

Name of representative	Email address of representative*	Code	%
Name of representative	Email address of representative*	Code	%
Firm	Email address of firm*	Code	

* If your current email on file has not changed, please leave this field blank.

1 GENERAL INFORMATION (insured)

Last name	Home address no. street apt./condo
First name	City
Email address	Province Postal code
Date of birth Y Y Y M M D D	Home/Cell telephone number Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English
Gender <input type="checkbox"/> F <input type="checkbox"/> M	In Canada always <input type="checkbox"/> or since Y Y Y Y M M D D
Country of birth	

2 POLICYHOLDER (to be completed if other than insured)

Last name	Home address <input type="checkbox"/> Same as the insured no. street apt./condo
First name	City
Date of birth Y Y Y M M D D	Province Postal code
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to insured

3 SUMMARY OF REQUESTED COVERAGES

Coverage	Benefit	Monthly premium	Your premium
1 Disability insurance in case of accident	<input type="checkbox"/> 1 unit \$700/month <input type="checkbox"/> 2 units \$1,400/month	\$7.00 \$14.00	\$
2 Accidental death, dismemberment or loss of use	<input type="checkbox"/> 1 unit \$70,000 <input type="checkbox"/> 2 units \$140,000 <input type="checkbox"/> 3 units \$210,000 <input type="checkbox"/> 4 units \$280,000 <input type="checkbox"/> 5 units \$350,000	\$7.00 \$14.00 \$21.00 \$28.00 \$35.00	\$
3 Accidental fracture	<input type="checkbox"/> 1 unit \$7,000 <input type="checkbox"/> 2 units \$14,000	\$7.00 \$14.00	\$
4 Extended medical care further to an accident	<input type="checkbox"/>	\$7.00	\$
5 Hospital benefit <input type="checkbox"/> in case of accident or <input type="checkbox"/> in case of accident or illness (Eligibility questions required)	<input type="checkbox"/> 1 unit \$70/day <input type="checkbox"/> 2 units \$140/day <input type="checkbox"/> 3 units \$210/day <input type="checkbox"/> 4 units \$280/day <input type="checkbox"/> 5 units \$350/day	Refer to the monthly premium calculation table	\$

TOTAL PREMIUM

\$

Payment
 Monthly
 Annual (x 12)

HOSPITAL BENEFIT – MONTHLY PREMIUM CALCULATION TABLE

Coverage	Age of insured	1 unit	2 units	3 units	4 units	5 units
Accident	0 – 74 years	\$7	\$14	\$21	\$28	\$35
	6 months – 24 years	\$28	\$56	\$84	\$112	\$140
Accident or illness	25 – 34 years	\$35	\$70	\$105	\$140	\$175
	35 – 44 years	\$42	\$84	\$126	\$168	\$210
	45 – 54 years	\$49	\$98	\$147	\$196	\$245
	55 – 64 years	\$60	\$120	\$180	\$240	\$300
	65 – 74 years	\$84	\$168	\$252	\$336	\$420

3.1 ELIGIBILITY QUESTIONS (hospital benefit in case of accident or illness only)

1. In your lifetime, have you been diagnosed and/or treated for acquired immunodeficiency syndrome (AIDS) or tested positive for the human immunodeficiency virus (HIV)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Within the last five (5) years, have you had or been treated for lymphoma, leukemia, malignant tumour or any other form of cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Within the last three (3) years:		
a) Have you been diagnosed and/or treated with anticoagulants for any of the following conditions: heart attack (myocardial infarct), angina, heart failure, heart valve disease, cerebrovascular disease (stroke) or transient ischemic attack (TIA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have you been diagnosed with and/or treated for muscular dystrophy or any chronic neurodegenerative disease (multiple sclerosis, Parkinson's disease or Huntington's chorea, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Have you been hospitalized for depression or any other mental health disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Within the last twelve (12) months, have you been hospitalized or have you had any surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Presently, are you awaiting hospitalization or surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. For individuals less than 18 years of age, have you been diagnosed with and/or treated for type 1 diabetes, any congenital disease or cystic fibrosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered **NO** to all questions, you are eligible for hospital benefit in case of accident or illness. Otherwise, you are eligible for hospital benefit in case of accident only.

4 BENEFICIARY (for AD&D and hospital benefit coverages, in the event of death only)

Last name	First name	Gender	Distribution	Status	Relationship to insured
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="text"/> %	Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="text"/> %	Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/>	<input type="text"/>

*A beneficiary is always revocable unless designated specifically as irrevocable, with one exception: where Quebec's Civil Code applies, a beneficiary who is married to or in a civil union with the insured is always irrevocable unless designated specifically as revocable.

5 METHOD OF PAYMENT

I hereby authorize **Industrial Alliance Insurance and Financial Services Inc. ("iA Financial Group")** to draw monthly payments from my bank account at my financial institution for the purpose of paying the insurance premium. This authorization concerns pre-authorized debits in the "personal" category. I will receive, at least **ten days** before any change in the date of the debit or in the amount to be debited, a notice to this effect. I will receive a notice in the event of insufficient funds ("NSF"), stop payment or account closed. Note that an administrative fee will apply to any dishonoured payment and will be payable at the same time as the returned amount and at the next regular payment. Please note that the first pre-authorized debit will be adjusted to reflect the actual period between the first premium paid, the effective date of the coverages and the date you chose for the debits. Future debits will correspond to the monthly premium. I may cancel or change this pre-authorized debit agreement at any time, subject to providing iA Financial Group 30 days' notice in writing. I have certain recourse rights if any pre-authorized debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain a sample cancellation or reimbursement form or for more information on my recourse rights, I should contact my financial institution or visit www.payments.ca. For more information, please contact our Customer Service in Montreal at 1-800-465-5818 or by email at livingbenefits@ia.ca.

Annual Premium —> By cheque to the order of **iA Financial Group**.

First premium	Subsequent premiums
<input type="checkbox"/> Cheque attached made out to iA Financial Group	<input type="checkbox"/> Pre-authorized debit on the <input type="text"/> of each month (1 st to 28 th)
<input type="checkbox"/> Pre-authorized debit upon receipt of application	If no date is given, premium will be withdrawn on effective date of the contract.

Please enclose a specimen cheque marked "Void" OR provide the name of your financial institution

Transit number (5 digits) Financial institution number (3 digits) Account number (write all digits)

Full name of payor Signature (as it appears on cheques) X Date Y Y Y Y M M D D

6 DECLARATION

I hereby confirm that:

- 1) I am not currently disabled and that I have no permanent physical or mental disability;
- 2) I acknowledge that this insurance will take effect on the date on which the application is received to the Insurer's Montreal office, provided that the application is duly completed and the first premium is honoured;
- 3) if I choose Disability insurance in the event of an accident, I understand that the benefits are payable only for a total disability resulting from hospitalization, fracture, dismemberment, major laceration or major burn;

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

a) POLICYHOLDER – I confirm that I have received the French version of the contract before its signature in English. I request that the contract herein and any other related documentation be drawn up in English.

b) REPRESENTATIVE – I confirm that I have provided my clients, who live in Quebec, with a copy of the contract in French before its signature in English.

Signed at Date Y Y Y Y M M D D

X X X

Signature of insured Signature of policyholder (if other than insured) Signature of representative

PERSONAL INFORMATION CONSENTS

Your personal information is important.

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

Protecting your personal information is important to us.

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

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

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

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

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

I agree I decline

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

I agree I decline

You may review your choices at any time.

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

Last name: _____ First name: _____

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

We want to inform you.

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

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

We are committed to sharing only necessary information.

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

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- 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.

PRIVACY NOTICE

1. Your personal information is precious

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

2. What we are doing to protect your personal information

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

2.1 We operate on the basis of 4 important principles

The following principles govern how we ensure your privacy:

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

2.2 We only collect personal information that is necessary

From whom do we collect your personal information

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

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

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

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

How do we collect your personal information

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

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

What personal information do we collect

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

Here are some examples of personal information we may collect:

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

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

2.3 We collect your personal information for specific purposes

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

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

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

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

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

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

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

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

To whom may we disclose your personal information

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

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

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

We may disclose your personal information outside of Canada

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

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

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

When do we obtain your consent

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

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

When do we not request your consent

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

Here are a few examples:

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

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

2.6 We retain your personal information for a limited time

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

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

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

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

2.7 We respect your privacy rights

Manage your consent preferences

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

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

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

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

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

Accessing, rectifying or deleting your personal information

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

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

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.