



SIGNATURE FORM

Electronic request no.

For internal use only
\$

Contract no.

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F1EA Signature Form



For an Electronic Application for **Individual Life or Critical Illness Insurance** (New Application or Change)

APPLICANTS (OR AUTHORIZED SIGNATORIES FOR ORGANIZATIONS) *Write legibly in block letters.*

Last name

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First name

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Date of birth

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Last name

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First name

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Date of birth

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* New insurance application.

OR

Electronic changes. Please check the requested changes.

Coverage Modification	Billing Instructions / Premium Payment	Legal Changes	Investment Transactions
<input type="checkbox"/> Addition of insurance <input type="checkbox"/> Non-smoker <input type="checkbox"/> Reinstatement <input type="checkbox"/> Rating/Exclusions <input type="checkbox"/> Cancellation of insurance <input type="checkbox"/> Conditional cancellation of insurance <input type="checkbox"/> Date of birth <input type="checkbox"/> Addition of a child on a child module <input type="checkbox"/> Dissolution joint first to die <input type="checkbox"/> Withdrawal of an insured joint first to die <input type="checkbox"/> Reduced paid up insurance quote <input type="checkbox"/> Reduced paid up insurance transaction <input type="checkbox"/> Policy duplicate	<input type="checkbox"/> Change in type of coverage (13 months) <input type="checkbox"/> PUA and/or bonus option change <input type="checkbox"/> Levelling cost of insurance <input type="checkbox"/> Death benefit option <input type="checkbox"/> Guaranteed insurability benefit exercise <input type="checkbox"/> Dividend option <input type="checkbox"/> Minimization period	<input type="checkbox"/> Banking change <input type="checkbox"/> PAD billing (change to) <input type="checkbox"/> Direct billing (change to) <input type="checkbox"/> Postpone a withdrawal <input type="checkbox"/> Withdrawal day <input type="checkbox"/> Target premium <input type="checkbox"/> Premium holiday <input type="checkbox"/> Loan reimbursement <input type="checkbox"/> Additional Deposit Option (ADO)	<input type="checkbox"/> Beneficiary - Life <input type="checkbox"/> Beneficiary - Critical illness <input type="checkbox"/> Beneficiary - funds <input type="checkbox"/> Policyowner <input type="checkbox"/> Contingent policyowner <input type="checkbox"/> Name (correction/change) <input type="checkbox"/> Assignment for collateral security <input type="checkbox"/> Release of assignment <input type="checkbox"/> Designation/Revocation of a trustee for a beneficiary
			<input type="checkbox"/> Investment transfer/ Rebalance all accounts <input type="checkbox"/> Additional deposit <input type="checkbox"/> Change in AII/DDA
			Surrender, loans and withdrawals
			<input type="checkbox"/> Surrender <input type="checkbox"/> Conditional surrender <input type="checkbox"/> Partial withdrawal <input type="checkbox"/> Policy loan <input type="checkbox"/> Dividend withdrawal

Other: _____

*New regulatory confirmation required on page 2.



iA Financial Group is a business name and trademark of
Industrial Alliance Insurance and Financial Services Inc.
ia.ca

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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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SIGNATURES AND GENERAL AUTHORIZATIONS

We, the proposed insured(s) and applicant(s), declare that all answers and explanations given in this electronic request (new application or change to an existing contract) bearing the same number as this form, or provided in any other related questionnaire or form, or during any interview, by telephone or otherwise, with respect to our declaration of insurability are complete and true.

We agree that the insurance takes effect as of the acceptance by Industrial Alliance Insurance and Financial Services Inc. ("iA Financial Group") of the electronic request 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 insureds since the signing of this form.

We acknowledge that our declaration of insurability may be completed during an interview, by telephone or otherwise, which interview may be recorded, and that iA Financial Group will rely upon, among other things, the said declaration in determining whether to accept the request.

In the event that iA Financial Group refuses to issue the disability credit rider, iA Financial Group may evaluate the possibility of offering us another disability insurance.

In the event of the death or disability of the applicant or proposed insured, the beneficiary, the heir or the liquidator of the estate is expressly authorized to supply iA Financial Group, when required by the latter, with all information and authorizations necessary to study the death benefit or disability claim and obtain the required documentation.

We authorize iA Financial Group and its reinsurers to make a brief report to the MIB LLC.

We also authorize iA Financial Group to release any abnormal test results to our personal physician.

ACCESS LIFE : 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 shall 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 shall be equal to the total amount of premiums paid plus 3% interest.

We acknowledge that this form is an integral part of the electronic request bearing the same number and whose content was brought to our attention.

We, the applicant(s), confirm the beneficiary designation made in the electronic request. For electronic changes, we confirm that we have given our consent for iA Financial Group to provide the agent with certain necessary information to proceed with the requested change(s).

Electronic transmission of documents

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.

Regulatory questions – Applicants' Confirmation and Authorization

We confirm that the information provided in the section "Regulatory questions" is accurate and complete. If we are acting on behalf of an organization, we also confirm that we have been duly authorized to sign on behalf of such organization and that the documents provided are accurate, current and complete. We agree to immediately notify iA Financial Group of any errors, omissions or changes in the information provided in this electronic request. This includes any changes to an entity's CRS/FATCA classification and any change in residency status or any change in U.S. citizenship status of any individual who owns or controls, directly or indirectly, 25% or more of an organization that will own this contract. We authorize the use of a credit check or identification product to verify our identity when required.

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

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.

SIGNATURES AND GENERAL AUTHORIZATIONS

All applicants and proposed insureds (aged 16 years or older) must sign this form. We agree that a photocopy of this authorization is as valid as the original. PLEASE NOTE THAT IT IS MANDATORY TO CHECK AND COMPLETE ONE OF THE FOLLOWING BOXES:

<input type="checkbox"/> New insurance application with a TOTAL ANNUAL PREMIUM of: \$ _____	<input type="checkbox"/> Change to the contract involving a NET INCREASE of the ANNUAL PREMIUM of: \$ _____ <small>excluding the adjustment of the CAD, CID, CADE, WP, WPDIs and WPD.</small>	<input type="checkbox"/> Change to the contract involving NO INCREASE of the ANNUAL PREMIUM OR involving a DECREASE of the ANNUAL PREMIUM .
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By signing below, I confirm that I have reviewed the authorizations on the facing page.

Signed at _____ Province _____ this _____ day of _____ 20 _____

SECTION A – APPLICANT(S) FOR INDIVIDUALS OR AUTHORIZED SIGNATORY(IES) FOR ORGANIZATIONS – MANDATORY

Applicant(s) OR Authorized signatory(ies)		Irrevocable beneficiary(ies) <small>(Not applicable to new applications.)</small>
Last and first name (Print legibly.) _____ Signature <input checked="" type="checkbox"/>	Last and first name (Print legibly.) _____ Signature <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

SECTION B – INSURED(S): DO NOT COMPLETE IF THE SAME PERSON(S) AS IN SECTION A

Proposed insured (if aged 16 years or older)		Legal guardian or parent (for minors)
<div style="background-color: black; color: white; padding: 2px; display: flex; align-items: center;"> ! The name and signature of one of the two parents or of the legal guardian are required for a minor proposed insured if anyone other than the parents is the applicant. ▶ </div>		
Last and first name (Print legibly.) _____ Signature <input checked="" type="checkbox"/>	Last and first name (Print legibly.) _____ Signature <input checked="" type="checkbox"/>	Last and first name (Print legibly.) _____ Signature <input checked="" type="checkbox"/>
Last and first name (Print legibly.) _____ Signature <input checked="" type="checkbox"/>	Last and first name (Print legibly.) _____ Signature <input checked="" type="checkbox"/>	Last and first name (Print legibly.) _____ Signature <input checked="" type="checkbox"/>

SECTION C – AGENT

By signing below, the agent confirms that the identity of the applicant has been verified, 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 insurance products 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. The agent also declares that he has all the licences, certificates and knowledge (see ia.ca/products-advisors) to submit this application and provide the customer service.

Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations – Agent's Confirmation

If this is an application for Genesis, Legacy or iA PAR Insurance, I, the agent, confirm that:

- For each applicant that is an individual, I met with them and I verified their identity by reviewing their original, unexpired, government-issued photo identification document;

- For each applicant that is an organization, I met with the individual(s) conducting the transaction and I verified their identity by reviewing their original, unexpired, government-issued photo identification document;
 - I have taken reasonable measures to determine if the applicant is acting on behalf of a third party;
 - If there is a lump-sum payment of \$100,000 or more or if, based on projections, a cumulative amount of \$100,000 or more could be paid to the applicant/owner of the contract, I have taken reasonable measures to determine if the applicant/owner or the payer, or a family member or a close associate of either, is a politically exposed foreign person, a politically exposed domestic person or the head of an international organization; and
 - For a politically exposed foreign person, a politically exposed domestic person or the head of an international organization, I have taken reasonable measures to establish the source of their wealth.
- If you have reasonable grounds to suspect an undisclosed third party is involved in this transaction, please email details to infolife@ia.ca.

Agent's signature X _____ Code S.U. Agency <div style="border: 1px solid gray; height: 20px; width: 100%;"></div>	Witness (if required) Last and first name (Print legibly.) _____ Signature <input checked="" type="checkbox"/>
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PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

In this Pre-Authorized Debit Agreement (the "PAD Agreement"), "I" refers to each account holder, who declares the following with respect to himself or herself:

- I authorize iA Financial Group and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions from the account specified for regular recurring payments and recurring payments on a sporadic basis, if applicable, for the payment of all premiums, deposits, instalments and charges arising from the Contract.
- Regular payments will be debited based on the date and the frequency I have chosen, whereas recurring payments on a sporadic basis can be debited on any date, in accordance with the banking information provided. iA Financial Group will make sure to obtain my authorization before debiting a recurring sporadic payment from my account.
- I agree that, for the purpose of the PAD Agreement, all 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 decrease in the amount to be debited or a change in the date and/or frequency of these payments.**
- I agree that iA Financial Group is not required to provide me with written notice of a change in a PAD amount that is made as a result of my request.
- If a PAD is dishonoured for any reason such as, but not limited to, insufficient funds (NSF), stop payment or account closed, iA Financial Group is authorized to resubmit the payment. **Any charges incurred by iA Financial Group as a result of a dishonoured PAD will be added to the subsequent PAD.**
- I may cancel or modify the PAD Agreement at any time, subject to providing iA Financial Group thirty (30) days notice in writing. To obtain a sample cancellation form or for more information on my right to cancel the PAD Agreement, I may contact my financial institution or visit www.payments.ca regarding Rule H1 – Pre-Authorized Debits (PADs).
- Any cancellation of the PAD Agreement will not affect my insurance contract(s) and/or contract(s) for financial services, so long as payment is provided, as required, by an alternate method that is acceptable to iA Financial Group.
- **If iA Financial Group assigns this PAD Agreement, it will provide written notice to me of the assignment prior to any amount being deducted in the assignee's name.**
- I have certain recourse rights if any PAD does not comply with the PAD Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit www.payments.ca regarding Rule H1 – Pre-Authorized Debits (PADs).
- Before iA Financial Group debits the first PAD payment, it must receive all required documents, duly completed, and be allowed a reasonable period of time to complete its administrative processes.
- I confirm that I have authority under the terms of my account agreement to authorize this debit. I also confirm that all persons whose signatures are required to authorize transactions within the account have signed the PAD Agreement.
- If any of the details contained in this PAD Agreement are incorrect, I will contact iA Financial Group immediately at the contact information provided.

The signature of the account holder(s) and/or the policyowner(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
X

Account holder's signature, if applicable
X

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

Policyowner's signature
X

Policyowner's signature, if applicable
X

Contact Information of service centres:

- Quebec:** Industrial Alliance Insurance and Financial Services Inc., Policyowner Services
1080 Grande Allée W., PO Box 1907, Stn Terminus, Quebec City, Quebec 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, Ontario 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 W. Broadway, Suite 400, PO Box 5900, Vancouver, BC V6B 5H6
Telephone: 1-844-442-4636, fax: 1-844-739-0634, email: infolife@ia.ca

COMPANY

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AUTHORIZATION RELATING TO THE PROTECTION OF PERSONAL INFORMATION. ONLY ONE SIGNATURE REQUIRED PER INSURED

I authorize iA Financial Group, its affiliates and its reinsurers to collect from any health care professional, public or private health or social services facility, the Régie de l'assurance maladie du Québec, any insurance company, financial institution, employer, former employer, MIB LLC or private or public organization which holds personal or medical information about me, or to disclose information about me to them including my health status, medical history and any other information relevant for processing requests related to my contract.

A photocopy of this authorization shall be as valid as the original.

Signed at _____ this _____ day of _____ 20____

Proposed insured (Quebec, age 14 and over; outside Quebec, age 16 and over)

Witness

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

AUTHORIZATION RELATING TO THE PROTECTION OF PERSONAL INFORMATION

I authorize iA Financial Group, its affiliates and its reinsurers to collect from any health care professional, public or private health or social services facility, the Régie de l'assurance maladie du Québec, any insurance company, financial institution, employer, former employer, MIB LLC or private or public organization which holds personal or medical information about me, or to disclose information about me to them including my health status, medical history and any other information relevant for processing requests related to my contract.

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

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A photocopy of this authorization shall be as valid as the original.

Signed at _____ this _____ day of _____ 20____

Proposed insured (Quebec, age 14 and over; outside Quebec, age 16 and over)

Witness

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

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INTERIM INSURANCE AGREEMENT IN CASE OF DEATH, CRITICAL ILLNESS OR ACCIDENTAL FRACTURE (Does not apply if the proposed insured is less than 15 days old or more than 71 years old.)

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. ("iA Financial Group") 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 by enrolling in the PAD mode. The amount will be applied to pay for the policy on the policy issue date.

MAXIMUM AMOUNT OF INSURANCE

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

POLICY REPLACEMENT

If the requested insurance replaces a contract of iA Financial Group 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 iA Financial Group 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 Access Life, disability, hospitalization or paramedical care coverages and 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.

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

The interim insurance 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 directly or indirectly his/her death or which led to the diagnosis of a critical illness;
- If, at the time the application is signed, the proposed insured has symptoms for which he/she had not yet consulted a physician or has been advised to undergo treatment or tests that are still pending;

- 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 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;
- If the proposed insured self-inflicts or suffers injuries, commits suicide, dies or suffers an accidental fracture:
 - while committing or attempting to commit a criminal act or hybrid 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 life insurance, accidental death and accidental fracture coverages**, if the proposed insured, whether sane or insane, commits suicide, attempts suicide or deliberately harms himself or herself;
- **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 or suffers injuries or he/she does not survive 30 days after the date of the diagnosis.

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

TERMINATION OF THE INTERIM INSURANCE AGREEMENT

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

- The application is accepted without modification;
- 60 days after the application has been accepted with a modification such as a change of class, an extra premium, a rate change or a change in the insurance amount;
- The acceptance by the applicant of a policy issued with a modification;
- The application is denied or cancelled by iA Financial Group, 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 designations made on the application and the accidental fracture benefit is payable to the applicant.

Signed at _____ Province _____ this _____ day of _____ 20____

Agent's signature

PRE-NOTICE FROM 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, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. 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 02184-8734 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

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 or absence of different abnormalities 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

The transaction represented by this application is between the applicant and iA Financial Group. The licensed Agent/Agency soliciting this application is an independent contractor representing iA Financial Group and will receive compensation when the transaction is complete. The applicant is not obligated to transact additional business with the Agent/Agency, iA Financial Group, or any other organization as a condition of this application.

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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 ensures 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 MRWW 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, mailing 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, gender 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.

<p>Know whether we hold personal information about you</p>	<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
<p>Access your personal information</p>	<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.
<p>Rectify your personal information</p>	<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>

Delete your personal information

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.

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.



NOTES

The consent forms below must be completed and signed by proposed insureds residing in Alberta only.



**Consent to Disclosure of Individually Identifying Health Information
(Authorized by Section 34 of the Health Information Act)**

Please print in ink.

I, _____, authorize (the attached) individually identifying
 diagnostic, treatment and care information registration information health services provider information

concerning myself to be disclosed by _____ (name of custodian), in accordance with section 34 the *Health Information Act*, to Industrial Alliance Insurance and Financial Services Inc., for the following purpose(s):

I understand why I have been asked to disclose my individually identifying information, and am aware of the risks or benefits of consenting or refusing to consent to the disclosure of my individually identifying information. I understand that I may revoke this consent at any time.

Dated this _____ of _____ (day) (month) (year)

Expiry date (if any) _____ of _____ (day) (month) (year)

Client or authorized representative's signature _____
Source of representative's authority (If applicable. Ex.: executor, guardian, etc.) (Refer to section 104(1) of the bill.)

Client or authorized representative's name _____ Witness' signature _____ Witness' name _____

SERVICE CENTRES: Quebec: Industrial Alliance Insurance and Financial Services Inc., Policyowner Services, 1080 Grande Allée W., PO Box 1907, Stn Terminus, Quebec City, Quebec G1K 7M3
Toronto: Industrial Alliance Insurance and Financial Services Inc., Toronto Service Centre, Policyowner Services, 26 Wellington Street East, Suite 600, Toronto, Ontario M5E 1S2
Vancouver: Industrial Alliance Insurance and Financial Services Inc., Vancouver Service Centre, Policyowner Services, 988 W. Broadway, Suite 400, PO Box 5900, Vancouver, BC V6B 5H6



**Consent to Disclosure of Individually Identifying Health Information
(Authorized by Section 34 of the Health Information Act)**

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 diagnostic, treatment and care information registration information health services provider information

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Expiry date (if any) _____ of _____ (day) (month) (year)

Client or authorized representative's signature _____
Source of representative's authority (If applicable. Ex.: executor, guardian, etc.) (Refer to section 104(1) of the bill.)

Client or authorized representative's name _____ Witness' signature _____ Witness' name _____

SERVICE CENTRES: Quebec: Industrial Alliance Insurance and Financial Services Inc., Policyowner Services, 1080 Grande Allée W., PO Box 1907, Stn Terminus, Quebec City, Quebec G1K 7M3
Toronto: Industrial Alliance Insurance and Financial Services Inc., Toronto Service Centre, Policyowner Services, 26 Wellington Street East, Suite 600, Toronto, Ontario M5E 1S2
Vancouver: Industrial Alliance Insurance and Financial Services Inc., Vancouver Service Centre, Policyowner Services, 988 W. Broadway, Suite 400, PO Box 5900, Vancouver, BC V6B 5H6