the purchase of supple Attach form F3A completed and signs SIGNATU Yes Please obtain the s	t. ementary insur- ed for the additu JRES signature of all p	on of coverage. olicyowners. uthorized person AND attack	n a copy of the company's re :	solution
ne own ne poli nis is a	nt to change the dividend option to: S AND SPECIAL INSTRUCTIONS The series of this policy joint? The series of the dividend option to: The series of the dividend option to: The series of the dividend option to: The series of the serie	Applied towards the payment of the pre Applied towards a deposit with interest Applied towards the purchase of supple → Attach form F3A completed and sign SIGNATU Yes → Please obtain the sign designating the au	t. The mentary insur- ed for the additu URES Eignature of all p Eignature of an a Ethorized signato	on of coverage. olicyowners. uthorized person AND attaclies.	n a copy of the company's re s	solution
ne own ne poli ne poli ne poli	nt to change the dividend option to:	Applied towards the payment of the pre Applied towards a deposit with interest Applied towards the purchase of supple → Attach form F3A completed and sign SIGNATU Yes → Please obtain the sign designating the au	t. The mentary insur- ed for the additu URES Eignature of all p Eignature of an a Ethorized signato	on of coverage. olicyowners. uthorized person AND attaclies.	n a copy of the company's re s	solution
the own the polities is a the polities government agree ancial S	to change the dividend option to: AND SPECIAL INSTRUCTIONS mership of this policy joint? icyowner a company? request for a DUPLICATE POLICY: icy assigned for collateral security or secure or a trustee? that this request is an integral part of the	Applied towards the payment of the pre Applied towards a deposit with interest Applied towards the purchase of supple → Attach form F3A completed and sign SIGNATU Yes → Please obtain the sign designating the au	t. TRES Eignature of all p Eignature of an a thorized signato equired docume es effect as of the	on of coverage. olicyowners. uthorized person AND attackies. nts.	by Industrial Alliance Insuranc	ce and
the own the polities is a he polities governancial S agree ancial S aureds s	nership of this policy joint? icyowner a company? request for a DUPLICATE POLICY: icy assigned for collateral security or securement or a trustee? that this request is an integral part of the Services Inc. inasmuch as the latter has since the signing of the request.	Applied towards the payment of the pre Applied towards a deposit with interest Applied towards the purchase of supple Attach form F3A completed and signs SIGNATU Yes → Please obtain the signs designating the au eized Yes → Please obtain the re e modified policy and that the modification tak been accepted without modification, the premi	PRES Eignature of all p Eignature of an a Eignature docume Even and the services of the se	on of coverage. olicyowners. uthorized person AND attackies. nts. e acceptance of the request d and no change has taken	by Industrial Alliance Insuranc place in the insurability of the	ce and proposed
trails the own the polities is a the polities gove agree ancial S agrees	nership of this policy joint? icyowner a company? request for a DUPLICATE POLICY: icy assigned for collateral security or securement or a trustee? that this request is an integral part of the Services Inc. inasmuch as the latter has since the signing of the request.	Applied towards the payment of the pre Applied towards a deposit with interest Applied towards the purchase of supple → Attach form F3A completed and sign. SIGNATU Yes → Please obtain the sign designating the au eized Yes → Please obtain the re where the modified policy and that the modification take	PRES Eignature of all p Eignature of an a Eignature docume Even and the services of the se	on of coverage. olicyowners. uthorized person AND attackies. nts. e acceptance of the request d and no change has taken	by Industrial Alliance Insuranc place in the insurability of the	ce and proposed
the own the poli the poli the gove agree ancial S	nership of this policy joint? icyowner a company? request for a DUPLICATE POLICY: icy assigned for collateral security or security or a trustee? that this request is an integral part of the Services Inc. inasmuch as the latter has since the signing of the request.	Applied towards the payment of the pre Applied towards a deposit with interest Applied towards the purchase of supple Attach form F3A completed and signs SIGNATU Yes → Please obtain the signs designating the au eized Yes → Please obtain the re e modified policy and that the modification tak been accepted without modification, the premi	I. Ementary insur- ed for the additu- ed for the ad	on of coverage. colicyowners. uthorized person AND attacties. nts. e acceptance of the request d and no change has taken day of	by Industrial Alliance Insurand place in the insurability of the 20_	ce and proposed



• EXERCISE THE GUARANTEED INSURABILITY (GI) BENEFIT

IANDATORY INFORMATION						
gency	Agency Code	Agent			Agent code	e SU
olicy no.	Policyowner's last and first nam	ne				Amount received
						\$
Please check	If there is a change in th		Reserve	Da ed for H.O.	Pate (yyyy-mm-dd)	Initials
EXERCISE THE GUARAN	NTEED INSURABILITY (GI) B	BENEFIT				
For policies issued before January 1,	, 2017, a new policy will be issued	I following the exercise of	f the GI Benefit	t. Please atta	ch a duly compl	eted and signed F1A form.
ype of coverage						
1.1 I would like the following coverage(s):1. Insured (last and first name)		Face amount	New	<i>ı</i> coverage		
Beneficiary 1 (last and first name)		Date of birth (yyyy-i	mm-dd)	%	Revocable Irrevocable	Relationship to insured
Beneficiary 2 (last and first name)		Date of birth (yyyy-l	mm-dd)	%		Relationship to insured
Beneficiary 3 (last and first name)		Date of birth (yyyy-ı	mm-dd)	%		Relationship to insured
2. Insured (last and first name)	F	Face amount	New	ı coverage	<u> </u>	
Beneficiary 1 (last and first name)		Date of birth (yyyy-i	mm-dd)	% 	Revocable Irrevocable	Relationship to insured
Beneficiary 2 (last and first name)		Date of birth (yyyy-l	mm-dd)	% 		Relationship to insured
Beneficiary 3 (last and first name)		Date of birth (yyyy-ı	mm-dd)	%		Relationship to insured
dditional required information						
1.2 Do you want to add coverage or additi granted under the exercise of the GI ?	ional benefits other than the cover	rage Yes •	→ Please com	plete section	n 3 of form F4A- 0	03.
1.3 Is there a change in the risk class or to	obacco status for the new coverage	je? ☐ Yes =	→ Attach form in this chang	-	mpleted and sig	gned for each insured involv
1.4 Does the policy have the CAD, CID, CAI	DE, WP, WPDis and WPD benefits	s? Yes =	→ Attach form	F3A for the	policyowner.	
1.5 Do you want to proceed with a change	of ownership on this policy?	☐ Yes •	→ Attach forms	s F30A and F	F5A to this reques	st.
.6 For a universal life policy, I would like	e the following target premium: OR				······································	

				<u> </u>
loouonoo	of the new coverage on a recult of the	oversion of the Cueronteed Incurshility		
		exercise of the Guaranteed Insurability		
A Pleas	se refer to the wording of the policy for	the applicable conditions of eligibility.		
21.7 Choo	ose ONE of the following three options:			
	1. The purchased insurance will be a	dded to the current policy.		
A	This option is available only for policie	es issued on or after January 1, 2017.		
OR				
	2. The purchased insurance will be is	ssued under a new policy(ies).		
		olicy(ies) resulting from the exercise of the G	uaranteed Insurability:	
	The current policyowner(s) of t			•
	remains the policyowner			A IMPORTANT
	assigns to each applicable assigns the ownership of	e insured their own policy.	7	It is MANDATORY to choose ONE of these three options.
	A = -		tically ranguage all their rig	•
	policyowner(s) of the n	ownership, the current policyowner(s) automa ew policy(ies).	ucany renounce an men ngi	nis in lavor of the new
	2.2 It is MANDATORY to provide the	_		
		gned by the policyowner of the new policy (ex	cluding the insurability decl	arations if no addition of coverage).
	→ Pre-Authorized Chequ	A for each additional insured. ue Payment / Pre-Authorized Debit (PAC/PAD iity (F51-208A) for each new policyowner for a		payor.
OR	3. The purchased insurance will be adde	ed and assigned to the owner of policy issued	on or after January 1, 2017	7 no.:
	↑ The policy courses of the la	auranas and Financial Comissa Inc. about	antioned notice metals	as to the addition to his/har policy by signing helpy
		surance and financiai Services inc. adove-m CAD, CID, CADE, WP, WPDis or WPD, attach		ee to the addition to his/her policy by signing below. icyowner
	. ,	, , , , , , , , , , , , , , , , , , , ,	,	3
	I agree to the addition of the insura	nce to my insurance policy. The addition w	vill take effect when the	
		l Alliance Insurance and Financial Service		▲ IMPORTANT
				Please also fill out the
				SIGNATURES section below to
	Policyowner/Authorized person	Policyowner/Authorized person	n	complete this transaction.
DETAILS	S AND SPECIAL INSTRUCTIONS			
		SIGNATU	RES	
		Voc - Disease obtain the si	ignature of the insured	•
Is the ins	ured aged 16 or over?	☐ Tes → Please obtain the si	griatare or the mourea	•
	ured aged 16 or over? rnership of this policy joint?	Yes → Please obtain the si		s.
Is the ow	nership of this policy joint?	Yes → Please obtain the si	ignature of all policyowner	
Is the ow	-	Yes → Please obtain the si	ignature of all policyowner ignature of an authorized p o	rs. erson AND attach a copy of the company's resolution
Is the ow Is the po l We agree	nership of this policy joint? licyowner a company? e that this request is an integral part of	Yes → Please obtain the si Yes → Please obtain the si designating the aut the modified policy and that the modification	ignature of all policyowner ignature of an authorized p ol horized signatories. n takes effect as of the acc	
Is the ow Is the pol We agree latter has request.	rnership of this policy joint? licyowner a company? e that this request is an integral part of s s been accepted without modification, the	Yes → Please obtain the si Yes → Please obtain the si designating the aut the modified policy and that the modification he premium has been paid and no change has	ignature of all policyowner : ignature of an authorized p i horized signatories. In takes effect as of the acc as taken place in the insura	ceptance of the request by the Company inasmuch as the rability of the proposed insureds since the signing of the
Is the ow Is the pol We agree latter has request.	rnership of this policy joint? licyowner a company? e that this request is an integral part of s s been accepted without modification, the	Yes → Please obtain the si Yes → Please obtain the si designating the aut the modified policy and that the modification he premium has been paid and no change ha	ignature of all policyowner ignature of an authorized p horized signatories. n takes effect as of the acc as taken place in the insurathisd	ceptance of the request by the Company inasmuch as the rability of the proposed insureds since the signing of the
Is the ow Is the pol We agree latter has request. Signed a	rnership of this policy joint? licyowner a company? e that this request is an integral part of s s been accepted without modification, the	Yes → Please obtain the si Yes → Please obtain the si designating the aut the modified policy and that the modification he premium has been paid and no change ha	ignature of all policyowner ignature of an authorized p horized signatories. n takes effect as of the acc as taken place in the insurathisd	ceptance of the request by the Company inasmuch as the rability of the proposed insureds since the signing of the
Is the ow Is the pol We agree latter has request.	rnership of this policy joint? licyowner a company? e that this request is an integral part of s s been accepted without modification, the	Yes → Please obtain the si Yes → Please obtain the si designating the aut the modified policy and that the modification he premium has been paid and no change ha	ignature of all policyowner ignature of an authorized p horized signatories. n takes effect as of the acc as taken place in the insurathisd	ceptance of the request by the Company inasmuch as the rability of the proposed insureds since the signing of the
Is the ow Is the pol We agree latter has request. Signed a X Agent X	rnership of this policy joint? licyowner a company? e that this request is an integral part of s s been accepted without modification, the	Yes → Please obtain the si Yes → Please obtain the si designating the aut the modified policy and that the modification he premium has been paid and no change ha	ignature of all policyowner ignature of an authorized p horized signatories. n takes effect as of the acc as taken place in the insurathisd	ceptance of the request by the Company inasmuch as the rability of the proposed insureds since the signing of the



REQUEST FOR CHANGE

• CONVERSION	F4A-13

ency	Agency Code	Agei	nt				Agent code)	SU
icy no.	Policyowner's last and firs	st name						Amount r	eceived
								\$	
	A If there is a change			Reserve	d for H.O.	Date (y)	/yy-mm-dd)		Initials
Please check CONVERSION	address , complete	section	17 OT TORM F4A-1	I. 110301 VO	101 11.0.				-
e of conversion									
Please choose the type of conversion	on: e amount: I wish to convert the i	total amo	ount of coverage						
OR	o uniouni i wien to convert ino	total allio	vanit or obvorage.						
2. Partial conversion of the fa	ice amount: I wish to keep the r	emaining	insurance in forc	e.					
OR									
☐ 3. Partial conversion of the fa	ice amount: I wish to cancel the indicated in section		ng insurance and	I understand that	the new co	nverte	d face amoi	unt is reduced	to the amo
verage to be converted									
2 Is the coverage to be converted	☐ Yes → I want to conver	rt the cov	erage into the	joint	A				
			orago mito mo	LI JUIIIL	- A A A A	Please	refer to the v	vordina of the n	olicy to verify
a joint insurance?	following type o	f insuran	-	individual			refer to the vilability of the	vording of the p e individual insu	
•		_	-						
•		☐ Yes	-		•		ilability of the		rance.
3 If applicable, do you want to save ac		☐ Yes	ce:	individual	•		ilability of the	e individual insu	rance.
3 If applicable, do you want to save ac	ge on the converted coverage?	☐ Yes	ce:	individual New face am \$	•		New typ	e individual insu	rance.
3 If applicable, do you want to save ac 1. Insured (last and first name)	ge on the converted coverage?	☐ Yes	ce: ted coverage	individual New face am \$	ount	the ava	New typ	e individual insu	rance.
3 If applicable, do you want to save ac 1. Insured (last and first name) Beneficiary 1 (last and first name)	ge on the converted coverage?	Yes Convert	ce: ted coverage Date of birth (y	New face am \$s	ount %	the ava	New type Revocable	e individual insu	to insured
3 If applicable, do you want to save ac 1. Insured (last and first name)	ge on the converted coverage?	Convert	ce: ted coverage	New face am \$s	ount	the ava	New type Revocable rrevocable	e individual insu	to insured
3 If applicable, do you want to save ac 1. Insured (last and first name) Beneficiary 1 (last and first name)	ge on the converted coverage?	Convert M M M	ce: ted coverage Date of birth (y	New face am \$ ryy-mm-dd) ryy-mm-dd)	ount %	the ava	New type Revocable	e of coverage Relationship Relationship	to insured
3 If applicable, do you want to save ac 1. Insured (last and first name) Beneficiary 1 (last and first name)	ge on the converted coverage?	Convert M M M	ce: ted coverage Date of birth (you have of birth (you have become a continuous properties).	New face am s ryy-mm-dd) ryy-mm-dd)	ount %	the ava	New type Revocable rrevocable rrevocable rrevocable	e of coverage Relationship Relationship	to insured
3 If applicable, do you want to save ac 1. Insured (last and first name) Beneficiary 1 (last and first name) Beneficiary 2 (last and first name)	ge on the converted coverage?	Convert M M M	ted coverage Date of birth (you have of birth (you have of birth (you have of birth)	New face am s ryy-mm-dd) ryy-mm-dd)	% %	the ava	New type Revocable rrevocable rrevocable rrevocable	e of coverage Relationship Relationship	to insured
3 If applicable, do you want to save ac 1. Insured (last and first name) Beneficiary 1 (last and first name) Beneficiary 2 (last and first name)	ge on the converted coverage?	Convert M F M F	ted coverage Date of birth (you have of birth (you have of birth (you have of birth)	New face am s ryy-mm-dd) ryy-mm-dd)	% %	the ava	New type Revocable rrevocable rrevocable rrevocable	e of coverage Relationship Relationship	to insured to insured to insured
3 If applicable, do you want to save act and first name) Beneficiary 1 (last and first name) Beneficiary 2 (last and first name)	ge on the converted coverage?	Yes Convert M F M F M F	ted coverage Date of birth (you have of birth (you have of birth (you have of birth)	New face am s ryy-mm-dd) ryy-mm-dd)	% % %	the ava	New type Revocable rrevocable	e of coverage Relationship Relationship Relationship	to insured to insured to insured
3 If applicable, do you want to save ac 1. Insured (last and first name) Beneficiary 1 (last and first nam Beneficiary 2 (last and first nam Beneficiary 3 (last and first nam	ge on the converted coverage?	Yes Convert M F M F M F	ted coverage Date of birth (y) Date of birth (y) Date of birth (y) ted coverage	New face am New face am yyy-mm-dd) yyy-mm-dd) yyy-mm-dd) New face am New face am	% % %	the ava	New type Revocable rrevocable	e of coverage Relationship Relationship	to insured to insured to insured
1. Insured (last and first name) Beneficiary 1 (last and first name) Beneficiary 2 (last and first name) Beneficiary 3 (last and first name)	ge on the converted coverage? ne) ne)	Convert M F M F Convert	ce: ted coverage Date of birth (y) Date of birth (y) Date of birth (y)	New face am New face am yyy-mm-dd) yyy-mm-dd) yyy-mm-dd) New face am New face am	% % %	the ava	New type Revocable rrevocable	e of coverage Relationship Relationship	to insured to insured to insured
1. Insured (last and first name) Beneficiary 1 (last and first name) Beneficiary 2 (last and first name) Beneficiary 3 (last and first name) 2. Insured (last and first name)	ge on the converted coverage? ne) ne)	Convert M F M F M F	ce: ted coverage Date of birth (y) Date of birth (y) Date of birth (y) ted coverage	New face am New face am yyy-mm-dd) yyy-mm-dd) yyy-mm-dd) New face am New face am	% % % ount	the ava	New type Revocable rrevocable	e of coverage Relationship Relationship Relationship Relationship	to insured to insured to insured
1. Insured (last and first name) Beneficiary 1 (last and first name) Beneficiary 2 (last and first name) Beneficiary 3 (last and first name) 2. Insured (last and first name) Beneficiary 1 (last and first name)	ge on the converted coverage? ne) ne)	Convert M F M F Convert	ce: ted coverage Date of birth (y) Date of birth (y) Date of birth (y) ted coverage Date of birth (y)	New face am yyy-mm-dd) ryy-mm-dd) New face am New face am yy-mm-dd)	%	the ava	New type Revocable	e of coverage Relationship Relationship Relationship Relationship	to insured to insured to insured
1. Insured (last and first name) Beneficiary 1 (last and first name) Beneficiary 2 (last and first name) Beneficiary 3 (last and first name) 2. Insured (last and first name)	ge on the converted coverage? ne) ne)	Convert M F M F Convert	ce: ted coverage Date of birth (y) Date of birth (y) Date of birth (y) ted coverage	New face am yyy-mm-dd) ryy-mm-dd) New face am New face am yy-mm-dd)	% % % ount	the ava	New type Revocable rrevocable	e of coverage Relationship Relationship Relationship Relationship	to insured to insured to insured
1. Insured (last and first name) Beneficiary 1 (last and first name) Beneficiary 2 (last and first name) Beneficiary 3 (last and first name) 2. Insured (last and first name) Beneficiary 1 (last and first name)	ge on the converted coverage? ne) ne)	Convert M F M F Convert	ce: ted coverage Date of birth (y) Date of birth (y) Date of birth (y) ted coverage Date of birth (y)	New face am yyy-mm-dd) ryy-mm-dd) New face am New face am yy-mm-dd)	%		New type Revocable	e of coverage Relationship Relationship Relationship Relationship Relationship	to insured to insured to insured
1. Insured (last and first name) Beneficiary 1 (last and first name) Beneficiary 2 (last and first name) Beneficiary 3 (last and first name) 2. Insured (last and first name) Beneficiary 1 (last and first name)	ge on the converted coverage? ne) ne) ne)	Convert M F M F Convert	ce: ted coverage Date of birth (y) Date of birth (y) Date of birth (y) ted coverage Date of birth (y)	New face am yyy-mm-dd) nyy-mm-dd) New face am yyy-mm-dd) New face am yy-mm-dd)	%		New type Revocable	e of coverage Relationship Relationship Relationship Relationship Relationship	to insured to insured to insured to insured

									Γ4 <i>F</i>	4-13
Add	itiona	l benefits, riders and/or child mo	dules to keep/c	ancel with the new	coverage issue	d from this conv	ersion			
$\overline{\mathbf{A}}$	Follo	wing the conversion, certain addit	ional benefits a	nd riders are not trai	nsferable to the	new coverage. Pl	ease refer to the wordi	ng of the policy.		
22.4		onverted coverage includes addit				Ü		, ,		
		res → Please choose only ONE of	of the following	options:						
		☐ I want to keep the current ad	ditional benefits	, riders and/or child	module on the	new converted co	overage.			
		OR								
		I want to keep only the follow will be cancelled:	<i>i</i> ing additional b	oenefits, riders and/o	or child module	on the new conve	erted coverage and I un	derstand that al	l other addition	al benefits
			☐ CAD		☐ AD ☐ AD&D	GI Fracture	Child Module Supplementa		Disability WP	Credit
		OR						,		
		I do not want to keep the add	litional benefits,	riders and/or child	module on the r	new converted co	verage.			
Issu	ance	of the new coverage resulting fro	m this conversi	ion						
A		e refer to the wording of the policy	• • •	ole conditions of eligi	bility.					
22.5	Pleas	e choose ONE of the following thre	e options:							
		. The converted insurance will I								
	OR	This option is available only for po	olicies issued oi	n or after January 1,	2017.					
	_	2. The converted insurance will I	be issued unde	r a new policy(ies).						
		2.1 Ownership rights of the ne	ew policy(ies) re	esulting from this cor	nversion:					
		The current policyowner(s				,	•			
		remains the policyov assigns to each appl					A IMPOR			
		assigns the ownersh					It is MANDATORY ONE of these thre			
		<u> </u>	•	-	ner(s) and the irr	evocable beneficia	ry(ies) automatically rei		iahts in favor of	the
		new policyowner((-)		5(11)		3	
		2.2 It is MANDATORY to provi	de the following	DOCUMENTS:						
		A			new policy (exclu	ding the insurabili	ty declarations if no add	ition of coverage).	
				dditional insured. t / Pre-Authorized De	.h;+ /D∧₾/D∧D\ ∧	arooment for one	h now navor			
				8A) for each new pol						
	OR.									
	∐ 3	3. The converted insurance will be	added and assiç	gned to the owner of p	policy issued on	or after January 1	, 2017 no.:			
		↑ The policyowner of the								
		→ If the policy includes	the CAD, CID, C	CADE, WP, WPDis o	r WPD , attach fo	orm F3A for the p	olicyowner.			
		I agree to the addition of the cont the transaction is accepted by Inc						▲ II	MPORTAN	т
		the transaction is accepted by the	ruoti iui riiiiuiioo	modranoo una i man	10101 001 11000 111	o. (ino Company	,	Please	also fill out t	he
									RES section o	
		Policyowner/Authorized person		Policyowner/Auth	orized person				e to complete ansaction.	tnis
Λdd	itiona	I required information					<u> </u>			
		•	anal hanafita a	thar than the cavers	as arented unde	" П,	′es → Please complete	naation 2 of fo	rm E4A 02	
22.0		ou want to add coverage or additi onversion clause?	onai beneins o	ther than the covera	ge granted unde		res - Please complete	Section 3 01 10	IIII F4A-U3 .	
22.7	Is the	ere a change in the risk class or to	bacco status fo	or the converted cove	erage?		/es → Please attach fo each insured inv			ned for
22.8	ls Ho	me Protection Plan coverage beir	ng converted?				fes → Attach form Q8 policyowner.	A completed and	I signed by the	
22.9		e conversion from Yes = Id module?	➤ I want to:				are children still cover re are no other childre			
22.1	0 Do	you want to proceed with a chang	e of ownership	on this policy ?			/es → Attach forms F3	0A and F5A to th	nis request.	May 2017

			147 13
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?		-	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 seiz by the government or a trustee?	ed \square	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 latter has been accepted without modification and			hat the modification takes effect as of the acceptance of the request by the Company inasmuch as the paid.
Signed at			this day of 20
X	X		X
Agent	Witness		Irrevocable beneficiary
x	x		X
Policyowner/Authorized person	Policyowner	/Authorize	



• DISSOCIATION	F4A-14

ANDATORY INFORMATION				
су	Agency Code	Agent	Agent cod	de SU
ey no.	Policyowner's last and first n	ame		Amount received
				\$
Please check DISSOCIATION	If there is a change in address, complete se	the policyowner's ection 17 of form F4A-11.	Date (yyyy-mm-dd Reserved for H.O.) Initials
If the policy has a debt (advance, loan), a portithe new policy. Attach a \$50 transaction fee, except in the fol	lowing two cases: → Ţ		der when the policy was issued.	ll automatically be transferr
Provide the following details on the following	5			
Insured (last and first name)		Coverage to dissociate		
1				
2				
3				
3. 4.				
4				_
4a universal life policy: If a balance remains after the mandatory split accumulation fund, do you want to share the	ting of the balance of the	Yes → Indicate the		h insured:
4a universal life policy: If a balance remains after the mandatory split	ting of the balance of the	Yes → Indicate the a	amount OR percentage to share for eacl	h insured:
a universal life policy: If a balance remains after the mandatory split accumulation fund, do you want to share the fund between the current policy and the polic If the dissociated coverage includes sur	ting of the balance of the les to be dissociated?	Yes → Indicate the : ↑ The tota Insured (I	amount OR percentage to share for each I amount of % must equal 100 %.	□ \$ OR □ %
a universal life policy: If a balance remains after the mandatory split accumulation fund, do you want to share the fund between the current policy and the polic If the dissociated coverage includes sur automatically transfer a portion of the a	ting of the balance of the les to be dissociated? Trender charges, we ccumulation fund to the	Yes → Indicate the a The tota Insured (I	amount OR percentage to share for each I amount of % must equal 100 %. ast and first name)	□ \$ OR □ %
a universal life policy: If a balance remains after the mandatory split accumulation fund, do you want to share the fund between the current policy and the polic If the dissociated coverage includes sur automatically transfer a portion of the a new policy that is proportionate to the sidissociated coverage in relation to the terms.	ting of the balance of the les to be dissociated? Trender charges, we ccumulation fund to the surrender charges of the otal surrender charges of	Yes → Indicate the a The tota Insured (I 1	amount OR percentage to share for each I amount of % must equal 100% . ast and first name)	□ \$ OR □ %
a universal life policy: If a balance remains after the mandatory split accumulation fund, do you want to share the fund between the current policy and the polic If the dissociated coverage includes sur automatically transfer a portion of the a new policy that is proportionate to the s	ting of the balance of the les to be dissociated? Trender charges, we ccumulation fund to the currender charges of the lotal surrender charges of ut exceeding the	Yes → Indicate the a	amount OR percentage to share for each I amount of % must equal 100% . ast and first name)	□ \$ OR □ %
a universal life policy: If a balance remains after the mandatory split accumulation fund, do you want to share the fund between the current policy and the polic If the dissociated coverage includes surautomatically transfer a portion of the anew policy that is proportionate to the sidissociated coverage in relation to the the contract prior to dissociation, without surrender charges for the dissociated coverage in t	ting of the balance of the les to be dissociated? Trender charges, we ccumulation fund to the currender charges of the lotal surrender charges of ut exceeding the	Yes → Indicate the a	amount OR percentage to share for each I amount of % must equal 100 %. ast and first name)	□ \$ OR □ %
a universal life policy: If a balance remains after the mandatory split accumulation fund, do you want to share the fund between the current policy and the policy. If the dissociated coverage includes sure automatically transfer a portion of the anew policy that is proportionate to the dissociated coverage in relation to the the contract prior to dissociation, without surrender charges for the dissociated collitional required information	ting of the balance of the les to be dissociated? Trender charges, we ccumulation fund to the currender charges of the lotal surrender charges of ut exceeding the	Yes → Indicate the a	amount OR percentage to share for each I amount of % must equal 100 %. ast and first name)	□ \$ OR □ %
4	ting of the balance of the les to be dissociated? Trender charges, we ccumulation fund to the currender charges of the lotal surrender charges of ut exceeding the loverage.	Yes → Indicate the A The tota Insured (I 1	amount OR percentage to share for each lamount of % must equal 100% . ast and first name)	\$ OR \$ % \$ of form F4A-03. duly completed and signed

Issuance	of the ne	ew coverage resulting from this diss	ociation	
23.7 Pleas	e choose	e ONE of the following two options:		
	1 . The d	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(ie		
		The current policyowner(s) of this policyowner(s) of the remains the policyowner(s) of the assigns to each applicable insurance assigns the ownership of the new	ticy: the new policy. the their own policy. the policy to whip, the current policyowner(s) and the irrevocable beneficiary(ie)	IMPORTANT It is MANDATORY to choose ONE of these three options. It is automatically renounce all their rights in favor of the new
	10	It is MANDATORY to provide the follow		
OR	1.2	→ F1A completed and signed b Attach form F3A for ea → Pre-Authorized Cheque Pay	y the policyowner of the new policy (excluding the insurability de	
_	2. The di	lissociated insurance will be added and	assigned to the owner of policy issued on or after January 1, 2017.	. no.:
	→ 7 → 7	The traditional insurance products mus The universal life insurance products r	ADE, WP, WPDis and WPD benefits, attach form F3A for the p st be part of the same family of products. must be part of the same generation of products. age must be subsequent to the issue date of the above-mentioned.	
			rrance to my insurance policy. The addition will take effect wher ance Insurance and Financial Services Inc. (the "Company").	Please also fill out the SIGNATURES section below
	the trai			IMPORTANT Please also fill out the
DETAILS	the trai	nsaction is accepted by Industrial Allia	ance Insurance and Financial Services Inc. (the "Company").	Please also fill out the SIGNATURES section below
	Policy	nsaction is accepted by Industrial Allia	nnce Insurance and Financial Services Inc. (the "Company"). Policyowner/Authorized person	Please also fill out the SIGNATURES section below to complete this transaction.
Is the ow	Policy	rowner/Authorized person	Policyowner/Authorized person SIGNATURES Yes Please obtain the signature of all policyowner Yes Please obtain the signature of an authorized	Please also fill out the SIGNATURES section below to complete this transaction.
Is the ow Is the pol	Policyonership of icyownership	rowner/Authorized person SPECIAL INSTRUCTIONS of this policy joint?	Policyowner/Authorized person SIGNATURES ☐ Yes → Please obtain the signature of all policyowner	Please also fill out the SIGNATURES section below to complete this transaction. ers. person AND attach a copy of the company's resolution
Is the ow Is the pol Is the be irrevocat Is the pol	Policy Policy S AND S nership of icyowner neficiary ole?	rowner/Authorized person SPECIAL INSTRUCTIONS of this policy joint? r a company? y of the coverage to be dissociated greed for collateral security or seized	Policyowner/Authorized person SIGNATURES Yes → Please obtain the signature of all policyowner designating the authorized signatories.	Please also fill out the SIGNATURES section below to complete this transaction. ers. person AND attach a copy of the company's resolution
Is the ow Is the pol Is the be irrevocate Is the pol by the go We agree	Policy Policy Respondence of the train of t	rowner/Authorized person SPECIAL INSTRUCTIONS of this policy joint? r a company? y of the coverage to be dissociated in or a trustee? s request is an integral part of the mo	Policyowner/Authorized person SIGNATURES Yes → Please obtain the signature of all policyowner designating the authorized signatories. Yes → Please obtain the signature of the irrevocable.	Please also fill out the SIGNATURES section below to complete this transaction. ers. person AND attach a copy of the company's resolution e beneficiary(ies).
Is the ow Is the pol Is the be irrevocat Is the pol by the go We agree latter has request.	Policyovers nership of licyowners neficiaryoute? icy assign vernment es that this is been according to the control of the c	rowner/Authorized person SPECIAL INSTRUCTIONS of this policy joint? r a company? y of the coverage to be dissociated at or a trustee? s request is an integral part of the moccepted without modification, the present is a company to the present it or a trustee?	Policyowner/Authorized person SIGNATURES Yes → Please obtain the signature of all policyowner designating the authorized signatories. Yes → Please obtain the signature of the irrevocable of the irrevocable of the irrevocable of the policy and that the modification takes effect as of the action of the irrevocable of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the action of the policy and that the modification takes effect as of the policy and the p	Please also fill out the SIGNATURES section below to complete this transaction. ers. person AND attach a copy of the company's resolution e beneficiary(ies). cceptance of the request by the Company inasmuch as the urability of the proposed insureds since the signing of the
Is the ow Is the pol Is the be irrevocat Is the pol by the go We agree latter has request. Signed at	Policyovers nership of licyowners neficiaryoute? icy assign vernment es that this is been according to the control of the c	rowner/Authorized person SPECIAL INSTRUCTIONS of this policy joint? r a company? y of the coverage to be dissociated at or a trustee? s request is an integral part of the moccepted without modification, the prer	Policyowner/Authorized person SIGNATURES Yes → Please obtain the signature of all policyowner designating the authorized signatories. Yes → Please obtain the signature of the irrevocable designating the authorized designatories. Yes → Please obtain the required documents. diffied policy and that the modification takes effect as of the acmium has been paid and no change has taken place in the insumium has been paid and	Please also fill out the SIGNATURES section below to complete this transaction. ers. person AND attach a copy of the company's resolution e beneficiary(ies). cceptance of the request by the Company inasmuch as the urability of the proposed insureds since the signing of the day of
Is the ow Is the pol Is the be irrevocat Is the pol by the go We agree latter has request.	Policyovers nership of licyowners neficiaryoute? icy assign vernment es that this is been according to the control of the c	rowner/Authorized person SPECIAL INSTRUCTIONS of this policy joint? r a company? y of the coverage to be dissociated at or a trustee? s request is an integral part of the moccepted without modification, the prer	Policyowner/Authorized person SIGNATURES Yes → Please obtain the signature of all policyowner Yes → Please obtain the signature of an authorized designating the authorized signatories. Yes → Please obtain the signature of the irrevocable of the irrevocabl	Please also fill out the SIGNATURES section below to complete this transaction. ers. person AND attach a copy of the company's resolution e beneficiary(ies). cceptance of the request by the Company inasmuch as the urability of the proposed insureds since the signing of the day of



• DISSOLUTION OF A JOINT 1ST TO DIE COVERAGE

• WITHDRAWAL OF AN INSURED FROM A JOINT 1ST TO DIE COVERAGE

MANDATORY INFORMATION					
gency	Agency Code	Agent		Agent code	SU
olicy no.	Policyowner's last and first i	name	·	Amount	t received
				\$	
	If there is a change is	n the policyowner's ection 17 of form F4A-11.		yyy-mm-dd) ıılıı	Initials
Please check DISSOLUTION OF A JOIN	•				1
4. DISSOLUTION OF A JOIN	NI 131 IO DIE COVERAG	E			
► Following this dissolution request, remain on the policy. Please refer to Upon dissolution of a Universal Life 4.1 Do you want to dissolve all the insured	o the wording of the policy for policy issued on or after Janu	the applicable conditions for ary 1, 2017, a new individual e?	r each product.	insured.	-
4.2 Attach a \$50 transaction fee, except in t		The insured was age 18 or the policy has been issued	under when the policy was issue for less than 3 months.	ed.	
4.3 Please indicate all the insureds covere d					
Insured (last and first name)		Face amount			
1		I want to reduce the	aximum face amount permitted. face amount permitted and keep total amount of coverage.		
2.		☐ I want to keep the m	aximum face amount permitted.		
		I want to reduce the	face amount permitted and keep total amount of coverage.		·
3		I want to reduce the	aximum face amount permitted. face amount permitted and keep total amount of coverage.		
4.4 Do you want to proceed with a change of	of ownership on this policy?	☐ Yes ⇒	Attach forms F30A and F5A to 1	this request.	
9.5 Do you also want the insured(s) to be d	issociated from this policy?	☐ Yes ⇒	Please complete a dissociation	request in section 23 o	f form F4A-14 .
Please check					
5. WITHDRAWAL OF AN INS	SURED FROM A JOINT 19	ST TO DIE COVERAGE			
Following this withdrawal of one or m joint coverage. Each insured which has					insured under the
5.1 Following this withdrawal of one or mo	re insureds, will at least two i	nsureds remain covered und	der the joint coverage ?		
☐ Yes → Continue to section 25.2.					
No → Please complete section 24 2.2 Attach a \$25 cheque for transaction fees		inquesd on a universal life	noliny with a reduction/concell	lation of face amount	
3.2 Attach a \$25 cheque for transaction feet3.3 Please indicate the joint insured(s) that			policy with a reduction/cancell	ation of face amount.	
Insured (last and first name)	want to be withdrawn from the	Face amount			
1			aximum face amount permitted.		
1			face amount permitted and keep		
			total amount of coverage.	· ¥	·
2.		☐ I want to keep the m	aximum face amount permitted.		
			face amount permitted and keep		·
			total amount of coverage.		
3.		Want to keen the m	aximum face amount permitted.		
<u> </u>			face amount permitted and keep		·
			total amount of coverage.		— May 201 F4A(17-0

				F4A-15
25.4 Do you want to proceed with a change of ownership or 25.5 Do you also want the insured(s) to be dissociated from			 Attach forms F30A and F5a Please complete a dissocia 	A to this request. Ition 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 nolicyowners.	
Is the policyowner a company?	_	· ·	of an authorized person AND a	attach a copy of the company's resolution
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 d	ocuments.	
We agree that this request is an integral part of the modified and Financial Services Inc. inasmuch as the latter has been proposed insureds since the signing of the request.	d policy and t accepted witl	hat the modification takes en hout modification, the premi	ffect as of the acceptance of ium has been paid and no ch	the request by Industrial Alliance Insurance ange has taken place in the insurability of the
Signed at		this _	day of	20
X X			X	
Agent Witness	S		Irrevocable Beneficiary	
l _x x				
Policyowner/Authorized person Policyov	wner/Authorize	d person		



• CHANGE TO THE EQUIBUILD BONUS OPTION

• PAID-UP INSURANCE (EQUIBUILD)

MANDATORY INFORMATION					
Agency	Agency Code	Agent	A	gent code	SU
Policyowner's last and first name A If there is a change in the policyowner's address, complete section 17 of form F4A-11. Reserved for H.O. CHANGE TO THE EQUIBUILD BONUS OPTION 1 Want to change the EquiBuild Bonus Option "Bonus PUA Option" to "Bonus Deposit Option." Please check PAID-UP INSURANCE (PUA) (EQUIBUILD)		Amount receive	d		
Please check CHANGE TO THE EQUI I want to change the EquiBuild Bo Please check PAID-UP INSURANCE (\$	
	A		Date (yyyy-		nle 1
Please check					
26. CHANGE TO THE EQUIP	BUILD BONUS OPTION				
26.1 I want to change the EquiBuild Bo	nus Option "Bonus PUA Option"	' to "Bonus Deposit Option."			
	·				
27. PAID-UP INSURANCE (F	PUA) (EQUIBUILD)				
27.1 Modification of the PUA Allocation	1				
I want to: Decrease the curren	t PUA Allocation to: \$				
<u> </u>					
<u></u>	·				
	A Face Amount of: \$				
OR	t Maximum PUA Face Amount to	o: ¢			
DETAILS AND SPECIAL INSTRUCTION		σ. ψ			
DETAILS AND SPECIAL INSTRUCTION	JNS				
		SIGNATURES			-
Is the ownership of this policy joint? Is the policyowner a company?		Please obtain the signature of al	i policyowners. authorized person AND attach a	copy of the company's reso l	lution
is the policyowner a company:		lesignating the authorized signa	tories.	copy of the company s reso	lution
Is the beneficiary of the coverage to be cance		Please obtain the signature of th	-, ,		
Is the policy assigned for collateral security by the government or a trustee?	or seized	Please obtain the required docur	nents.		
We agree that this request is an integral p and Financial Services Inc. (the "Company	art of the modified policy and th	nat the modification takes effe	ct as of the acceptance of the re	quest by Industrial Alliance	Insurance
In the case of a direct deposit, it is hereby by the policyowner.	understood that the Company d	oes not assume any liability or	nce the proceeds are deposited i	n the bank account provide	d
Signed at		this	day of	20	
X	X	X			
Agent	Witness		Irrevocable Beneficiary		
X	_ X				
Policyowner/Authorized person	Policyowner/Authorized	person			



• SUBSTITION OF LIFE INSURED (UNIVERSAL LIFE POLICY)

|F4A-17

A =====		
Agency	Agency Code Agent	Agent code SU
Policy no.	Policyowner's last and first name	Amount received
		\$
Please check	If there is a change in the policyowner's address, complete section 17 of form F4A-11.	Date (yyyy-mm-dd) Initials eserved for H.O.
	SURED (UNIVERSAL LIFE POLICY)	
	r for certain types of universal life products. Please refer to the with respect to the replaced insured will terminate.	wording of the policy for the applicable conditions.
18.1 Attach a \$500 cheque for transaction fees. A If the request is declined, the transaction	ion 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
 28.3 Do you want to proceed with a change of c	ownership on this policy?	completed and signed by the new insured . orms F30A and F5A to this request
	premium cost + taxes	
Monthly c	cost + taxes	
Monthly c	cost + taxes	
Monthly c	SIGNATURES ☐ Yes → Please obtain the signature of all police	
DETAILS AND SPECIAL INSTRUCTIONS	SIGNATURES □ Yes → Please obtain the signature of all polic □ Yes → Please obtain the signature of an author	orized person AND attach a copy of the company's resolution
Monthly of this policy joint?	SIGNATURES SIGNATURES Yes - Please obtain the signature of all police Please obtain the signature of an authorized signatories	orized person AND attach a copy of the company's resolution .
Is the ownership of this policy joint? Is the beneficiary of the coverage to be substited.	SIGNATURES SIGNATURES Yes → Please obtain the signature of all police Yes → Please obtain the signature of an authorized signatories tued Yes → Please obtain the signature of the irrev	orized person AND attach a copy of the company's resolution ocable beneficiary(ies).
Is the ownership of this policy joint? Is the policyowner a company? Is the beneficiary of the coverage to be substitirrevocable? Is the policy assigned for collateral security or so by the government or a trustee? We agree that this request is an integral part of	SIGNATURES SIGNATURES Yes → Please obtain the signature of all police Yes → Please obtain the signature of an authorized signature of an authorized signature of the irreverse obtain the signature of the irreverse obtain the signature of the irreverse obtain the required documents of the modified policy and that the modification takes effect as of the ter has been accepted without modification, the premium has be	orized person AND attach a copy of the company's resolution rocable beneficiary(ies). the acceptance of the request by Industrial Alliance Insurance
Is the ownership of this policy joint? Is the policyowner a company? Is the beneficiary of the coverage to be substitirrevocable? Is the policy assigned for collateral security or so the government or a trustee? We agree that this request is an integral part of and Financial Services Inc. inasmuch as the lat proposed insureds since the signing of the requestion.	SIGNATURES SIGNATURES Yes → Please obtain the signature of all police Yes → Please obtain the signature of an authorized signature of an authorized signature of the irreverse obtain the signature of the irreverse obtain the signature of the irreverse obtain the required documents of the modified policy and that the modification takes effect as of the ter has been accepted without modification, the premium has be	orized person AND attach a copy of the company's resolution cocable beneficiary(ies). the acceptance of the request by Industrial Alliance Insurance een paid and no change has taken place in the insurability of the
Is the ownership of this policy joint? Is the policyowner a company? Is the beneficiary of the coverage to be substitirrevocable? Is the policy assigned for collateral security or so the government or a trustee? We agree that this request is an integral part of and Financial Services Inc. inasmuch as the lat proposed insureds since the signing of the requestion.	SIGNATURES Yes → Please obtain the signature of all police Yes → Please obtain the signature of an authorized signature of the irrestated Yes → Please obtain the signature of the irrestated Yes → Please obtain the signature of the irrestated Yes → Please obtain the required documents If the modified policy and that the modification takes effect as of the transplacement to the irrestate of the modified policy and that the modification, the premium has be usest.	orized person AND attach a copy of the company's resolution cocable beneficiary(ies). the acceptance of the request by Industrial Alliance Insurance een paid and no change has taken place in the insurability of the
Is the ownership of this policy joint? Is the policyowner a company? Is the beneficiary of the coverage to be substitirevocable? Is the policy assigned for collateral security or so the government or a trustee? We agree that this request is an integral part of and Financial Services Inc. inasmuch as the lat proposed insureds since the signing of the requestion of th	SIGNATURES Yes → Please obtain the signature of all police Yes → Please obtain the signature of an authorized signature of the irrestated Yes → Please obtain the signature of the irrestated Yes → Please obtain the signature of the irrestated Yes → Please obtain the required documents If the modified policy and that the modification takes effect as of the transplacement to the irrestate of the modified policy and that the modification, the premium has be usest.	orized person AND attach a copy of the company's resolution orocable beneficiary(ies). the acceptance of the request by Industrial Alliance Insurance een paid and no change has taken place in the insurability of the day of 20



POIIC	cy no.				
l .					
	-			-	

INTERIM INSURANCE AGREEMENT IN CASE OF DEATH OR CRITICAL ILLNESS

F4A-18

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
- 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
•		· · · · · · · · · · · · · · · · · · ·		_ 0 0

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.

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.

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.

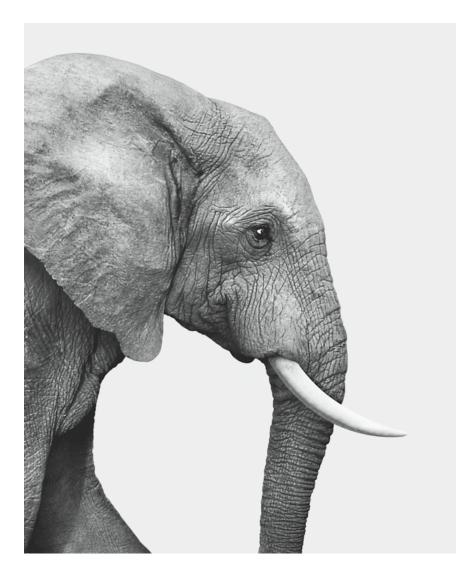
Only the employees or representatives of the Company who need this information as part of their duties, or any other person whom you authorize, will have access to this file. Your file will be kept at the Company's offices.

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:

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

Toll-free: 1-844-4 iA-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.