



Access Life

F35A

APPLICATION

A simpler way
to buy life insurance

F35A(24-10) ACC



ACCESS LIFE ◀ T15 term coverage

RATES PER \$1,000 OF LIFE INSURANCE

Steps 2 and 3 only (Deferred Plus and Immediate Plus)

MALE																	
Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.		Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker		Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
20	N/A	N/A	N/A	N/A	2.01	2.26	1.50	1.58	43	N/A	N/A	N/A	N/A	3.68	7.81	2.41	5.73
21	N/A	N/A	N/A	N/A	2.03	2.28	1.51	1.59	44	N/A	N/A	N/A	N/A	3.96	8.47	2.60	6.39
22	N/A	N/A	N/A	N/A	2.03	2.30	1.52	1.61	45	N/A	N/A	N/A	N/A	4.26	9.16	2.81	7.12
23	N/A	N/A	N/A	N/A	2.04	2.32	1.52	1.62	46	N/A	N/A	N/A	N/A	4.62	10.20	3.12	8.02
24	N/A	N/A	N/A	N/A	2.04	2.35	1.53	1.64	47	N/A	N/A	N/A	N/A	4.99	11.36	3.47	9.03
25	N/A	N/A	N/A	N/A	2.05	2.37	1.54	1.65	48	N/A	N/A	N/A	N/A	5.40	12.64	3.86	10.16
26	N/A	N/A	N/A	N/A	2.06	2.44	1.55	1.71	49	N/A	N/A	N/A	N/A	5.84	14.07	4.29	11.44
27	N/A	N/A	N/A	N/A	2.06	2.50	1.56	1.76	50	N/A	N/A	N/A	N/A	6.31	15.67	4.77	12.88
28	N/A	N/A	N/A	N/A	2.08	2.58	1.57	1.82	51	N/A	N/A	N/A	N/A	6.97	17.44	5.28	14.23
29	N/A	N/A	N/A	N/A	2.08	2.65	1.58	1.89	52	N/A	N/A	N/A	N/A	7.70	19.40	5.85	15.72
30	N/A	N/A	N/A	N/A	2.08	2.72	1.59	1.95	53	N/A	N/A	N/A	N/A	8.51	21.59	6.49	17.36
31	N/A	N/A	N/A	N/A	2.12	2.94	1.62	2.07	54	N/A	N/A	N/A	N/A	9.40	24.02	7.19	19.18
32	N/A	N/A	N/A	N/A	2.16	3.17	1.64	2.19	55	N/A	N/A	N/A	N/A	10.39	26.72	7.96	21.19
33	N/A	N/A	N/A	N/A	2.20	3.42	1.67	2.32	56	N/A	N/A	N/A	N/A	11.65	28.85	8.82	23.19
34	N/A	N/A	N/A	N/A	2.24	3.69	1.69	2.45	57	N/A	N/A	N/A	N/A	13.07	31.15	9.78	25.37
35	N/A	N/A	N/A	N/A	2.27	3.98	1.72	2.60	58	N/A	N/A	N/A	N/A	14.65	33.63	10.85	27.76
36	N/A	N/A	N/A	N/A	2.39	4.33	1.76	2.85	59	N/A	N/A	N/A	N/A	16.43	36.31	12.02	30.38
37	N/A	N/A	N/A	N/A	2.53	4.73	1.79	3.13	60	N/A	N/A	N/A	N/A	18.43	39.21	13.33	33.24
38	N/A	N/A	N/A	N/A	2.66	5.16	1.83	3.43	61	N/A	N/A	N/A	N/A	20.53	42.67	14.78	36.37
39	N/A	N/A	N/A	N/A	2.81	5.63	1.87	3.76	62	N/A	N/A	N/A	N/A	22.88	46.44	16.38	39.80
40	N/A	N/A	N/A	N/A	2.96	6.14	1.91	4.13	63	N/A	N/A	N/A	N/A	25.50	50.55	18.16	43.55
41	N/A	N/A	N/A	N/A	3.18	6.66	2.06	4.61	64	N/A	N/A	N/A	N/A	28.42	55.02	20.13	47.65
42	N/A	N/A	N/A	N/A	3.42	7.21	2.23	5.14	65	N/A	N/A	N/A	N/A	31.67	59.89	22.32	52.14

FEMALE																	
Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.		Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker		Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
20	N/A	N/A	N/A	N/A	1.34	1.49	0.87	1.20	43	N/A	N/A	N/A	N/A	2.67	6.03	1.86	4.00
21	N/A	N/A	N/A	N/A	1.35	1.51	0.88	1.20	44	N/A	N/A	N/A	N/A	2.88	6.71	1.98	4.49
22	N/A	N/A	N/A	N/A	1.36	1.53	0.88	1.21	45	N/A	N/A	N/A	N/A	3.12	7.47	2.12	5.03
23	N/A	N/A	N/A	N/A	1.37	1.55	0.89	1.21	46	N/A	N/A	N/A	N/A	3.39	8.13	2.34	5.63
24	N/A	N/A	N/A	N/A	1.38	1.57	0.89	1.22	47	N/A	N/A	N/A	N/A	3.68	8.85	2.59	6.31
25	N/A	N/A	N/A	N/A	1.39	1.59	0.90	1.22	48	N/A	N/A	N/A	N/A	3.99	9.64	2.86	7.06
26	N/A	N/A	N/A	N/A	1.39	1.65	0.91	1.26	49	N/A	N/A	N/A	N/A	4.33	10.49	3.16	7.90
27	N/A	N/A	N/A	N/A	1.39	1.72	0.92	1.30	50	N/A	N/A	N/A	N/A	4.70	11.43	3.49	8.85
28	N/A	N/A	N/A	N/A	1.40	1.78	0.94	1.35	51	N/A	N/A	N/A	N/A	5.18	12.41	3.84	9.61
29	N/A	N/A	N/A	N/A	1.40	1.84	0.95	1.39	52	N/A	N/A	N/A	N/A	5.72	13.47	4.23	10.43
30	N/A	N/A	N/A	N/A	1.41	1.92	0.96	1.44	53	N/A	N/A	N/A	N/A	6.31	14.62	4.66	11.33
31	N/A	N/A	N/A	N/A	1.43	2.04	0.99	1.55	54	N/A	N/A	N/A	N/A	6.96	15.87	5.14	12.30
32	N/A	N/A	N/A	N/A	1.46	2.18	1.02	1.66	55	N/A	N/A	N/A	N/A	7.68	17.23	5.66	13.36
33	N/A	N/A	N/A	N/A	1.48	2.31	1.05	1.79	56	N/A	N/A	N/A	N/A	8.52	18.57	6.23	14.45
34	N/A	N/A	N/A	N/A	1.51	2.47	1.09	1.92	57	N/A	N/A	N/A	N/A	9.46	20.02	6.86	15.62
35	N/A	N/A	N/A	N/A	1.54	2.63	1.12	2.06	58	N/A	N/A	N/A	N/A	10.50	21.59	7.55	16.90
36	N/A	N/A	N/A	N/A	1.64	2.91	1.19	2.20	59	N/A	N/A	N/A	N/A	11.65	23.28	8.30	18.27
37	N/A	N/A	N/A	N/A	1.75	3.22	1.27	2.34	60	N/A	N/A	N/A	N/A	12.94	25.10	9.14	19.76
38	N/A	N/A	N/A	N/A	1.86	3.57	1.35	2.50	61	N/A	N/A	N/A	N/A	14.57	27.30	10.06	21.37
39	N/A	N/A	N/A	N/A	1.98	3.95	1.43	2.66	62	N/A	N/A	N/A	N/A	16.41	29.68	11.07	23.11
40	N/A	N/A	N/A	N/A	2.11	4.37	1.52	2.84	63	N/A	N/A	N/A	N/A	18.48	32.28	12.19	24.99
41	N/A	N/A	N/A	N/A	2.29	4.87	1.62	3.18	64	N/A	N/A	N/A	N/A	20.81	35.11	13.41	27.03
42	N/A	N/A	N/A	N/A	2.47	5.42	1.74	3.57	65	N/A	N/A	N/A	N/A	23.44	38.20	14.76	29.23

Add \$60 policy fee. Multiply the annual premium by 0.09 to obtain monthly pre-authorized debit (PAD) premium.

Policy fee applies only once for combined coverage.

ACCESS LIFE ‹ T20 term coverage

RATES PER \$1,000 OF LIFE INSURANCE

Steps 2 and 3 only (Deferred Plus and Immediate Plus)

MALE																	
Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.		Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker		Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
20	N/A	N/A	N/A	N/A	2.02	2.30	1.70	1.86	41	N/A	N/A	N/A	N/A	3.36	7.10	2.18	5.27
21	N/A	N/A	N/A	N/A	2.03	2.32	1.70	1.87	42	N/A	N/A	N/A	N/A	3.73	7.86	2.37	5.92
22	N/A	N/A	N/A	N/A	2.03	2.34	1.70	1.88	43	N/A	N/A	N/A	N/A	4.13	8.70	2.57	6.64
23	N/A	N/A	N/A	N/A	2.04	2.40	1.71	1.88	44	N/A	N/A	N/A	N/A	4.60	9.54	2.78	7.46
24	N/A	N/A	N/A	N/A	2.05	2.42	1.71	1.89	45	N/A	N/A	N/A	N/A	5.12	10.46	3.02	8.38
25	N/A	N/A	N/A	N/A	2.05	2.46	1.71	1.90	46	N/A	N/A	N/A	N/A	5.68	11.72	3.39	9.43
26	N/A	N/A	N/A	N/A	2.08	2.55	1.72	1.94	47	N/A	N/A	N/A	N/A	6.31	13.12	3.82	10.62
27	N/A	N/A	N/A	N/A	2.11	2.62	1.73	1.98	48	N/A	N/A	N/A	N/A	7.01	14.70	4.29	11.95
28	N/A	N/A	N/A	N/A	2.14	2.69	1.75	2.02	49	N/A	N/A	N/A	N/A	7.78	16.47	4.82	13.46
29	N/A	N/A	N/A	N/A	2.16	2.77	1.76	2.06	50	N/A	N/A	N/A	N/A	8.65	18.44	5.42	15.15
30	N/A	N/A	N/A	N/A	2.17	2.88	1.77	2.10	51	N/A	N/A	N/A	N/A	9.55	20.48	5.99	16.66
31	N/A	N/A	N/A	N/A	2.20	3.09	1.80	2.25	52	N/A	N/A	N/A	N/A	10.56	22.74	6.62	18.32
32	N/A	N/A	N/A	N/A	2.24	3.35	1.82	2.41	53	N/A	N/A	N/A	N/A	11.66	25.00	7.32	20.15
33	N/A	N/A	N/A	N/A	2.28	3.60	1.85	2.58	54	N/A	N/A	N/A	N/A	12.89	27.49	8.09	22.15
34	N/A	N/A	N/A	N/A	2.32	3.91	1.88	2.76	55	N/A	N/A	N/A	N/A	14.24	30.23	8.94	24.36
35	N/A	N/A	N/A	N/A	2.36	4.20	1.91	2.96	56	N/A	N/A	N/A	N/A	15.80	32.85	9.91	26.65
36	N/A	N/A	N/A	N/A	2.50	4.58	1.93	3.25	57	N/A	N/A	N/A	N/A	17.53	35.70	10.99	29.17
37	N/A	N/A	N/A	N/A	2.62	4.99	1.95	3.56	58	N/A	N/A	N/A	N/A	19.44	38.81	12.19	31.91
38	N/A	N/A	N/A	N/A	2.75	5.44	1.97	3.90	59	N/A	N/A	N/A	N/A	21.57	41.77	13.51	34.92
39	N/A	N/A	N/A	N/A	2.88	5.94	1.99	4.28	60	N/A	N/A	N/A	N/A	23.93	44.52	14.98	38.21
40	N/A	N/A	N/A	N/A	3.03	6.42	2.01	4.69									

FEMALE																	
Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.		Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker		Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
20	N/A	N/A	N/A	N/A	1.38	1.88	1.02	1.72	41	N/A	N/A	N/A	N/A	2.57	5.61	1.76	3.54
21	N/A	N/A	N/A	N/A	1.38	1.91	1.02	1.72	42	N/A	N/A	N/A	N/A	2.78	6.11	1.88	3.97
22	N/A	N/A	N/A	N/A	1.39	1.94	1.03	1.73	43	N/A	N/A	N/A	N/A	3.02	6.66	2.00	4.45
23	N/A	N/A	N/A	N/A	1.40	1.98	1.03	1.73	44	N/A	N/A	N/A	N/A	3.28	7.18	2.14	4.99
24	N/A	N/A	N/A	N/A	1.40	1.99	1.04	1.74	45	N/A	N/A	N/A	N/A	3.53	7.82	2.28	5.59
25	N/A	N/A	N/A	N/A	1.42	2.07	1.04	1.74	46	N/A	N/A	N/A	N/A	3.83	8.50	2.52	6.29
26	N/A	N/A	N/A	N/A	1.44	2.17	1.05	1.80	47	N/A	N/A	N/A	N/A	4.16	9.23	2.79	7.07
27	N/A	N/A	N/A	N/A	1.48	2.27	1.06	1.86	48	N/A	N/A	N/A	N/A	4.51	10.04	3.09	7.95
28	N/A	N/A	N/A	N/A	1.50	2.38	1.07	1.92	49	N/A	N/A	N/A	N/A	4.89	10.92	3.42	8.94
29	N/A	N/A	N/A	N/A	1.51	2.47	1.08	1.98	50	N/A	N/A	N/A	N/A	5.41	11.87	3.79	10.06
30	N/A	N/A	N/A	N/A	1.52	2.56	1.09	2.05	51	N/A	N/A	N/A	N/A	5.95	12.96	4.17	10.80
31	N/A	N/A	N/A	N/A	1.57	2.68	1.11	2.12	52	N/A	N/A	N/A	N/A	6.56	14.16	4.58	11.60
32	N/A	N/A	N/A	N/A	1.62	2.80	1.14	2.19	53	N/A	N/A	N/A	N/A	7.22	15.46	5.04	12.46
33	N/A	N/A	N/A	N/A	1.65	2.90	1.17	2.26	54	N/A	N/A	N/A	N/A	7.96	16.88	5.54	13.38
34	N/A	N/A	N/A	N/A	1.70	3.00	1.19	2.34	55	N/A	N/A	N/A	N/A	8.84	18.24	6.09	14.37
35	N/A	N/A	N/A	N/A	1.73	3.11	1.22	2.42	56	N/A	N/A	N/A	N/A	9.80	20.05	6.70	15.57
36	N/A	N/A	N/A	N/A	1.84	3.44	1.30	2.55	57	N/A	N/A	N/A	N/A	10.87	22.06	7.38	16.88
37	N/A	N/A	N/A	N/A	1.96	3.80	1.38	2.69	58	N/A	N/A	N/A	N/A	12.05	24.02	8.12	18.29
38	N/A	N/A	N/A	N/A	2.08	4.21	1.46	2.84	59	N/A	N/A	N/A	N/A	13.36	26.16	8.93	19.82
39	N/A	N/A	N/A	N/A	2.22	4.65	1.55	3.00	60	N/A	N/A	N/A	N/A	14.81	28.51	9.83	21.48
40	N/A	N/A	N/A	N/A	2.36	5.15	1.65	3.16									

Add \$60 policy fee. Multiply the annual premium by 0.09 to obtain monthly pre-authorized debit (PAD) premium.

Policy fee applies only once for combined coverage.

ACCESS LIFE ◀ T25 term coverage

RATES PER \$1,000 OF LIFE INSURANCE

Steps 2 and 3 only (Deferred Plus and Immediate Plus)

MALE																	
Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.		Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker		Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
20	N/A	N/A	N/A	N/A	2.66	3.49	1.86	2.00	41	N/A	N/A	N/A	N/A	5.23	11.72	2.88	6.09
21	N/A	N/A	N/A	N/A	2.67	3.54	1.87	2.01	42	N/A	N/A	N/A	N/A	5.79	12.94	3.14	6.85
22	N/A	N/A	N/A	N/A	2.68	3.58	1.89	2.03	43	N/A	N/A	N/A	N/A	6.41	14.29	3.42	7.71
23	N/A	N/A	N/A	N/A	2.70	3.63	1.90	2.04	44	N/A	N/A	N/A	N/A	7.11	15.78	3.72	8.68
24	N/A	N/A	N/A	N/A	2.71	3.68	1.92	2.06	45	N/A	N/A	N/A	N/A	7.87	17.43	4.05	9.77
25	N/A	N/A	N/A	N/A	2.72	3.73	1.93	2.07	46	N/A	N/A	N/A	N/A	8.66	19.13	4.57	11.08
26	N/A	N/A	N/A	N/A	2.76	3.89	1.96	2.13	47	N/A	N/A	N/A	N/A	9.54	21.01	5.17	12.56
27	N/A	N/A	N/A	N/A	2.80	4.06	1.99	2.20	48	N/A	N/A	N/A	N/A	10.50	23.06	5.83	14.24
28	N/A	N/A	N/A	N/A	2.84	4.24	2.02	2.26	49	N/A	N/A	N/A	N/A	11.56	25.31	6.59	16.15
29	N/A	N/A	N/A	N/A	2.88	4.43	2.06	2.33	50	N/A	N/A	N/A	N/A	12.73	27.79	7.44	18.31
30	N/A	N/A	N/A	N/A	2.92	4.62	2.09	2.40	51	N/A	N/A	N/A	N/A	13.70	28.99	8.23	19.83
31	N/A	N/A	N/A	N/A	3.01	5.04	2.12	2.55	52	N/A	N/A	N/A	N/A	14.75	30.25	9.09	21.49
32	N/A	N/A	N/A	N/A	3.10	5.49	2.16	2.71	53	N/A	N/A	N/A	N/A	15.88	31.56	10.05	23.27
33	N/A	N/A	N/A	N/A	3.19	5.99	2.19	2.87	54	N/A	N/A	N/A	N/A	17.10	32.92	11.12	25.21
34	N/A	N/A	N/A	N/A	3.29	6.53	2.22	3.05	55	N/A	N/A	N/A	N/A	18.41	34.35	12.29	27.31
35	N/A	N/A	N/A	N/A	3.39	7.12	2.26	3.24	56	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	3.62	7.71	2.33	3.59	57	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	3.87	8.35	2.41	3.98	58	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	4.13	9.05	2.49	4.41	59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	4.42	9.80	2.57	4.88	60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	4.72	10.61	2.65	5.41									

FEMALE																	
Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.		Insurance age	Guaranteed Access \$50,000 max.		Deferred \$100,000 max.		Deferred Plus \$350,000 max.		Immediate Plus \$500,000 max.	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker		Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
20	N/A	N/A	N/A	N/A	1.94	2.15	1.16	1.74	41	N/A	N/A	N/A	N/A	3.87	9.02	2.10	4.82
21	N/A	N/A	N/A	N/A	1.96	2.20	1.17	1.75	42	N/A	N/A	N/A	N/A	4.23	9.97	2.28	5.42
22	N/A	N/A	N/A	N/A	1.97	2.25	1.18	1.76	43	N/A	N/A	N/A	N/A	4.63	11.03	2.48	6.09
23	N/A	N/A	N/A	N/A	1.99	2.30	1.19	1.76	44	N/A	N/A	N/A	N/A	5.06	12.19	2.70	6.84
24	N/A	N/A	N/A	N/A	2.00	2.35	1.20	1.77	45	N/A	N/A	N/A	N/A	5.53	13.48	2.93	7.69
25	N/A	N/A	N/A	N/A	2.02	2.40	1.21	1.78	46	N/A	N/A	N/A	N/A	6.11	14.25	3.31	8.63
26	N/A	N/A	N/A	N/A	2.05	2.53	1.23	1.87	47	N/A	N/A	N/A	N/A	6.75	15.07	3.74	9.68
27	N/A	N/A	N/A	N/A	2.08	2.67	1.24	1.95	48	N/A	N/A	N/A	N/A	7.45	15.94	4.23	10.86
28	N/A	N/A	N/A	N/A	2.11	2.82	1.26	2.05	49	N/A	N/A	N/A	N/A	8.23	16.85	4.79	12.18
29	N/A	N/A	N/A	N/A	2.15	2.98	1.27	2.15	50	N/A	N/A	N/A	N/A	9.09	17.82	5.41	13.66
30	N/A	N/A	N/A	N/A	2.18	3.14	1.29	2.25	51	N/A	N/A	N/A	N/A	9.99	18.73	5.94	14.69
31	N/A	N/A	N/A	N/A	2.26	3.40	1.33	2.32	52	N/A	N/A	N/A	N/A	10.99	19.69	6.52	15.79
32	N/A	N/A	N/A	N/A	2.35	3.68	1.37	2.38	53	N/A	N/A	N/A	N/A	12.08	20.70	7.16	16.97
33	N/A	N/A	N/A	N/A	2.43	3.98	1.41	2.45	54	N/A	N/A	N/A	N/A	13.28	21.76	7.87	18.25
34	N/A	N/A	N/A	N/A	2.53	4.31	1.45	2.53	55	N/A	N/A	N/A	N/A	14.60	22.87	8.64	19.62
35	N/A	N/A	N/A	N/A	2.62	4.66	1.49	2.60	56	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	2.78	5.21	1.57	2.87	57	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	2.96	5.83	1.65	3.18	58	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	3.14	6.52	1.74	3.51	59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	3.33	7.30	1.83	3.88	60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	3.54	8.16	1.93	4.29									

Add \$60 policy fee. Multiply the annual premium by 0.09 to obtain monthly pre-authorized debit (PAD) premium.

Policy fee applies only once for combined coverage.

ACCESS LIFE ◀ L100 permanent coverage

RATES PER \$1,000 OF LIFE INSURANCE

Guaranteed Access, Steps 1, 2 and 3 (Deferred, Deferred Plus and Immediate Plus)

MALE																	
Insurance age	Guaranteed Access* \$50,000 max.†		Deferred* \$100,000 max.		Deferred Plus* \$350,000 max.		Immediate Plus* \$500,000 max.		Insurance age	Guaranteed Access* \$50,000 max.†		Deferred* \$100,000 max.		Deferred Plus* \$350,000 max.		Immediate Plus* \$500,000 max.	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker		Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
1*	N/A	14.37	N/A	10.12	N/A	7.00	N/A	4.02	41	31.46	50.08	21.66	30.49	14.65	24.31	11.59	17.41
2*	N/A	14.74	N/A	10.38	N/A	7.18	N/A	4.13	42	32.81	53.24	22.63	32.30	15.30	25.51	12.18	18.46
3*	N/A	15.11	N/A	10.65	N/A	7.37	N/A	4.24	43	34.23	56.59	23.64	34.21	15.97	26.78	12.80	19.58
4*	N/A	15.50	N/A	10.93	N/A	7.56	N/A	4.35	44	34.95	60.15	25.17	36.22	16.51	27.85	13.46	20.77
5*	N/A	15.92	N/A	11.22	N/A	7.76	N/A	4.46	45	35.30	63.93	26.54	38.36	17.07	29.23	14.15	22.03
6*	N/A	16.32	N/A	11.51	N/A	7.96	N/A	4.58	46	35.72	64.44	27.02	40.53	17.82	30.74	14.92	23.12
7*	N/A	16.74	N/A	11.81	N/A	8.17	N/A	4.69	47	36.63	68.28	27.77	43.21	18.60	32.32	15.74	24.27
8*	N/A	17.18	N/A	12.12	N/A	8.38	N/A	4.82	48	38.23	72.34	28.52	46.07	19.42	33.67	16.60	25.47
9*	N/A	17.62	N/A	12.44	N/A	8.60	N/A	4.94	49	40.28	76.62	29.29	49.12	20.07	35.40	17.51	26.73
10*	N/A	18.08	N/A	12.76	N/A	8.82	N/A	5.07	50	41.64	81.17	29.73	52.37	20.75	36.87	18.47	28.05
11*	N/A	18.45	N/A	13.02	N/A	9.01	N/A	5.18	51	44.06	87.32	31.21	55.06	21.40	38.73	19.10	30.09
12*	N/A	18.62	N/A	13.29	N/A	9.19	N/A	5.28	52	47.07	93.90	32.78	57.89	22.08	40.69	19.74	32.28
13*	N/A	18.82	N/A	13.46	N/A	9.37	N/A	5.39	53	49.80	100.93	34.42	60.87	22.78	42.74	20.41	34.63
14*	N/A	19.02	N/A	13.61	N/A	9.55	N/A	5.49	54	52.68	107.46	36.14	63.44	23.51	45.35	21.10	37.15
15*	14.76	19.41	8.96	14.04	7.27	10.04	5.22	5.77	55	55.72	114.35	37.95	66.10	24.25	47.65	21.82	39.86
16*	15.10	19.60	9.21	14.18	7.47	10.32	5.37	5.93	56	59.79	123.15	39.58	70.21	26.06	50.60	23.48	42.22
17*	15.45	19.77	9.47	14.30	7.69	10.61	5.52	6.10	57	63.57	132.59	41.28	74.57	28.02	53.73	25.27	44.73
18	15.64	19.96	9.65	14.44	7.90	10.80	5.67	6.27	58	67.60	141.44	43.53	78.49	30.12	57.06	27.19	47.38
19	15.67	20.12	9.83	14.56	8.12	10.99	5.84	6.45	59	71.88	152.24	45.83	83.37	32.38	60.59	29.25	50.19
20	15.69	20.28	9.91	14.68	8.27	11.19	6.00	6.63	60	76.46	163.84	48.83	88.56	34.80	64.34	31.48	53.16
21	15.95	20.91	10.12	15.01	8.45	11.33	6.08	7.05	61	80.87	174.72	51.69	93.94	37.34	68.36	33.75	56.30
22	16.24	21.54	10.33	15.34	8.63	11.48	6.16	7.49	62	85.52	186.32	55.22	99.64	40.07	72.64	36.17	59.62
23	16.69	22.43	10.55	15.68	8.81	11.64	6.25	7.96	63	90.44	196.87	58.99	104.72	42.99	77.18	38.78	63.13
24	17.18	23.34	10.77	16.04	9.01	11.79	6.33	8.46	64	95.63	207.99	63.02	110.05	46.13	82.00	41.57	66.86
25	17.68	24.82	11.00	16.40	9.20	12.07	6.42	8.99	65	101.11	219.72	67.33	115.64	50.01	87.13	44.56	70.80
26	18.35	25.96	11.58	16.83	9.39	12.48	6.57	9.25	66	109.14	234.62	72.11	125.46	53.59	92.34	47.79	75.05
27	19.02	27.42	12.06	17.44	9.58	12.90	6.72	9.52	67	117.79	250.47	77.23	136.12	57.43	97.86	51.26	79.56
28	19.69	28.94	12.56	18.08	9.79	13.47	6.87	9.79	68	127.12	267.35	82.71	147.71	61.54	103.71	54.98	84.33
29	20.18	30.54	13.43	18.74	9.89	13.93	7.03	10.08	69	137.18	285.30	88.57	160.28	65.95	109.91	58.97	89.39
30	20.71	31.90	14.13	19.23	10.00	14.26	7.19	10.37	70	148.03	304.40	94.86	173.94	70.67	116.48	63.25	94.76
31	21.55	33.25	14.66	20.00	10.33	14.86	7.48	10.83	71*	157.53	323.67	101.33	185.59	76.64	123.97	70.08	101.27
32	22.42	34.64	15.19	20.79	10.68	15.64	7.79	11.32	72*	167.65	344.17	108.25	198.02	83.13	131.94	77.65	108.23
33	23.33	36.11	15.75	21.62	11.04	16.29	8.11	11.82	73*	178.44	365.96	115.65	211.29	91.10	140.43	86.03	115.67
34	24.30	37.64	16.49	22.48	11.42	16.98	8.44	12.35	74*	189.92	389.15	123.56	225.46	99.81	149.46	95.33	123.62
35	25.28	39.62	17.25	23.60	11.80	17.87	8.79	12.90	75*	202.16	417.53	132.04	242.75	110.27	159.08	105.62	132.11
36	26.19	41.09	17.90	24.61	12.22	18.75	9.20	13.54	76*	223.18	488.43	143.92	264.59	120.19	173.39	115.12	144.00
37	27.13	42.62	18.56	25.65	12.65	19.67	9.62	14.20	77*	246.34	568.71	153.96	288.39	131.01	188.99	125.48	156.95
38	28.10	44.21	19.26	26.74	13.09	20.84	10.07	14.90	78*	271.86	659.51	167.81	314.35	142.80	206.00	136.77	171.08
39	29.11	45.85	19.98	27.88	13.56	21.86	10.53	15.64	79*	299.97	762.01	182.91	342.63	155.64	224.53	149.08	186.47
40	30.15	47.56	20.72	29.07	14.04	23.16	11.02	16.41	80*	342.82	877.64	206.52	373.46	169.65	244.74	162.49	203.25

Add \$60 policy fee. Multiply the annual premium by 0.09 to obtain monthly pre-authorized debit (PAD) premium.
Policy fee applies only once for combined coverage.

*For insureds under age 18, the maximum amount is \$10,000 for Guaranteed Access and \$25,000 for Steps 1, 2 and 3 (Deferred, Deferred Plus and Immediate Plus).
For insureds over age 70, the maximum amount is \$25,000 for Guaranteed Access, \$100,000 for Step 1 (Deferred), and \$150,000 for Steps 2 and 3 (Deferred Plus and Immediate Plus). Please refer to the other eligibility conditions that apply.

*Guaranteed Access : The maximum amount is \$25,000 for people over 50 years of age.

ACCESS LIFE ◀ L100 permanent coverage

RATES PER \$1,000 OF LIFE INSURANCE

Guaranteed Access, Steps 1, 2 and 3 (Deferred, Deferred Plus and Immediate Plus)

FEMALE																	
Insurance age	Guaranteed Access* \$50,000 max.†		Deferred* \$100,000 max.		Deferred Plus* \$350,000 max.		Immediate Plus* \$500,000 max.		Insurance age	Guaranteed Access* \$50,000 max.†		Deferred* \$100,000 max.		Deferred Plus* \$350,000 max.		Immediate Plus* \$500,000 max.	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker		Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
1*	N/A	10.60	N/A	8.49	N/A	5.70	N/A	3.65	41	23.90	39.31	19.06	25.13	11.99	20.09	10.32	13.51
2*	N/A	10.87	N/A	8.71	N/A	5.85	N/A	3.75	42	25.13	41.62	19.84	26.37	12.55	20.68	10.84	14.35
3*	N/A	11.16	N/A	8.94	N/A	6.00	N/A	3.85	43	26.41	44.09	20.65	27.69	13.14	21.30	11.38	15.24
4*	N/A	11.43	N/A	9.17	N/A	6.16	N/A	3.95	44	27.75	47.56	21.49	29.61	13.76	21.94	11.94	16.19
5*	N/A	11.73	N/A	9.41	N/A	6.32	N/A	4.05	45	29.18	50.83	22.02	31.38	14.41	22.48	12.54	17.19
6*	N/A	12.03	N/A	9.65	N/A	6.48	N/A	4.17	46	29.77	54.24	22.83	32.79	14.74	23.18	13.06	18.06
7*	N/A	12.34	N/A	9.91	N/A	6.65	N/A	4.30	47	31.43	57.88	23.49	34.29	15.07	23.79	13.60	18.97
8*	N/A	12.66	N/A	10.16	N/A	6.83	N/A	4.43	48	32.60	61.74	23.76	35.85	15.41	24.28	14.17	19.93
9*	N/A	13.00	N/A	10.43	N/A	7.01	N/A	4.57	49	33.79	65.83	24.03	37.49	15.76	24.77	14.76	20.94
10*	N/A	13.21	N/A	10.63	N/A	7.19	N/A	4.71	50	35.30	68.92	24.51	38.51	16.12	25.26	15.37	22.00
11*	N/A	13.36	N/A	10.75	N/A	7.34	N/A	4.81	51	36.89	73.36	25.30	40.62	16.96	26.62	16.09	23.21
12*	N/A	13.52	N/A	10.88	N/A	7.49	N/A	4.91	52	38.18	78.09	25.87	42.86	18.04	28.05	16.84	24.49
13*	N/A	13.66	N/A	10.99	N/A	7.64	N/A	5.00	53	40.63	82.35	27.19	44.81	19.20	29.55	17.63	25.84
14*	N/A	13.80	N/A	11.10	N/A	7.78	N/A	5.10	54	42.82	86.86	28.32	46.85	20.41	30.82	18.46	27.27
15*	9.74	14.05	7.22	11.56	5.60	8.18	4.58	5.36	55	45.13	89.97	29.49	48.11	21.50	32.48	19.32	28.77
16*	9.92	14.18	7.42	11.78	5.76	8.41	4.71	5.49	56	47.67	94.16	31.32	50.49	23.09	34.22	20.52	30.33
17*	9.98	14.30	7.63	12.01	5.92	8.65	4.84	5.62	57	50.33	98.56	33.24	52.99	24.31	36.06	21.80	31.97
18	10.06	14.43	7.76	12.23	6.09	8.89	4.98	5.75	58	53.15	103.16	35.29	55.61	25.59	38.00	23.16	33.70
19	10.14	14.55	7.90	12.45	6.27	9.14	5.12	5.89	59	56.12	106.98	37.46	57.82	26.94	40.04	24.60	35.53
20	10.22	14.67	8.04	12.68	6.44	9.40	5.27	6.03	60	59.25	111.97	39.77	60.69	28.66	42.19	26.13	37.45
21	10.84	15.16	8.58	13.04	6.62	9.78	5.33	6.31	61	62.38	116.16	42.12	63.68	30.34	44.46	27.67	39.46
22	11.04	15.65	8.97	13.42	6.81	10.18	5.39	6.60	62	65.67	120.49	44.62	66.83	32.12	46.84	29.31	41.58
23	11.58	16.17	9.38	13.80	7.00	10.48	5.45	6.91	63	69.14	124.98	47.26	70.14	34.01	49.35	31.04	43.80
24	12.01	16.55	9.89	14.06	7.13	10.91	5.52	7.23	64	72.80	129.60	50.07	73.60	36.01	52.00	32.87	46.15
25	12.32	17.10	10.32	14.47	7.25	11.24	5.58	7.57	65	76.64	133.16	53.04	76.53	38.13	54.79	34.81	48.63
26	12.86	18.00	10.84	14.87	7.49	11.54	5.73	7.79	66	81.59	137.84	56.62	81.71	41.24	58.20	36.54	51.66
27	13.41	18.76	11.28	15.14	7.65	11.96	5.88	8.02	67	86.87	142.56	60.45	87.25	43.69	61.82	38.35	54.87
28	13.99	19.54	11.72	15.40	7.81	12.40	6.03	8.25	68	92.49	148.65	64.54	94.02	46.29	65.66	40.25	58.28
29	14.73	20.75	12.19	15.99	7.98	12.85	6.19	8.49	69	98.46	153.40	68.90	100.39	49.04	69.74	42.25	61.91
30	15.46	21.81	12.88	16.44	8.15	13.32	6.35	8.74	70	104.83	158.12	73.57	107.20	51.96	74.08	44.34	65.76
31	16.05	22.73	13.35	17.03	8.55	13.74	6.63	9.12	71*	109.92	166.29	78.85	115.64	57.98	79.29	50.75	71.68
32	16.65	23.69	13.83	17.64	8.87	14.30	6.91	9.53	72*	115.23	174.75	84.54	124.73	64.68	85.75	58.09	78.13
33	17.29	24.93	14.33	18.46	9.21	14.89	7.21	9.95	73*	120.79	181.86	90.68	133.33	72.17	92.72	66.48	85.17
34	17.95	25.99	14.97	19.12	9.55	15.50	7.52	10.38	74*	126.60	190.82	97.31	143.80	80.53	99.25	76.09	92.83
35	18.65	27.34	15.64	20.00	9.70	16.13	7.85	10.84	75*	132.66	198.28	104.45	153.70	89.86	107.31	87.09	101.19
36	19.40	28.15	16.06	20.73	10.05	16.73	8.21	11.19	76*	150.28	217.79	113.85	167.53	97.94	116.97	94.93	110.30
37	20.19	30.22	16.50	21.49	10.41	17.51	8.59	11.56	77*	170.02	239.21	124.10	182.60	106.75	127.49	103.47	120.22
38	21.00	32.40	17.08	22.28	10.67	18.15	8.98	11.93	78*	192.08	262.73	135.27	199.04	116.36	138.96	112.77	131.04
39	21.84	34.69	17.68	23.09	11.05	18.98	9.40	12.32	79*	218.79	288.54	148.84	216.95	126.83	151.47	122.92	142.83
40	22.74	37.11	18.31	23.94	11.44	19.68	9.83	12.72	80*	251.86	316.86	165.70	236.47	138.24	165.09	133.98	155.68

Add \$60 policy fee. Multiply the annual premium by 0.09 to obtain monthly pre-authorized debit (PAD) premium.
Policy fee applies only once for combined coverage.

*For insureds under age 18, the maximum amount is \$10,000 for Guaranteed Access and \$25,000 for Steps 1, 2 and 3 (Deferred, Deferred Plus and Immediate Plus). For insureds over age 70, the maximum amount is \$25,000 for Guaranteed Access, \$100,000 for Step 1 (Deferred), and \$150,000 for Steps 2 and 3 (Deferred Plus and Immediate Plus). Please refer to the other eligibility conditions that apply.

† Guaranteed Access : The maximum amount is \$25,000 for people over 50 years of age.

SURRENDER VALUE PER \$1,000 OF LIFE INSURANCE

L100 permanent coverage only: Guaranteed Access, Steps 1, 2 and 3 (Deferred, Deferred Plus and Immediate Plus)

MALE and FEMALE, NON-SMOKER and SMOKER

Insurance age	After 4 years	After 10 years	After 20 years	Insurance age	After 4 years	After 10 years	After 20 years	Insurance age	After 4 years	After 10 years	After 20 years	Insurance age	After 4 years	After 10 years	After 20 years
1	1.00	5.00	10.50	21	1.00	10.20	35.10	41	3.00	31.00	123.00	61	5.00	93.00	256.90
2	1.00	5.00	11.00	22	1.00	10.80	38.00	42	3.00	32.30	129.30	62	5.00	95.00	275.00
3	1.00	5.00	11.40	23	1.00	11.40	41.10	43	3.00	33.50	135.60	63	6.00	97.00	296.00
4	1.00	5.00	11.80	24	1.00	12.00	44.20	44	3.00	34.80	142.10	64	6.00	99.00	318.00
5	1.00	5.00	12.20	25	1.00	12.70	47.60	45	3.00	37.00	148.80	65	6.00	101.00	339.00
6	1.00	5.00	13.00	26	1.00	13.40	50.80	46	3.00	38.30	155.60	66	7.00	106.90	360.00
7	1.00	5.10	13.70	27	1.00	14.10	54.40	47	3.00	39.70	162.50	67	8.00	113.90	381.00
8	1.00	5.30	14.30	28	1.00	14.80	58.10	48	3.00	41.10	169.40	68	9.00	121.80	403.00
9	1.00	5.40	15.00	29	2.00	16.40	62.20	49	4.00	43.30	176.50	69	10.00	130.20	424.00
10	1.00	5.60	15.90	30	2.00	17.30	66.40	50	4.00	44.80	183.80	70	12.00	138.60	445.00
11	1.00	5.80	16.90	31	2.00	18.10	70.60	51	4.00	46.20	191.00	71	14.00	147.80	466.00
12	1.00	6.00	17.90	32	2.00	19.00	75.00	52	4.00	49.00	198.30	72	16.00	157.70	487.00
13	1.00	6.20	19.00	33	2.00	19.90	79.60	53	4.00	57.00	205.60	73	20.00	170.10	509.00
14	1.00	7.30	20.30	34	2.00	21.70	84.50	54	4.00	64.00	213.00	74	24.00	184.40	530.00
15	1.00	7.60	21.80	35	2.00	22.70	89.60	55	4.00	72.00	220.40	75	30.00	201.70	551.00
16	1.00	7.90	23.30	36	2.00	23.70	94.60	56	4.00	80.00	227.60	76	31.00	227.40	644.00
17	1.00	8.20	25.10	37	2.00	24.80	100.00	57	5.00	87.00	234.80	77	31.00	246.60	715.00
18	1.00	8.70	27.30	38	2.00	26.70	105.60	58	5.00	90.00	242.00	78	32.00	265.50	785.00
19	1.00	9.10	29.60	39	2.00	27.80	111.20	59	5.00	90.00	249.20	79	32.00	284.70	856.00
20	1.00	9.70	32.40	40	3.00	29.00	117.00	60	5.00	91.00	256.10	80	33.00	322.90	1000.00

THIS PAGE IS TO BE GIVEN TO THE CLIENT

ACCESS LIFE ◀ Product information

PRODUCT INFORMATION

ACCESS LIFE	Guaranteed Access	Step 1	Step 2	Step 3
		Deferred	Deferred Plus	Immediate Plus
– Coverage options	Permanent (L100)	Permanent (L100)	Permanent (L100) Term (T15-T20-T25)	Permanent (L100) Term (T15-T20-T25)
– Age at issue - Permanent (L100) min. - Permanent (L100) max. - Term (T15-T20-T25) min. - Term (T15-T20-T25) max.	6 months* 80 years N/A N/A	6 months* 80 years N/A N/A	6 months* 80 years 20 years 65 years - 60 years - 55 years	6 months* 80 years 20 years 65 years - 60 years - 55 years
– Joint policy	No	No	No	No
– Multilife application	No	No	No	No
– Face amount - Minimum - Maximum - Under age 18 - Over age 70	\$10,000 \$50,000** \$10,000 \$25,000	\$10,000 \$100,000 \$25,000 \$100,000	\$10,000 \$350,000 \$25,000 \$150,000	\$10,000 \$500,000 \$25,000 \$150,000
– Death benefit	The death benefit is limited to the total amount of premiums paid if non-accidental death occurs in the first two years.	The death benefit is limited to the total amount of premiums paid plus 3% interest if non-accidental death occurs in the first two years.	The death benefit is limited to the total amount of premiums paid plus 3% interest if non-accidental death occurs in the first two years.	The death benefit corresponds to the policy face amount.

* The age at issue of six months in this table corresponds to the actual age of the proposed insured. All of the other ages indicated correspond to the insurance age.
 ** The maximum amount is \$25,000 for people over 50 years of age.

Eligibility Conditions

Simplified issue life insurance products from Industrial Alliance Insurance and Financial Services Inc. may be combined with another simplified issue life insurance product already in force such as Access Life, Alternative, Perspective and Excel Life. For each proposed insured, the maximum face amount of combined coverage for these products cannot exceed \$500,000. The face amount for Access Life coverage is determined based on age and the answers given to the questions at each step and cannot exceed the amount for which the proposed insured qualifies.

Pre-notice from the MIB LLC

Information regarding your insurability will be treated as confidential. Industrial Alliance Insurance and Financial Services Inc. ("iA Financial Group") or its reinsurers may, however, make a brief report thereon to MIB LLC, LLC which operates an information exchange on behalf of insurance companies that are members of MIB Group Inc. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB by emailing canadadislosure@mib.com or calling 866-692-6901. If you question

the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, MA 02184 USA.

iA Financial Group, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Notice

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 or clinic may be asked to complete a medical examination and/or collect a blood or urine sample. Before collecting a blood or urine specimen, your written consent will be required.

Disclosure Statement

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

PERSONAL INFORMATION CONSENTS

Your personal information is important.

For **you**, because it involves your privacy. For **us**, iA Financial Group and its affiliates, because it allows us to better serve you day by day.

Protecting your personal information is important to us.

By doing business with us, you agree to the collection, use and disclosure of personal information necessary to:

- **Know who you are.** Identify you and keep your contact information up to date.
- **Build a relationship with you.** Advise you according to your needs, analyze your requests and identify the products and services that are right for you.
- **Maintain our relationship with you.** Administer your products and services and process your requests, complaints and claims.
- **Comply with the laws and manage risk.** For instance, with regard to cybersecurity or the fight against financial crime.

We would like to do more, with your consent of course!

We wish to collect, use and disclose some of your personal information to get to know you better and understand your needs, interests and preferences. By agreeing, you enable us to be proactive in:

Improving our products and services and providing a distinctive client experience.

I agree I decline

Keeping you informed of our promotions, products, services, contests and events that may be of interest to you.

I agree I decline

You may review your choices at any time.

For more information, please visit ia.ca/protection-personal-information.

Last name: _____ First name: _____

Email: _____ Phone: | | | | | | | | | | | | | | | | | | | | | |

We want to inform you.

Under certain conditions, we may collect or disclose your personal information with regulatory authorities and self-regulatory bodies and courts, public bodies, credit reporting and reporting agencies, organizations that maintain public information databases or insurance information offices, insurers and financial institutions, investigative organizations, employers, trade unions and associations, iA Financial Group's affiliated entities and their representatives, intermediaries in the distribution of our financial products and services, service providers when applicable, or any other third party, **if and only if** this collection or disclosure:

- is necessary to serve you, or
- is made in respect of the choices you have made, or
- is in accordance with the law.

We are committed to sharing only necessary information.

To learn more, please refer to the **Privacy Notice** attached.

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I agree I decline

Keeping you informed of our promotions, products, services, contests and events that may be of interest to you.

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Last name: _____ First name: _____

Email: _____ Phone: | | | | | | | | | | | | | | | | | | | | | |

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Under certain conditions, we may collect or disclose your personal information with regulatory authorities and self-regulatory bodies and courts, public bodies, credit reporting and reporting agencies, organizations that maintain public information databases or insurance information offices, insurers and financial institutions, investigative organizations, employers, trade unions and associations, iA Financial Group's affiliated entities and their representatives, intermediaries in the distribution of our financial products and services, service providers when applicable, or any other third party, **if and only if** this collection or disclosure:

- is necessary to serve you, or
- is made in respect of the choices you have made, or
- is in accordance with the law.

We are committed to sharing only necessary information.

To learn more, please refer to the **Privacy Notice** attached.

Regulatory questions (MANDATORY SECTION FOR L100 PERMANENT COVERAGE)

The following questions and the organization classification are required for the purpose of compliance with the Common Reporting Standard (CRS) and the U.S. Foreign Account Tax Compliance Act (FATCA).

For individuals:

- 1) Is one of the applicants a U.S. citizen or a U.S. resident for U.S. tax purposes? YES NO
 If YES, specify the taxpayer identification number (TIN) or SSN of the applicant.

Name <input style="width:90%;" type="text"/>	TIN or SSN <input style="width:90%;" type="text"/>
Name <input style="width:90%;" type="text"/>	TIN or SSN <input style="width:90%;" type="text"/>

- 2) Is one of the applicants a tax resident in a jurisdiction other than Canada or the United States? YES NO
 If YES, specify the name, the jurisdiction(s) of tax residence and taxpayer identification number(s) (TIN) of the applicant.

Name <input style="width:90%;" type="text"/>	Jurisdiction <input style="width:90%;" type="text"/>	TIN <input style="width:90%;" type="text"/>
Name <input style="width:90%;" type="text"/>	Jurisdiction <input style="width:90%;" type="text"/>	TIN <input style="width:90%;" type="text"/>

For organizations:

- 3) Is the applicant a corporation or partnership organized in the U.S. or a U.S. state? YES NO
 If YES, please provide your employer identification number (EIN):

- 4) Does any individual directly or indirectly own or control 25% or more of the organization that will own this policy? YES NO

→ If YES, is one of these individuals:

<input type="checkbox"/> A U.S. citizen or a U.S. resident for U.S. tax purposes	} Please complete form F51-208A-3 and submit it with the F35A application form.
<input type="checkbox"/> A tax resident in a jurisdiction other than Canada or the United States	
<input type="checkbox"/> Neither of the above	

→ If NO, is the senior official of the organization:

<input type="checkbox"/> A U.S. citizen or a U.S. resident for U.S. tax purposes	} Please complete form F51-208A-3 and submit it with the F35A application form.
<input type="checkbox"/> A tax resident in a jurisdiction other than Canada or the United States	
<input type="checkbox"/> Neither of the above	

Beneficiaries

BENEFICIARY 1

Last name First name

Sex M F Date of birth Relationship to proposed insured % Revocable Irrevocable

<p>Contingent beneficiary 1</p> <p><input type="checkbox"/> M <input type="checkbox"/> F Sex <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p> <p>Date of birth <input style="width:150px;" type="text"/> %</p> <p>Relationship to proposed insured <input style="width:40%;" type="text"/></p>	<p>Contingent beneficiary 2</p> <p><input type="checkbox"/> M <input type="checkbox"/> F Sex <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p> <p>Date of birth <input style="width:150px;" type="text"/> %</p> <p>Relationship to proposed insured <input style="width:40%;" type="text"/></p>
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BENEFICIARY 2

Last name First name

Sex M F Date of birth Relationship to proposed insured % Revocable Irrevocable

<p>Contingent beneficiary 1</p> <p><input type="checkbox"/> M <input type="checkbox"/> F Sex <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p> <p>Date of birth <input style="width:150px;" type="text"/> %</p> <p>Relationship to proposed insured <input style="width:40%;" type="text"/></p>	<p>Contingent beneficiary 2</p> <p><input type="checkbox"/> M <input type="checkbox"/> F Sex <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p> <p>Date of birth <input style="width:150px;" type="text"/> %</p> <p>Relationship to proposed insured <input style="width:40%;" type="text"/></p>
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Replacement

Will the insurance coverage requested replace another insurance coverage? No Yes → Name of the company*:

*Enclose a NOTICE OF REPLACEMENT in accordance with the applicable laws. If the coverage to be replaced is with iA Financial Group, please also enclose a SURRENDER REQUEST FORM (F6A or F4A-04) and indicate the following information:

Policy Number <input style="width:90%;" type="text"/>	Face amount \$ <input style="width:90%;" type="text"/>	Year of issue <input style="width:90%;" type="text"/>
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Declaration of Insurability

Industrial Alliance Insurance and Financial Services Inc. reserves the right to carry out an analysis regarding elements other than those mentioned in the "Declaration of Insurability" section.

STEP 1 – DEFERRED: Maximum of \$100,000 – Permanent (L100) protection only. Payment upon death is deferred for 2 years.

	Proposed insured Yes	No
1) In your lifetime, have you been diagnosed and/or treated for any of the following conditions:		
a. Acquired immunodeficiency syndrome (AIDS) or tested positive for the human immunodeficiency virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart rhythm disorder (arrhythmias) which required the insertion of a pacemaker, heart failure or cardiomyopathy?	<input type="checkbox"/>	<input type="checkbox"/>
c. Cystic fibrosis, Alzheimer's disease, dementia, Huntington's chorea, Parkinson's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), muscular dystrophy, myotonic dystrophy or any form of ataxia?	<input type="checkbox"/>	<input type="checkbox"/>
d. Chronic respiratory disease (excluding sleep apnea) which requires the daily administration of oxygen?	<input type="checkbox"/>	<input type="checkbox"/>
e. For individuals less than 18 years of age, type 1 diabetes, cerebral palsy, any congenital heart disease, Down's syndrome or autism spectrum disorder (ASD)?	<input type="checkbox"/>	<input type="checkbox"/>
2) Within the last three (3) years, have you had or been treated for leukemia, lymphoma, malignant tumour or any form of cancer (other than basal cell carcinoma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Within the last twelve (12) months:		
a. Have you been found guilty of a criminal offence (including offences associated with driving under the influence – DUI) or of a criminal offence awaiting trial?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you used any hard drugs except as prescribed by a physician or have you used methadone prescribed or not by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
4) Are you presently:		
a. Hospitalized or in a nursing facility including a centre or a home for individuals with reduced autonomy?	<input type="checkbox"/>	<input type="checkbox"/>
b. Bedridden or wheelchair bound?	<input type="checkbox"/>	<input type="checkbox"/>
c. Undergoing or waiting for an investigation for diagnostic purposes?	<input type="checkbox"/>	<input type="checkbox"/>
5) For individuals 15 years of age or older, is your weight greater than the weight corresponding to your height in the following table?	<input type="checkbox"/>	<input type="checkbox"/>

Height/FT	Weight/LBS	Height/METRES	Weight/KG	Height/FT	Weight/LBS	Height/METRES	Weight/KG
4'8" – 4'10"	230	1.42 – 1.49	105	5'8" – 5'10"	335	1.73 – 1.79	152
4'11" – 5'1"	260	1.50 – 1.56	118	5'11" – 6'1"	365	1.80 – 1.87	165
5'2" – 5'4"	285	1.57 – 1.64	129	6'2" – 6'4"	390	1.88 – 1.95	177
5'5" – 5'7"	310	1.65 – 1.72	141	6'5" – 6'7"	415	1.96 – 2.01	188

If you answered YES to any of the above questions, specify GUARANTEED ACCESS* in the "Requested Coverage" section on the next page and select permanent coverage (\$50,000 max.). If all your answers are NO, please proceed to STEP 2 – DEFERRED PLUS* to qualify for coverage of up to \$350,000 and access to a 15, 20 or 25-year term coverage.

*For GUARANTEED ACCESS, the death benefit paid resulting from non-accidental death which occurs within the first two (2) years that the contract is in force is limited to all premiums paid. For STEPS 1 and 2 (DEFERRED and DEFERRED PLUS), the death benefit paid resulting from non-accidental death which occurs within the first two (2) years that the contract is in force is limited to all premiums paid plus interest of 3%.

STEP 2 – DEFERRED PLUS: Maximum of \$350,000 – Permanent (L100) and/or term (T15-T20-T25) protection. Payment upon death is deferred for two (2) years.

	Proposed insured Yes	No
1) For individuals 15 years of age or older, is your weight greater than the weight corresponding to your height in the following table?	<input type="checkbox"/>	<input type="checkbox"/>

Height/FT	Weight/LBS	Height/METRES	Weight/KG	Height/FT	Weight/LBS	Height/METRES	Weight/KG
4'8" – 4'10"	190	1.42 – 1.49	86	5'8" – 5'10"	260	1.73 – 1.79	118
4'11" – 5'1"	200	1.50 – 1.56	91	5'11" – 6'1"	280	1.80 – 1.87	127
5'2" – 5'4"	220	1.57 – 1.64	100	6'2" – 6'4"	300	1.88 – 1.95	136
5'5" – 5'7"	240	1.65 – 1.72	109	6'5" – 6'7"	330	1.96 – 2.01	149

2) Within the last five (5) years:		
a. Have you had an amputation as a result of a disease?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you had or been treated for a chronic kidney disease or a chronic liver disease (including cirrhosis, fibrosis, hepatitis C or any other types of chronic hepatitis)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you received an organ transplant or a bone marrow transplant or were you advised to do so due to your condition?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you been treated for drug or alcohol use, joined a support group or been advised to reduce your consumption or to receive treatment for it?	<input type="checkbox"/>	<input type="checkbox"/>
3) Within the last three (3) years:		
a. With regards to heart attack (myocardial infarct), angina or heart valve disease:		
I. Have you been diagnosed and/or been treated with anticoagulants?	<input type="checkbox"/>	<input type="checkbox"/>
II. Have you undergone a surgery (including bypass, angioplasty or insertion of a stent or prosthesis) or are you awaiting such surgery?	<input type="checkbox"/>	<input type="checkbox"/>
b. With regards to cerebrovascular disease (stroke), transient ischemic attack (TIA) or vascular disease of the arms and/or legs (excluding varicose veins and superficial phlebitis):		
I. Have you been diagnosed and/or been treated with anticoagulants?	<input type="checkbox"/>	<input type="checkbox"/>
II. Have you had or are you awaiting surgery?	<input type="checkbox"/>	<input type="checkbox"/>
4) Within the last twelve (12) months:		
a. With regards to depression or any mental health disorder:		
I. Have you been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
II. Has your medication been changed (addition or replacement of a medication, increase or decrease of dosage)?	<input type="checkbox"/>	<input type="checkbox"/>
III. Have you ceased your medication without being advised by your doctor to do so?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you undergone a surgery for an aneurysm or are you awaiting such surgery?	<input type="checkbox"/>	<input type="checkbox"/>
c. If you have diabetes, has your medication changed as advised by a physician (addition or replacement of a medication, increase or decrease of dosage)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above questions, specify STEP 1 – DEFERRED* in the "Requested Coverage" section on the next page and select permanent coverage (\$100,000 max.). If all your answers are NO, please proceed to STEP 3 – IMMEDIATE PLUS to qualify for immediate permanent and/or term coverage of up to \$500,000.

*For GUARANTEED ACCESS, the death benefit paid resulting from non-accidental death which occurs within the first two (2) years that the contract is in force is limited to all premiums paid. For STEPS 1 and 2 (DEFERRED and DEFERRED PLUS), the death benefit paid resulting from non-accidental death which occurs within the first two (2) years that the contract is in force is limited to all premiums paid plus interest of 3%.

STEP 3 – IMMEDIATE PLUS: Maximum of \$500,000 – Permanent (L100) and/or term (T15-T20-T25) protection. Payment upon death is immediate.

	Proposed insured	
	Yes	No
1) Within the last five (5) years , have you had or been treated for leukemia, lymphoma, malignant tumour or any form of cancer (other than basal cell carcinoma)?	<input type="checkbox"/>	<input type="checkbox"/>
2) Within the last twelve (12) months , has your weight decreased by 10% or more (excluding after a diet or childbirth)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Within the next two (2) years:		
a. Do you foresee travelling to high risk regions or regions of conflict or war? <i>If not sure, please consult the list of countries classified "Avoid all travel" or "Avoid non-essential travel" on the official Government of Canada website: https://travel.gc.ca/travelling/advisories</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you intend to reside outside Canada or the USA for at least six (6) consecutive months?	<input type="checkbox"/>	<input type="checkbox"/>
4) Family history:		
Has a member of your immediate family (father, mother, brother or sister) been diagnosed with any of the following conditions:		
a. Huntington's disease or polycystic kidney disease before age 60?	<input type="checkbox"/>	<input type="checkbox"/>
b. For individuals less than 3 years of age , cystic fibrosis?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above questions, specify STEP 2 – DEFERRED PLUS* in the "Requested Coverage" section and select permanent and/or term coverage (\$350,000 max.).
If all your answers are NO, specify STEP 3 – IMMEDIATE PLUS in the "Requested Coverage" section and select immediate permanent and/or term coverage (\$500,000 max.).

*For STEPS 1 and 2 (DEFERRED and DEFERRED PLUS), the death benefit paid resulting from non-accidental death which occurs within the first two (2) years that the contract is in force is limited to all premiums paid plus interest of 3%.

Eligibility Conditions

Simplified issue life insurance products from Industrial Alliance Insurance and Financial Services Inc. may be combined with another simplified issue life insurance product already in force such as Access Life, Alternative, Perspective and Excel Life. For each proposed insured, the maximum face amount of combined coverage for these products cannot exceed \$500,000. The face amount for Access Life coverage is determined based on age and the answers given to the questions at each step and cannot exceed the amount for which the proposed insured qualifies.

Requested Coverage

ACCESS LIFE	Guaranteed Access [†]	Step 1	Step 2	Step 3
		Deferred	Deferred Plus	Immediate Plus
Permanent (L100)	L100 \$ <input type="text"/>	L100 \$ <input type="text"/>	L100 \$ <input type="text"/>	L100 \$ <input type="text"/>
Term (T15)	N/A	N/A	T15 \$ <input type="text"/>	T15 \$ <input type="text"/>
Term (T20)	N/A	N/A	T20 \$ <input type="text"/>	T20 \$ <input type="text"/>
Term (T25)	N/A	N/A	T25 \$ <input type="text"/>	T25 \$ <input type="text"/>

[†]Guaranteed Access is available if at least one of the questions in Step 1 is answered YES.

Product Information

ACCESS LIFE	Guaranteed Access	Step 1	Step 2	Step 3
		Deferred	Deferred Plus	Immediate Plus
– Coverage options	Permanent (L100)	Permanent (L100)	Permanent (L100) Term (T15-T20-T25)	Permanent (L100) Term (T15-T20-T25)
– Age at issue				
- Permanent (L100) min.	6 months*	6 months*	6 months*	6 months*
- Permanent (L100) max.	80 years	80 years	80 years	80 years
- Term (T15-T20-T25) min.	N/A	N/A	20 years	20 years
- Term (T15-T20-T25) max.	N/A	N/A	65 years - 60 years - 55 years	65 years - 60 years - 55 years
– Joint policy	No	No	No	No
– Multilife application	No	No	No	No
– Face amount				
- Minimum	\$10,000	\$10,000	\$10,000	\$10,000
- Maximum	\$50,000**	\$100,000	\$350,000	\$500,000
- Under age 18	\$10,000	\$25,000	\$25,000	\$25,000
- Over age 70	\$25,000	\$100,000	\$150,000	\$150,000
– Death benefit	The death benefit is limited to the total amount of premiums paid if non-accidental death occurs in the first two years.	The death benefit is limited to the total amount of premiums paid plus 3% interest if non-accidental death occurs in the first two years.	The death benefit is limited to the total amount of premiums paid plus 3% interest if non-accidental death occurs in the first two years.	The death benefit corresponds to the policy face amount.

* The age at issue of six months in this table corresponds to the actual age of the proposed insured. All of the other ages indicated correspond to the insurance age.

** The maximum amount is \$25,000 for people over 50 years of age.

Premium and Billing

A DEPOSIT IS MANDATORY, BY PAD.

If the frequency of subsequent payments is **monthly**, indicate the amount of the deposit:

Monthly premium \$

If the frequency of subsequent payments is **annual**, indicate if the deposit is:

Minimum payment of 1/12 of premium \$

Total annual premium \$

FREQUENCY OF SUBSEQUENT PAYMENTS:

Monthly (PAD, please complete pages 17 and 18)

Annual (please complete pages 17 and 18), choose:

PAD

Online payment

Agent

Last and first name Active Code SU %

Agency Code

Work phone no. Extension Cell phone no. Service agent

Email

Last and first name Active Code SU %

Agency Code

Work phone no. Extension Cell phone no. Service agent

Email

Agent policy (spouse and children)

Signatures and authorization

We, the proposed insured and the applicant, declare that all answers and explanations given in this application, or if applicable, in any other questionnaire or form in connection herewith, as well as during any interview, by telephone or otherwise, concerning the declarations of insurability, are true and complete.

We agree that the insurance takes effect as of the acceptance by Industrial Alliance Insurance and Financial Services Inc. ("iA Financial Group") of the application inasmuch as the latter has been accepted without modification, the first premium has been paid and no change has taken place in the insurability of the proposed insured since the signing of this application.

We hereby authorize any healthcare professional as well as any other public or private health or social service establishment, the Régie de l'assurance maladie du Québec, any insurance company, MIB LLC, financial institutions, personal information agents, professional investigation agencies or any credit reporting agency and any public body holding personal information concerning ourselves, particularly medical information, and any other public or private organization holding medical or health-related information, to supply this information to iA Financial Group for the assessment of this application or the processing of any claim.

We also authorize iA Financial Group to exchange with its subsidiaries, and with other insurers or financial institutions, the personal information held concerning ourselves, for the purposes of assessing this application or processing any claim. We authorize iA Financial Group and its reinsurers to make a brief report to the MIB LLC.

We also authorize iA Financial Group to send any abnormal test result to our personal physician.

In case of death or disability, the beneficiary, the heir, the estate liquidator or the trustee is expressly authorized to supply iA Financial Group, upon request, with all information and authorizations necessary to study the death or disability claim and to obtain the required justifications.

Finally, we authorize the use of a credit check or identification product to verify our identity when required.

By signing below, the agent confirms that he has provided a disclosure statement to the applicant which discloses the company or companies he represents and his relationship with them; that he receives compensation (such as commissions) for the sale of this insurance product and may receive other compensation such as bonuses, invitations to conferences or other incentives; and all financial interests that he may have with respect to this transaction. The agent confirms as well that he is not the person paying the associated premiums for this transaction, unless it concerns himself, his spouse and/or his children.

For Guaranteed Access, we understand that if non-accidental death of the proposed insured occurs within the first two years of the contract's entry into force, the death benefit will be equal to the total amount of premiums paid. For coverage corresponding to Steps 1 and 2 (Deferred and Deferred Plus), we understand that if non-accidental death of the proposed insured occurs within the first two years of the contract's entry into force, the death benefit will be equal to the total amount of premiums paid plus 3% interest.

We acknowledge that documents and communications regarding all of our contracts with iA Financial Group, including the contract itself, will be sent to us in electronic format and we can consult them in My Client Space (available on ia.ca). We understand that any document will be considered delivered as soon as it is available on My Client Space and that documents that are currently only available in paper format will continue to be sent via regular mail. A copy of any document could always be sent to us by regular mail upon request.

FOR QUEBEC RESIDENTS ONLY – AMENDMENTS TO THE CHARTER OF THE FRENCH LANGUAGE

APPLICANT(S) – We confirm that we have received the French version of the contract before its signature in English. We request that the contract herein and any other related documentation be drawn up in English.

AGENT – The agent confirms that they have provided their clients, who live in Quebec, with a copy of the contract in French before its signature in English.

A photocopy of this authorization or consent has the same value as the original.

Signed at _____ (province) _____ this _____ day of _____ 20 _____

Proposed insured (if aged 16 years or older)

Last and first name (write legibly)

Signature

X

Applicant(s) OR Authorized signatory(ies) if applicant is a company

Last and first name (write legibly)

Signature

X

Last and first name (write legibly)

Signature

X

▲ The signature of one of the two parents is required for a minor proposed insured if anyone other than the parents is the applicant.

Legal guardian or parent (if insured is not authorized to sign)

Last and first name (write legibly)

Signature

X

Witness (if applicable)

Last and first name (write legibly)

Signature

X

Agent

Last and first name (write legibly)

Signature

X

General Information (Continued)

2 PAD Agreement: Variable

PAD category: Personal Business (If both boxes are left unchecked, the PAD category will be considered "Personal".)
↳ A business PAD means a PAD for the payment of goods or services related to a business or commercial activity of the payor.

FOR MONTHLY FREQUENCY OF PAYMENTS ONLY:

Day of withdrawal (The selected day applies to subsequent withdrawals after the policy has been placed. The details for the initial withdrawal may be different and will be contained in the Notice of pre-authorized payment.):

- Day: _____ (1 to 28)
- Issue day

The signature of the account holder(s) and/or the applicant(s) is required.

- !** → For a joint account, all required signatories must sign this PAD Agreement.
- For a business, the PAD Agreement must be signed by an authorized signatory (or authorized signatories, if more than one is required). Please attach a copy of the company's resolution designating the authorized signatories.

By signing below, I, the account holder, confirm that I have read, understand, and agree to the terms and conditions of this PAD Agreement. For a joint account I confirm all required signatories have signed this PAD Agreement.

Date:

Y	Y	Y	Y	M	M	D	D

 | _____ | _____
Account holder's signature Additional account holder's signature, if applicable

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

Date:

Y	Y	Y	Y	M	M	D	D

 | _____ | _____
Applicant's signature Additional applicant's signature, if applicable



Service Centre contact information:

- 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
26 Wellington Street East, Suite 600, Toronto, ON M5E 1S2
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
988 West Broadway, Suite 400, PO Box 5900, Vancouver, BC V6B 5H6
Telephone: 1-844-442-4636, Fax: 1-844-739-0634, Email: infolife@ia.ca

PRIVACY NOTICE

1. Your personal information is precious

We, iA Financial Group and its affiliates¹, are doing everything we can to protect the personal information you entrust to us. That is why we are committed to continually reassessing our practices, keeping them up to date and in line with the high standards regarding your privacy and management of your personal information.

2. What we are doing to protect your personal information

First and foremost, what constitutes personal information? It is information that concerns you and can be used to identify you, directly or indirectly.

2.1 We operate on the basis of 4 important principles

The following principles govern how we ensure your privacy:

- **Ensure secure management.** We implement good management and safeguard practices to secure your personal information and oversee its use.
- **Respect your rights.** You have rights related to the personal information we hold about you. You may exercise them at any time.
- **Be transparent.** We provide you with all relevant information about our privacy practices.
- **Act responsibly.** Our employees, suppliers and representatives (including our financial services advisors) must comply with our privacy practices. Our Chief Privacy Officer sees to ensure that they do and that our practices are always up to date.

2.2 We only collect personal information that is necessary

From whom do we collect your personal information

We collect your personal information primarily from you. We may also collect it from others, depending on the circumstances and the products or services you have with us. For example:

- Your employer
- Public bodies
- Our representatives
- Personal references
- Credit bureaus and reporting agencies
- Other insurers, reinsurers or financial institutions
- Public and private insurance, fraud and claims databases
- Partners who distribute our products and services, such as independent brokers, specialized insurance coverage providers, travel agencies or car dealerships

A person who has or wishes to obtain a product or service from us may also disclose your personal information to us so that you can benefit from that product or service. For example, this person could add you as an insured person.

¹ iA Financial Group is primarily composed of the following entities: iA Financial Corporation Inc., Industrial Alliance, Insurance and Financial Services Inc., Industrial Alliance Pacific General Insurance Corporation, Industrial Alliance Auto and Home Insurance Inc., Industrial Alliance Trust Inc., PPI Management Inc., Michel Rhéaume et Associés Itée (MRA), iA Advantages Damage Insurance Inc., SurexDirect.com Ltd., Prysm General Insurance Inc., iA Auto Finance Inc., iA Clarington Investments Inc., Industrial Alliance Investment Management Inc., iA Global Asset Management Inc., iA Private Wealth Inc., Investia Financial Services Inc., IA American Life Insurance Company, American-Amicable Life Insurance Company of Texas, iA American Warranty Corp., Dealers Assurance Company, iA American Warranty, L.P., WGI Service Plan Division Inc., WGI Manufacturing Inc., Lubrico Warranty Inc., National Warranties MRWV Limited, SAL Marketing Inc. The updated list is available on our website at the following address: ia.ca/about-us/group-of-companies.

How do we collect your personal information

We may collect your personal information in a number of ways, including:

- By phone
- In person
- Via our paper and online forms
- Via cookies, when you visit our websites

What personal information do we collect

We only collect the personal information necessary to fulfill the purposes outlined in this notice.

Here are some examples of personal information we may collect:

Categories	Examples
Identification information	Name, date of birth, postal address, email, phone number, marital status, government identifiers (passport number, driver's licence number, etc.), social insurance number, citizenship, country of birth
Financial information	Income, salary, financial report, investments, information on financial products you have with us or elsewhere, investor profile, rent, mortgage, bank account, credit history and score
Health information	Medical records, medical information related to your claims, paramedical test results, medical history
Insurance information	Information on insurance policies you have with us or elsewhere, claims history, sex at birth, lifestyle habits, criminal record
Employment information	Employment status, current employer, former employers
Information about your assets	Vehicle, residence, recreational vehicle
Information about your family	Name, age, financial situation and health status of your spouse, children or parents

We may also create or infer information from the personal information we collect. For example, we may create a client profile or identifier for you. This information is considered personal information. We manage and protect it in accordance with the same practices as the rest of your personal information.

2.3 We collect your personal information for specific purposes

We collect, use, disclose and retain your personal information solely for the purposes outlined in this notice. We will inform you of the intended purposes at or prior to the time we collect your personal information.

The following purposes may be essential to our relationship with you, depending on the products and services you request:

Categories	Specific purposes
Know who you are	<ul style="list-style-type: none">– Verify your identity– Keep your contact information up to date– Recognize you through iA Financial Group– Verify that your personal information is accurate

Categories	Specific purposes
Build a relationship with you	<ul style="list-style-type: none"> – Contact you if you request it and answer your questions – Understand your needs and your profile to advise you – Analyze your requests for products or services – Determine whether you are eligible for a product or service, and if it is right for you – Determine the cost of a product or service you request
Maintain our relationship with you	<ul style="list-style-type: none"> – Day-to-day administration of your contracts, for example, amending them or informing you of changes in your investments – Process your payments – Process your insurance claim, transaction or any other contract-related requests – Handle any complaints or dissatisfaction – Transfer your contracts to or from another financial institution – Transfer your file to another representative, if necessary
Comply with laws and manage risk	<ul style="list-style-type: none"> – Detect, prevent and contain fraud and unauthorized or illegal activities, such as money laundering and cyber threats – Monitor business practices to ensure that they are sound – Verify transactions – Adequately train our employees and representatives – Comply with our legal obligations and the requirements of courts, regulatory authorities or self-regulatory organizations – Have certain risks insured by another insurer (reinsurance)

Some purposes are optional for doing business with us. You can consent to them to benefit from a distinctive client experience and to obtain offers tailored to your needs.

We must obtain your consent to collect, use, disclose and retain your personal information for the following purposes:

Categories	Specific purposes
Improve our products and services and provide a distinctive client experience	<ul style="list-style-type: none"> – Acknowledge your differences and similarities with respect to our other clients – Understand how our digital tools and websites are used in order to improve them – Consult with you to gain more insight into your experience, reactions and interactions with us – Keep up with the various stages of your life to make our products and services even more useful and effective over the course of our relationship with you – Allow all our clients to benefit from the lessons gleaned from you as we work to improve our client experience – Make it easier for you to enter your information when requesting a product or service (e.g., automatically fill in certain fields)
Keep you informed of our promotions, products, services, contests and events that may be of interest to you	<ul style="list-style-type: none"> – Understand the product and services portfolio you have with iA Financial Group in order to offer you relevant products and services that are adapted to your reality – Contact you at the right time, in the right way – Offer you benefits or advantageous pricing based on the products or services you have with iA Financial Group – Keep you informed of contests or other promotional events that may be of interest to you

2.4 We may share your personal information with other individuals or organizations

To whom may we disclose your personal information

In order to fulfill the purposes outlined in this notice, we may sometimes need to share your personal information with other individuals or organizations.

For example, we may share it with the following third parties:

- Your financial services advisor
- A person who has a product or service with us from which you are benefitting
- Other iA Financial Group entities and their representatives
- Credit bureaus and reporting agencies, such as Equifax or TransUnion
- Public and private insurance, fraud and claims databases
- Public bodies, such as the Société de l'assurance automobile du Québec or health care institutions
- Other insurers, reinsurers and financial institutions
- Your employer, union or association
- Partners who distribute our products and services, such as independent brokers, general agents, specialized insurance coverage providers, travel agencies or car dealerships
- Suppliers, for example of document printing, delivery or data storage services
- Courts, regulatory authorities or self-regulatory organizations
- Fraud prevention and management organizations, for example, law enforcement agencies

We may disclose your personal information outside of Canada

We store your personal information primarily in Canada, but we may sometimes disclose it to parties outside of Canada. For example, if we are doing business with a supplier based in another country. In this case, we contractually ensure that our supplier meets our expectations in terms of managing and protecting your personal information. Before we transfer your personal information outside of Canada, we ensure that it is adequately protected.

We may also disclose your personal information to another Canadian province or territory.

2.5 We obtain your consent, except in certain cases prescribed by law

When do we obtain your consent

We obtain your consent before we collect, use or disclose your personal information. We may obtain consent directly from you. It may also be obtained from another person, such as your financial services advisor, employer, car dealer, etc.

We will request your consent again if we wish to use or disclose your personal information for a purpose to which you have not consented.

When do we not request your consent

In some cases, the law permits us to collect, use or disclose your personal information without your consent.

Here are a few examples:

- Disclosing your personal information to suppliers for a purpose outlined in this notice, to provide you with the requested product or service
- Conduct statistical studies using de-identified personal information, where permitted by law
- Take appropriate action if we detect potential fraud
- In Quebec only: Using your personal information if it is clearly for your benefit or for purposes related to those to which you have already agreed
- Outside of Quebec: Using or disclosing your personal information if it is clearly for your benefit and we are unable to obtain your consent

We may also be required by law to disclose personal information. For example, if ordered by a court or requested by a regulatory authority or a self-regulatory organization.

2.6 We retain your personal information for a limited time

We retain your personal information only as long as necessary to:

- Fulfill the purposes for which we collected it, and
- Meet our legal obligations

We have implemented a retention schedule. It guides us as to how long we should keep each type of personal information, depending on the context. We destroy personal information once the retention period has elapsed. The duration of this period depends, among other things, on our legal and regulatory obligations and on the time needed to protect our rights in the event of legal recourse.

We may anonymize certain personal information before destroying it and retain a copy. Once the information is anonymized, it can no longer be used to identify you and is therefore no longer deemed personal. We use it, among other things, to improve our product pricing, identify trends and establish performance indicators.

2.7 We respect your privacy rights

Manage your consent preferences

You may review and change your consent preferences for the collection, use and disclosure of your personal information at any time. Please be aware, however, that we will no longer be able to offer you our products and services if you withdraw your consent for a purpose that is essential to our relationship with you (See the section We collect your personal information for specific purposes for further details).

For optional purposes, you may withdraw your consent at any time without adversely affecting our relationship with you.

You can contact us to withdraw your consent for the following purposes:

- Improve our products and services and provide a distinctive client experience
- Keep you informed of our promotions, products, services, contests and events that may be of interest to you

Withdrawing your consent may take up to 30 days to be processed and applied.

Accessing, rectifying or deleting your personal information

You have several rights regarding the personal information we hold about you. You may exercise them at any time.

Know whether we hold personal information about you	<p>You can ask us:</p> <ul style="list-style-type: none">– If we hold personal information about you– How your personal information was collected, used and disclosed– If another person or organization holds your personal information for us
Access your personal information	<p>You may ask to access the personal information we hold about you. You can also obtain a copy, but you may have to pay a reasonable fee for it.</p> <p>In some cases, we are unable to provide you with the requested information. For example:</p> <ul style="list-style-type: none">– We share certain medical information with your health care professional. This person can then explain it to you correctly.– We cannot give you information that would reveal information about another person.
Rectify your personal information	<p>You can request that we rectify your personal information if it is incomplete or inaccurate.</p> <p>You can also update it if it has changed.</p>

You can request that we delete your personal information. Our response will depend on the situation.

If we have fulfilled the purposes for which the personal information was collected, we will delete it. However, we may retain it in order to meet our legal and regulatory obligations and protect our rights in the event of legal recourse.

If we have not yet fulfilled the purposes for which the personal information was collected, we will delete the information that is out of date, inaccurate, incomplete or no longer required. If you request that we delete the rest of your personal information, we will no longer be able to offer you our products and services.

Delete your personal information

You may submit a written request to exercise any of your rights in relation to your personal information. You will receive our written response within 30 days. If we deny your request in whole or in part, we will provide you with several pieces of information:

- Reasons for the denial
- The references of the laws and regulations that justify this denial
- Your right to challenge this denial before the privacy regulatory authority of your province or territory
- Timeframe for appealing the denial

Filing a complaint

You may file a complaint if you feel that we have mishandled your personal information.

We invite you to contact us first if you wish to file a complaint. We will take the time to analyze your complaint and work with you to resolve the situation.

You can also file a complaint with the privacy regulatory authority of your province or territory.

3. How to contact us regarding your privacy

You can contact us in writing at the addresses below to:

- Submit a request to access, rectify or delete your personal information
- File a complaint about the handling of your personal information
- Request assistance, send us a comment or ask any question related to your privacy

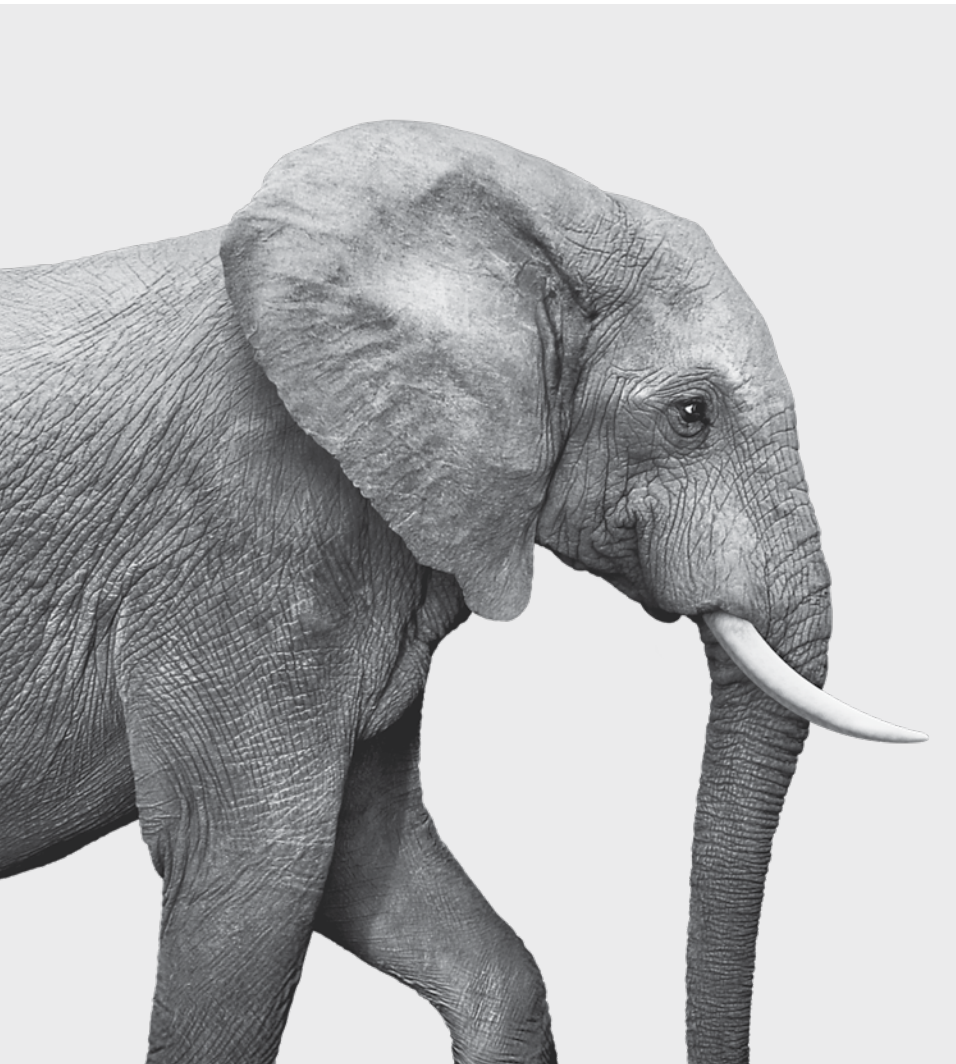
Make sure you provide us with all the information we need to follow up on your request.

By email: privacyofficer@ia.ca

By mail: Office of iA Financial Group Chief Privacy Officer
1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, Quebec G1K 7M3

4. If we update this notice

We regularly update our practices to bolster them and ensure that they reflect changing privacy laws, regulations and standards. We will notify you on our website of any material changes to this notice.



F35A

APPLICATION

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.

F35A(24-10)ACC

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
26 Wellington Street East, Suite 600
Toronto, ON M5E 1S2
Fax: 1-877-780-7231

Vancouver:

Industrial Alliance
Insurance and Financial Services Inc.
Vancouver Service Centre

Policyowner Services
988 West Broadway, Suite 400
PO Box 5900
Vancouver BC V6B 5H6
Fax: 1-844-739-0634

INVESTED IN YOU.

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