



LIFE  
INSURANCE

Access Life

# F35A

## APPLICATION

A simpler way  
to buy life insurance



F35A(22-05) 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 cheque/pre-authorized debit (PAC/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 cheque/pre-authorized debit (PAC/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 cheque/pre-authorized debit (PAC/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 cheque/pre-authorized debit (PAC/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 cheque/pre-authorized debit (PAC/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

		Step 1	Step 2	Step 3
ACCESS LIFE	Guaranteed Access	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.
<p>* 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.</p>				

### 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](mailto: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](http://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.

### Constitution of a File and Protection of Personal Information

For the purpose of offering you insurance, annuity, credit or other complementary products that may respond to your needs, iA Financial Group will establish a file in which your personal information will be kept.

This file will remain strictly confidential and will be kept in the Company's offices. Only employees or representatives who need this information as part of their duties will have access to this file.

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

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

iA Financial Group may establish a list of its clients for its own commercial prospecting purposes or those of the other companies in its group. However, you are entitled to have your name removed from this list by making a written request to this effect to the Information Access Officer at the address indicated above.

**Detach and submit to client**



**POLICY NO.**

**Application No.**

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**Proposed Insured**

**1 Full name**

Last name	First name	Middle name

**2 Address**

No.	Street	Apartment	PO Box
City	Province	Postal code	

**3 Date of birth**

Date of birth Y Y Y Y M M D D	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last name at birth (if applicable)	Relationship to applicant	Social Insurance Number

At issue, the policy will be established based on the insured's age as of his or her nearest birthday.

**4 Contact information**

Home phone no.	Work phone no.	Extension	Email address

**Tobacco use**

When was the last time you used tobacco in any form (including cigarettes, cigars, cigarillos, marijuana/cannabis mixed with tobacco, electronic cigarettes, gum, patches, chewing tobacco or snuff, betel nuts, shisha, hookah / water pipe, etc.)?

<input type="checkbox"/> Never <input type="checkbox"/> In the past year, specify → <input type="checkbox"/> Between 1 and 3 years ago <input type="checkbox"/> Between 3 and 5 years ago <input type="checkbox"/> More than 5 years ago	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigarillos <input type="checkbox"/> Electronic cigarettes <input type="checkbox"/> Other tobacco or nicotine products (chewing tobacco or snuff, betel nuts, shisha, hookah / water pipe, etc.)	<input type="checkbox"/> Cigars, specify how many cigars you have smoked in the past 12 months: _____ <input type="checkbox"/> Marijuana/cannabis mixed with tobacco <input type="checkbox"/> Gum or nicotine patches
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**SMOKER RATE**

**Applicant (Complete if other than proposed insured)**

**1 Full name**

Last name	First name	Middle name

**2 Address**

No.	Street	Apartment	PO Box
City	Province	Postal code	

**3 Date of birth**

Date of birth Y Y Y Y M M D D	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Insurance Number

**4 Contact information**

Home phone no.	Work phone no.	Extension	Email address

**5 Contingent policyowner**

Last name	First name



**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><b>Contingent beneficiary 1</b></p> <p><input type="checkbox"/> M <input type="checkbox"/> F      Sex <input type="checkbox"/> M <input type="checkbox"/> F      <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:300px;" type="text"/></p>	<p><b>Contingent beneficiary 2</b></p> <p><input type="checkbox"/> M <input type="checkbox"/> F      Sex <input type="checkbox"/> M <input type="checkbox"/> F      <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:300px;" 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><b>Contingent beneficiary 1</b></p> <p><input type="checkbox"/> M <input type="checkbox"/> F      Sex <input type="checkbox"/> M <input type="checkbox"/> F      <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:300px;" type="text"/></p>	<p><b>Contingent beneficiary 2</b></p> <p><input type="checkbox"/> M <input type="checkbox"/> F      Sex <input type="checkbox"/> M <input type="checkbox"/> F      <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:300px;" 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:150px;" type="text"/>	Face amount <input style="width:150px;" type="text"/> \$	Year of issue <input style="width:100px;" 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) <b>Within the last five (5) years</b> , 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) <b>Within the last twelve (12) months</b> , has your weight decreased by 10% or more (excluding after a diet or childbirth)?	<input type="checkbox"/>	<input type="checkbox"/>
3) <b>Within the next two (2) years:</b>		
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: <a href="https://travel.gc.ca/travelling/advisories">https://travel.gc.ca/travelling/advisories</a></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) <b>Family history:</b>		
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. <b>For individuals less than 3 years of age</b> , 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 <sup>†</sup>	Step 1	Step 2	Step 3
		Deferred	Deferred Plus	Immediate Plus
Permanent (L100)	V100 \$ <input type="text"/>	V100 \$ <input type="text"/>	V100 \$ <input type="text"/>	V100 \$ <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"/>

<sup>†</sup> 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**

<p><b>PREMIUM</b></p> <p>Total Premium \$ <input style="width: 100px;" type="text"/></p> <p>Premium paid (deposit) \$ <input style="width: 100px;" type="text"/></p>	<p><b>A DEPOSIT IS MANDATORY.</b></p> <p><input type="checkbox"/> Deposit by PAC/PAD</p> <p><input type="checkbox"/> Deposit by cheque</p>	<p><b>FREQUENCY OF SUBSEQUENT PAYMENTS:</b></p> <p><input type="checkbox"/> Monthly (PAC/PAD, please complete pages 17 and 18)</p> <p><input type="checkbox"/> Annual (cheque, deposit and payment)</p>
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**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.

In addition, iA Financial Group, its affiliates and their agents can access information about us to know us better, better meet our needs and offer the best possible service and client experience. (If you do not wish to allow this access, please send a written request to: iA Financial Group, Policyowner Services, 1080 Grande Allée West, PO Box 1907, Station Terminus, Quebec City, QC G1K 7M3).

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.

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 \_\_\_\_\_

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

Last and first name (write legibly) _____	Last and first name (write legibly) _____	Last and first name (write legibly) _____
Signature _____	Signature _____	Signature _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**⚠ 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 \_\_\_\_\_

**Witness (if applicable)**  
Last and first name (write legibly) \_\_\_\_\_

Signature \_\_\_\_\_

**Agent**  
Last and first name (write legibly) \_\_\_\_\_

Signature \_\_\_\_\_





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

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

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

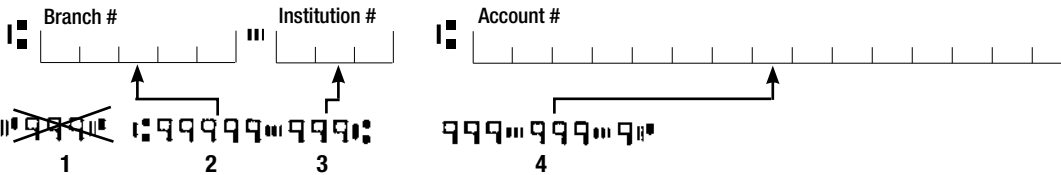
**General Information**

Name of applicant(s): \_\_\_\_\_

**1 Banking Information – Attach a personalized void cheque; if a void cheque is not attached, please complete all the banking information below.**

Name of financial institution: \_\_\_\_\_

Name of account holder(s): \_\_\_\_\_



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

**General Information (Continued)**

**2** Withdrawal Arrangement: Variable

PAC/PAD category:  Personal  Business (If both boxes are left unchecked, the PAC/PAD category will be considered "Personal".)

**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 confirmation of issue.):

Day: \_\_\_\_\_ (1 to 28)

Issue day (Recommended, in order to avoid two close withdrawals in the client's bank account.)

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

- For a joint account, all required signatories must sign this PAC/PAD Agreement.
- For a company, the PAC/PAD Agreement must be signed by the authorized signatory(ies) and accompanied by a copy of the company's resolution stipulating the authorized signatory(ies).

Date: 

Y	Y	Y	Y	M	M	D	D

 | X | X

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

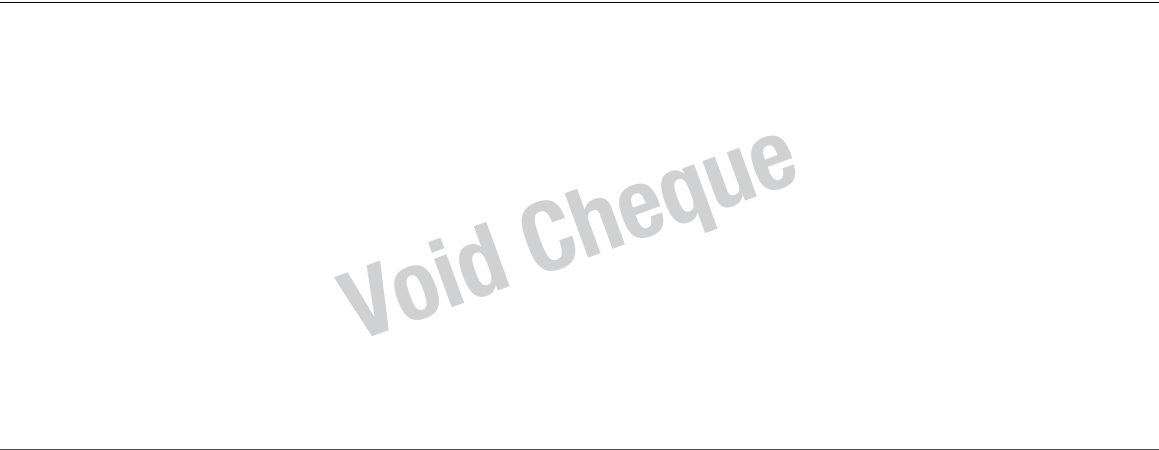
I confirm that I have all the necessary authorizations from the bank account holder (if other than myself) in order to allow Industrial Alliance Insurance and Financial Services Inc. to withdraw the premiums from the bank account.

Date: 

Y	Y	Y	Y	M	M	D	D

 | X | X

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

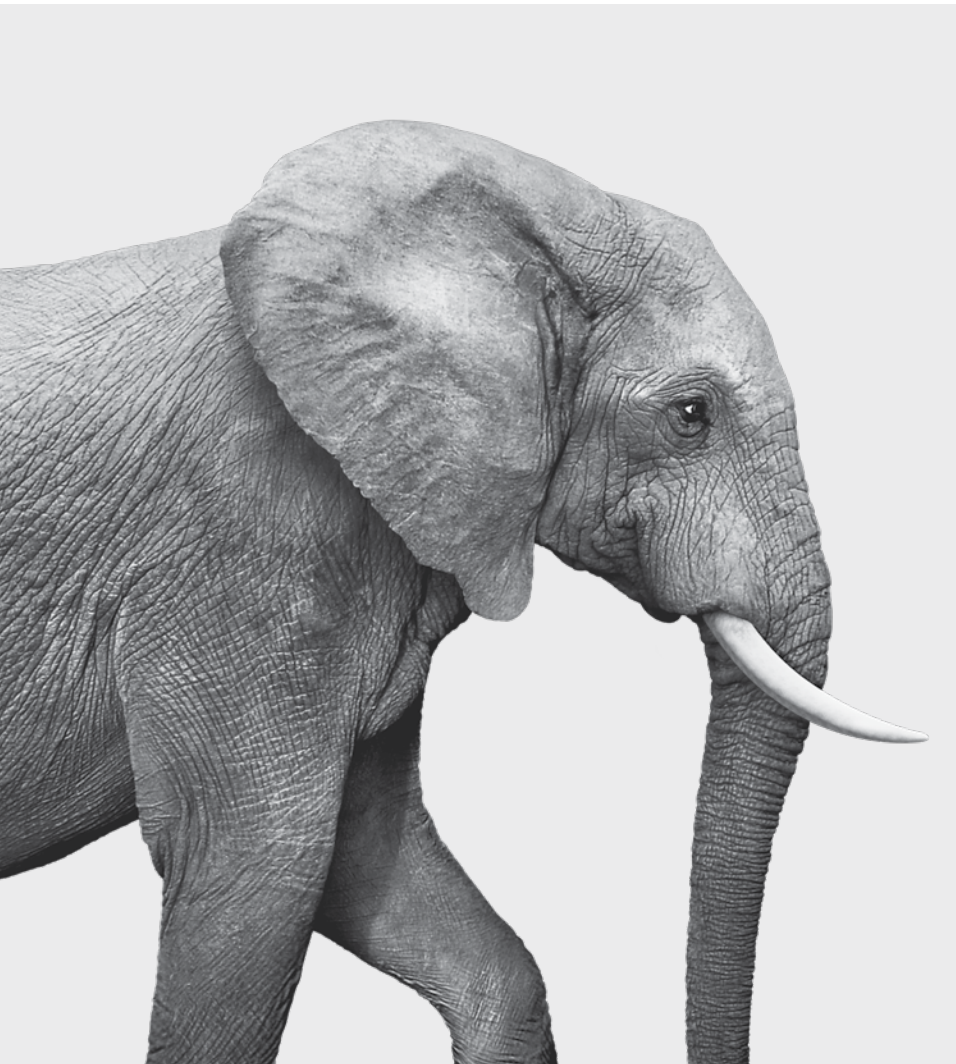


**Service Centre contact information:**

**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  
522 University Avenue, Suite 400, Toronto, ON M5G 1Y7  
Telephone: 1-844-442-4636, Fax: 1-877-780-7231, Email: infolife@ia.ca

**Vancouver:** Industrial Alliance Insurance and Financial Services Inc., Vancouver Service Centre, Policyowner Services  
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



# 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(22-05) / ACC

### Service Centre contact information:

Toll-free: 1-844-4 **iA-INFO** (442-4636) Email: [infolife@ia.ca](mailto: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:

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Insurance and Financial Services Inc.  
Toronto Service Centre

Policyowner Services  
522 University Avenue  
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Toronto ON M5G 1Y7

Fax: 1-877-780-7231

#### Vancouver:

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Vancouver Service Centre

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Vancouver BC V6B 5H6

Fax: 1-844-739-0634

### INVESTED IN YOU.

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

**ia.ca**