

LIFE INSURANCE
ALTERNATIVE

F2A **Application**
Alternative
Permanent products

A partner you can trust.

www.inalco.com

FOR PEOPLE AGE 80 OR YOUNGER

IA  **INDUSTRIAL
ALLIANCE**
INSURANCE AND FINANCIAL SERVICES INC.

PREMIUMS PER \$1,000 OF FACE AMOUNT

Available face amount: \$5,000 to \$50,000 (Less than 25 years old: maximum \$10,000)

CHILDREN

Girl						Boy					
Age	Annual rate (\$)	Age	Annual rate (\$)	Age	Annual rate (\$)	Age	Annual rate (\$)	Age	Annual rate (\$)	Age	Annual rate (\$)
6 months	22.40	5	22.40	10	22.40	6 months	22.40	5	22.40	10	22.40
1	22.40	6	22.40	11	22.41	1	22.40	6	22.40	11	22.42
2	22.40	7	22.40	12	22.42	2	22.40	7	22.40	12	22.44
3	22.40	8	22.40	13	22.43	3	22.40	8	22.40	13	22.46
4	22.40	9	22.40	14	22.44	4	22.40	9	22.40	14	22.48

Add \$60 policy fee.

Multiply the annual premium by 0.09 to obtain the Pre-authorized cheque (PAC) premium.

ADULT

Female									Male								
Age	Annual rate (\$)		Age	Annual rate (\$)		Age	Annual rate (\$)		Age	Annual rate (\$)		Age	Annual rate (\$)		Age	Annual rate (\$)	
	Non-smoker	Smoker		Non-smoker	Smoker		Non-smoker	Smoker		Non-smoker	Smoker		Non-smoker	Smoker		Non-smoker	Smoker
15	22.45	22.60	37	29.73	34.48	59	71.79	84.06	15	22.50	22.80	37	31.90	39.32	59	84.50	108.06
16	22.51	22.71	38	31.03	35.69	60	75.38	88.00	16	22.58	22.91	38	33.43	41.09	60	88.40	113.40
17	22.57	22.82	39	32.39	36.94	61	80.04	92.02	17	22.66	23.02	39	35.03	42.95	61	94.26	119.96
18	22.63	22.93	40	33.80	38.24	62	84.99	96.22	18	22.74	23.13	40	36.70	44.89	62	100.52	126.90
19	22.69	23.04	41	35.29	39.68	63	90.24	100.61	19	22.82	23.24	41	38.40	46.95	63	107.19	134.25
20	22.75	23.15	42	36.84	41.17	64	95.82	105.20	20	22.90	23.35	42	40.17	49.11	64	114.30	142.01
21	22.85	23.37	43	38.47	42.72	65	101.74	110.00	21	23.02	23.67	43	42.03	51.37	65	121.88	150.23
22	22.95	23.58	44	40.16	44.33	66	107.82	116.25	22	23.14	24.00	44	43.98	53.73	66	129.97	160.65
23	23.05	23.80	45	41.93	46.00	67	114.25	122.85	23	23.26	24.33	45	46.01	56.20	67	138.60	171.80
24	23.15	24.03	46	43.45	48.02	68	121.07	129.83	24	23.38	24.66	46	47.90	58.82	68	147.80	183.72
25	23.25	24.25	47	45.02	50.12	69	128.30	137.21	25	23.50	25.00	47	49.86	61.57	69	157.62	196.47
26	23.40	24.96	48	46.66	52.32	70	135.95	145.00	26	23.79	25.77	48	51.90	64.44	70	168.08	210.10
27	23.55	25.69	49	48.35	54.61	71	145.67	154.96	27	24.09	26.56	49	54.03	67.44	71	180.23	225.28
28	23.70	26.44	50	50.10	57.00	72	156.08	165.60	28	24.39	27.38	50	56.24	70.59	72	193.25	241.57
29	23.85	27.21	51	51.78	59.39	73	167.24	176.98	29	24.69	28.22	51	58.85	73.96	73	207.22	259.03
30	24.00	28.00	52	53.51	61.88	74	179.20	189.13	30	25.00	29.09	52	61.58	77.48	74	222.20	277.75
31	24.63	28.79	53	55.30	64.48	75	192.01	202.12	31	25.76	30.36	53	64.43	81.18	75	238.26	297.82
32	25.27	29.60	54	57.15	67.18	76	205.46	216.28	32	26.55	31.68	54	67.42	85.05	76	251.70	314.63
33	25.93	30.44	55	59.06	70.00	77	219.85	231.42	33	27.36	33.05	55	70.55	89.11	77	265.90	332.38
34	26.61	31.30	56	62.01	73.28	78	235.24	247.63	34	28.20	34.49	56	73.81	93.51	78	280.91	351.13
35	27.30	32.18	57	65.12	76.71	79	251.72	264.97	35	29.06	35.99	57	77.21	98.13	79	296.76	370.95
36	28.49	33.31	58	68.37	80.30	80	269.35	283.53	36	30.45	37.62	58	80.77	102.98	80	313.50	391.88

Add \$60 policy fee.

Multiply the annual premium by 0.09 to obtain the Pre-authorized cheque (PAC) premium.

ALTERNATIVE < Payable in 20 years

PREMIUMS PER \$1,000 OF FACE AMOUNT

Available face amount: \$5,000 to \$50,000 (Less than 25 years old: maximum \$10,000)

CHILDREN

Girl								Boy							
Age	Annual rate (\$)	Surrender value after 10 years (\$)	Paid-up insurance after 10 years (\$)	Age	Annual rate (\$)	Surrender value after 10 years (\$)	Paid-up insurance after 10 years (\$)	Age	Annual rate (\$)	Surrender value after 10 years (\$)	Paid-up insurance after 10 years (\$)	Age	Annual rate (\$)	Surrender value after 10 years (\$)	Paid-up insurance after 10 years (\$)
6 months	24.00	21	310	8	24.00	21	241	6 months	24.00	21	310	8	24.00	21	241
1	24.00	21	299	9	24.00	21	232	1	24.00	21	299	9	24.00	21	232
2	24.00	21	288	10	24.00	21	234	2	24.00	21	288	10	24.00	21	234
3	24.00	21	277	11	24.05	21	225	3	24.00	21	277	11	24.10	21	225
4	24.00	21	280	12	24.10	21	217	4	24.00	21	280	12	24.20	21	217
5	24.00	21	270	13	24.15	21	209	5	24.00	21	270	13	24.30	21	209
6	24.00	21	260	14	24.20	22	210	6	24.00	21	260	14	24.40	22	210
7	24.00	21	250					7	24.00	21	250				

Add \$60 policy fee.

Multiply the annual premium by 0.09 to obtain the Pre-authorized cheque (PAC) premium.

ADULT

Female										Male									
Age	Annual rate (\$)		Surrender value after 10 years (\$)	Paid-up insurance after 10 years (\$)	Age	Annual rate (\$)		Surrender value after 10 years (\$)	Paid-up insurance after 10 years (\$)	Age	Annual rate (\$)		Surrender value after 10 years (\$)	Paid-up insurance after 10 years (\$)	Age	Annual rate (\$)		Surrender value after 10 years (\$)	Paid-up insurance after 10 years (\$)
	Non-smoker	Smoker				Non-smoker	Smoker				Non-smoker	Smoker				Non-smoker	Smoker		
15	24.25	24.75	22	210	48	42.37	47.35	81	187	15	24.50	25.00	22	210	48	47.14	52.68	81	187
16	24.40	24.89	23	210	49	43.91	49.07	82	184	16	24.65	25.20	23	210	49	49.07	54.84	82	184
17	24.55	25.04	25	218	50	45.50	50.85	83	180	17	24.80	25.40	25	218	50	51.08	57.09	83	180
18	24.70	25.18	26	224	51	47.38	52.95	85	179	18	24.95	25.60	26	224	51	53.45	59.74	85	179
19	24.85	25.32	28	229	52	49.34	55.14	86	176	19	25.10	25.80	28	229	52	55.93	62.51	86	176
20	25.00	25.47	30	234	53	51.38	57.42	87	173	20	25.25	26.00	30	234	53	58.52	65.40	87	173
21	25.09	26.05	31	231	54	53.51	59.80	87	168	21	25.40	26.59	31	231	54	61.23	68.44	87	168
22	25.19	26.63	32	228	55	55.72	62.27	88	165	22	25.55	27.19	32	228	55	64.07	71.61	88	165
23	25.28	27.24	34	225	56	58.26	65.11	89	163	23	25.70	27.80	34	225	56	67.11	75.62	89	163
24	25.38	27.85	35	222	57	60.92	68.08	89	158	24	25.85	28.43	35	222	57	70.30	79.85	89	158
25	25.47	28.48	36	218	58	63.70	71.19	90	156	25	26.00	29.07	36	218	58	73.63	84.32	90	156
26	25.76	28.79	37	214	59	66.61	74.44	90	152	26	26.36	29.47	37	214	59	77.13	89.04	90	152
27	26.04	29.11	39	216	60	69.65	77.84	91	151	27	26.73	29.88	39	216	60	80.79	94.02	91	151
28	26.34	29.44	41	217	61	73.48	82.12	93	151	28	27.10	30.29	41	217	61	85.54	99.37	93	151
29	26.63	29.76	44	217	62	77.52	86.64	95	150	29	27.48	30.71	44	217	62	90.58	105.02	95	150
30	26.93	30.09	46	218	63	81.79	91.40	97	150	30	27.86	31.14	46	218	63	95.91	111.00	97	150
31	27.29	30.50	48	218	64	86.28	96.43	99	150	31	28.40	31.74	48	218	64	101.55	117.31	99	150
32	27.66	30.91	51	217	65	91.03	101.73	101	151	32	28.94	32.34	51	217	65	107.53	123.99	101	151
33	28.03	31.33	53	217	66	96.46	107.80	115	168	33	29.50	32.96	53	217	66	114.99	132.79	115	168
34	28.41	31.75	56	216	67	102.22	114.24	132	189	34	30.06	33.60	56	216	67	122.97	142.22	132	189
35	28.79	32.18	58	215	68	108.32	121.06	153	216	35	30.64	34.24	58	215	68	131.51	152.32	153	216
36	29.50	32.97	60	214	69	114.79	128.29	180	250	36	31.52	35.22	60	214	69	140.63	163.14	180	250
37	30.22	33.78	62	212	70	121.64	135.95	215	293	37	32.42	36.24	62	212	70	150.39	174.72	215	293
38	30.96	34.61	64	211	71	130.34	145.67	261	351	38	33.35	37.28	64	211	71	161.26	186.80	261	351
39	31.72	35.46	66	210	72	139.65	156.08	324	429	39	34.31	38.35	66	210	72	172.91	199.72	324	429
40	32.50	36.33	68	208	73	149.64	167.24	416	543	40	35.29	39.45	68	208	73	185.41	213.52	416	543
41	33.54	37.50	70	206	74	160.34	179.20	557	717	41	36.50	40.80	70	206	74	198.81	228.29	557	717
42	34.62	38.70	72	205	75	171.80	192.01	787	1000	42	37.76	42.20	72	205	75	213.18	244.07	787	1000
43	35.74	39.94	73	200	76	183.83	205.46	801	1000	43	39.06	43.65	73	200	76	225.21	264.01	801	1000
44	36.88	41.23	75	199	77	196.71	219.85	815	1000	44	40.40	45.15	75	199	77	237.91	285.58	815	1000
45	38.07	42.55	77	197	78	210.48	235.24	829	1000	45	41.79	46.70	77	197	78	251.34	308.92	829	1000
46	39.45	44.09	78	193	79	225.23	251.72	841	1000	46	43.50	48.61	78	193	79	265.52	334.16	841	1000
47	40.88	45.69	80	191	80	241.00	269.35	853	1000	47	45.28	50.61	80	191	80	280.50	361.46	853	1000

Add \$60 policy fee.

Multiply the annual premium by 0.09 to obtain the Pre-authorized cheque (PAC) premium.



ALTERNATIVE | Permanent Life Insurance

Proposed insured

Policy no. _____

1	Last and first name	Last name _____		First name _____		Initials _____	
2	Address	No. _____ Street _____		Apartment _____		PO Box _____	
		City _____		Province _____		Postal code _____	
3	Date of birth	Date of birth D M Y	Age _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last name at birth (if applicable) _____	Place of birth (province or country) _____	In Canada since _____
						Social Insurance Number _____	
4	Telephone	Home phone no. _____		Work phone no. _____		Extension _____	
						Email address _____	
5	Beneficiary	Last and first name _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth D M Y	% _____	Relationship to proposed insured _____
				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Requested coverage — A maximum of \$150,000 applies to the total Alternative permanent, Alternative term and Perspective in force insurance for the same insured with Industrial Alliance group.

1	Insurance	\$ _____	Minimum: \$5,000 Maximum: \$10,000 (up to age 24) \$50,000 (age 25 and over)	2	Premium	<input type="checkbox"/> Limited pay <input type="checkbox"/> Payable for life <input type="checkbox"/> Level <input type="checkbox"/> Indexed amount (3%) If no instructions are given, face amount will be level and premium payable for life	Total premium \$ _____	Premium paid with application \$ _____
							A deposit is mandatory	
							Mode of payment <input type="checkbox"/> PAC (complete section overleaf) <input type="checkbox"/> Annual	
3	Tobacco use	Have you used any kind of tobacco in the past twelve months, including nicotine or tobacco products (gum, patch, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Non-smoker rate (answer the following question) Have you ever used tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you quit? M Y						

Applicant (Complete if other than proposed insured.)

1	Last and first name	Last name _____		First name _____		Initials _____	
2	Address	No. _____ Street _____		Apartment _____		PO Box _____	
		City _____		Province _____		Postal code _____	
3	Date of birth	Date of birth D M Y	Age _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to proposed insured _____		
4	Telephone	Home phone no. _____		Work phone no. _____		Extension _____	
						Email address _____	
5	Contingent policyowner	_____					

Agent

1	Last and first name	Code	S.U.	Agency	Code
	OGDEN.	021822		DAYSTAR.	

Special instructions

Declaration of the proposed insured

We, the proposed insured and the applicant, declare that:

- The proposed insurance does not totally or partially replace another insurance policy presently in force;
- The proposed insured is currently capable of carrying out by himself/herself any basic activities of daily living such as: getting up, walking, washing, dressing, eating and is not suffering from incontinence;
- The proposed insured is not under guardianship;
- The proposed insured child is capable of carrying out by himself/herself all basic activities of daily living according to his (her) age;
- The proposed insured is not currently admitted to a hospital, clinic or extended-care facility OR a resident of a health establishment such as a nursing home OR a residential care centre OR a resident of a home for individuals with reduced physical or mental autonomy;

- The proposed insured is not currently being tested for and has not been diagnosed with, informed of or treated for any type of cancer during the past 3 years;
- The proposed insured has not been informed that he/she has tested positive for the human immune deficiency virus (HIV);
- The proposed insured does not have Acquired Immune Deficiency Syndrome (AIDS) or any AIDS-related disease;
- In the last six months, the proposed insured has not used drugs such as opium, heroin, morphine, codeine, Demerol, barbiturates, amphetamines, cocaine, hallucinogens and anabolic steroids, other than as prescribed by a doctor, or methadone as prescribed or not by a doctor.
- We understand that if death, other than accidental, occurs within the first two (2) years the contract is in force, the death benefit paid will be an amount equal to all premiums paid, plus 5% interest.

The Company reserves the right to make an evaluation based on criteria other than those mentioned above.

Signatures

We, the proposed insured and the applicant, declare that all answers and explanations given in this application, or in any other questionnaire in connection herewith, are true and complete.

We agree that the insurance takes effect as of the acceptance of the application by the Company 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 the application.

We hereby authorize any health care professional as well as any other public or private health or social service establishment, any insurance company, the Medical Information Bureau, financial institutions, personal information agents or detective agencies and any public body holding information concerning ourselves or our family, particularly medical information, to supply this information to INDUSTRIAL ALLIANCE and its reinsurers for the risk assessment or the investigation necessary for the study of any claim.

We also authorize our insurer, or its reinsurers, to exchange the personal information contained in this application with other insurers, or financial institutions, and to inquire of them for the appraisal of the risk or in the event of a claim.

In case of death or disability, the beneficiary, the heir or the liquidator of my estate, is expressly authorized to supply INDUSTRIAL ALLIANCE, when required by the latter, with all information and authorizations necessary to study the death benefit and obtain the required justifications.

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 insurance products and may receive other compensation such as bonuses, invitations to conferences or other incentives; and any conflicts of interest that he may have with respect to this transaction.

We agree that a photocopy of this authorization shall be as valid as the original.

Signed at _____ this _____ day of _____ 20____

Proposed insured

Applicant

Agent

X

X

X

Disclosure notice

The transaction to which this application applies concerns the policyholder and Industrial Alliance Insurance and Financial Services Inc. The licensed representative who submits this application represents Industrial Alliance and will receive compensa-

tion from the Company once the transaction is completed. This application includes no other condition which obligates the policyholder to conduct other business with the representative, Industrial Alliance or any other organization.

Pre-Authorized Cheque Payments (PAC) Agreement

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

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

*Business PAC means a PAC for the payment of goods or services related to a business or commercial activity of the payor.

General information

Name of Policyowner(s): _____

Contract Number: _____

1 Do you already pay by PAC?

- ☐ No → (Complete items 3 and 4 and sign.)
☐ Yes → (Complete items 2 and 4 and sign.)

TO HEAD OFFICE

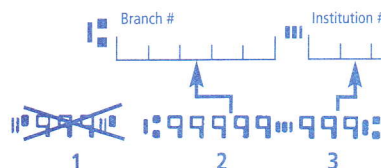
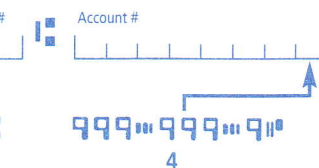
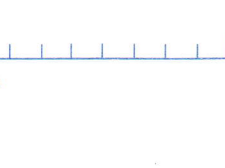
2 Authorization number⁽¹⁾

⁽¹⁾ The authorized signatory(ies) must always be the same as the one(s) that authorized the original transaction for which the authorization number had been issued.

3 Banking Information – Attach specimen cheque; if a specimen cheque is attached, do not complete the banking information.

Name of Financial Institution: _____

Name of Account holder(s): _____

Branch #	Institution #	Account #
		

- 1 This is the cheque number (do not write this number).
- 2 This is the branch number (5 digits).
- 3 This is the financial institution number (3 digits).
- 4 This is the account number. The format may vary from one financial institution to another. Indicate all numbers and only the numbers.

4 Withdrawal Arrangement: Variable

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

Starting ☐ D ☐ M ☐ Y

Day of withdrawal: ☐ Same as existing PAC
☐ Day: _____ (1 to 28)

Amount of PAC: ☐ Minimum premium for contract

Signature (For a joint account, all required signatories must sign this PAC Agreement. For a company, the PAC 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:

X

Account holder's signature

Date:

X

Account holder's signature, if applicable

Contact Information:

Quebec: Industrial Alliance Insurance and Financial Services Inc.
Customer Service Telephone: 418 684-5000
1080 Grande Allée West Toll-free: 1 800 463-6236
PO Box 1907, Station Terminus Fax: 418 684-5208
Quebec, Quebec G1K 7M3 Email: clientele@inalco.com

Toronto: Industrial Alliance Insurance and Financial Services Inc.
Customer Service Telephone: 416 585-8862
522 University Avenue Toll-free: 1 800 242-9751
Toronto, Ontario M5G 1Y7 Fax: 416 204-4777
Email: iat-clientservices@inalco.com