

# INFORMATION INTENDED FOR THE CONSUMER

## DISTRIBUTION GUIDE



Name of insurance product

### Advantage XS-F-7

Group Insurance: LIFE  
CRITICAL ILLNESS  
DISABILITY



Offered by:



Through the following distributor:



THE AUTORITÉ DES MARCHÉS FINANCIERS does not express an opinion on the quality of the products offered in this guide. The insurer alone is responsible for any discrepancies between the wording of the guide and the policy.

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INSURER: Industrial Alliance Insurance and Financial Services Inc.

# DISTRIBUTION GUIDE

## Protect the repayment of your loan with life and health insurance

If you have a major health problem, you could find yourself in a difficult financial situation and not be able to repay your loan on the dates required by your financial institution. In the event of death, critical illness or total disability, this insurance coverage can help you repay your loan, in part or in full.

### Your loan can be approved without this insurance coverage

You are not required to obtain this insurance coverage for your financial institution to approve your loan.

### To help you decide if this insurance coverage meets your needs

- 1. This distribution guide explains the benefits of the insurance coverages available to you**
- 2. The dealer must tell you about the benefits but cannot advise you**
  - He must provide you with a copy of this guide, present the different insurance coverages available and any exclusions that may apply.
  - As an insurance distributor, the law does not allow the dealer to advise you (i.e., compare two insurance products and tell you which is best for you). Only an insurance advisor can give you advice.
- 3. A sample *Insurance Application and Certificate of Insurance* is attached to this guide so that you can read it (hereinafter “Certificate”)**

A completed and signed Certificate will be your contract with us if you obtain this coverage.

- This guide presents the essential information contained in the Certificate but does not reproduce the contents in its entirety. You can refer to the attached Certificate to learn more about the available insurance coverage.
- Definitions in the Certificate: Some terms and expressions in this guide are defined at section 1 of the Certificate. Because they are not all reproduced in this guide, please refer to them in the Certificate.

### How can you obtain this insurance coverage for your loan?

1. With your dealer, complete and sign an official version of the Certificate. Your dealer will send it to us as an application for insurance.
2. Some individuals must complete the *Supplemental Health Questionnaire* to apply for insurance. Please read section 3 of this guide or talk to your dealer for more details.
3. A letter from us will inform you whether or not we approve your application for insurance.

## Contact us

<b>For all questions about coverage and exclusions</b>	Eligibility customer service: 1-800-761-4655
<b>For any general questions</b>	1-877-671-9009 or 450-671-9669
<b>For forms and claims</b>	iA Financial Group PO Box 5900, Vancouver BC V6B 5H6 1-800-549-7227 or <a href="http://www.iasal.ca">www.iasal.ca</a>
<b>To cancel your insurance</b>	iA Financial Group 9150 Leduc Blvd, Suite 601, Brossard QC J4Y 0E3 1-855-766-8239 or 450-671-2525 (fax)

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# 1 Nature of the insurance product

The following are the different insurance coverages available to you. You can choose one or several:

1. **Life insurance:** insurance coverage that protects your loan if you die.
2. **Critical illness insurance:** insurance coverage that protects your loan if you have a critical illness.
3. **Total disability insurance:** insurance coverage that protects your loan if you become totally disabled.

You can choose insurance coverage that will protect you for a maximum of 15 years. Remember that the insurance coverages cannot cover an amount greater than the amount of your loan.

# 2 Summary of available insurance coverages

You will only be covered by the insurance coverage(s) selected on the Certificate that you will have signed and that is approved by us. You will no longer be covered once the Certificate terminates or one of the coverages ends.

Exclusions and limitations apply for each insurance coverage, and are explained at section 5 of this guide. To learn which apply to you, or for more information about these coverages, read the Certificate or contact our eligibility line at 1-800-761-4655.

## 2.1 Life insurance

<b>When this insurance coverage applies</b>	When you die.
<b>Benefit payable</b>	We will repay the balance of your loan as at the date of death, directly to the financial institution. However, we do not cover late payments, deferred payments or extra interest fees. If you have chosen the coverage with residual value, we will also pay the present insured residual value.
<b>Duration of insurance coverage</b>	You are covered during your loan for a maximum of 15 years.
<b>Who can be insured (eligibility requirements)</b>	The following five requirements must be met: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> You are the primary borrower (also called “debtor”), a co-borrower or someone who guarantees the primary borrower (also called “co-debtor”).</li><li><input checked="" type="checkbox"/> You are between 18 and 67.</li><li><input checked="" type="checkbox"/> You must have completed our Supplemental Health Questionnaire if we have required it, and we must also have approved your application after reviewing the answers to the questionnaire.</li><li><input checked="" type="checkbox"/> Your loan term must be for no more than 15 years.</li><li><input checked="" type="checkbox"/> You are not obtaining this insurance coverage on behalf of a business, company or association.</li></ul>

## 2.2 Critical illness insurance

<b>When this insurance coverage applies</b>	<p>You are diagnosed with one of the illnesses or conditions below after the Certificate takes effect:</p> <ul style="list-style-type: none"> <li>■ Potentially life-threatening cancer, heart attack, coronary artery bypass surgery, cerebrovascular accident, organ failure requiring a transplant, paralysis.</li> <li>■ Certain criteria and conditions apply: see the exclusions at section 5 of this guide and the complete definition of “critical illness” at section 1 of the Certificate.</li> </ul>
<b>Benefit payable</b>	<p>We will repay the balance of your loan as at the date of the diagnosis, directly to the financial institution.</p> <p>However, we do not cover late payments, deferred payments or extra interest fees.</p>
<b>Duration of insurance coverage</b>	<p>You are covered during your loan for a maximum of 15 years.</p>
<b>Who can be insured (eligibility requirements)</b>	<p>The following six requirements must be met:</p> <ul style="list-style-type: none"> <li>☑ You are the primary borrower (also called “debtor”), a co-borrower or someone who guarantees the primary borrower (also called “co-debtor”).</li> <li>☑ You are between 18 and 67.</li> <li>☑ You were never diagnosed with one of the critical illnesses or conditions listed above after the Certificate takes effect.</li> <li>☑ You must have completed our Supplemental Health Questionnaire if we have required it, and we must also have approved your application after reviewing the answers to the questionnaire.</li> <li>☑ Your loan term must be for no more than 15 years.</li> <li>☑ You are not obtaining this insurance coverage on behalf of a business, company or association.</li> </ul>

## 2.3 Disability insurance

<b>When this insurance coverage applies</b>	<ul style="list-style-type: none"> <li>☑ You have become totally disabled.</li> <li>☑ AND you are totally disabled for at least 30 consecutive days (waiting period).</li> </ul> <p><b>What does “totally disabled” mean?</b></p> <ul style="list-style-type: none"> <li>■ You are totally disabled if you have an illness or injury that prevents you from performing all the duties of your position. The illness or injury must be the only thing that prevents you from working.</li> <li>■ After 12 consecutive months of disability, we will consider that you are still totally disabled if you are unable to perform the duties of a position for which you are or could reasonably be qualified because of your education, training or experience.</li> <li>■ A shortage of work does not constitute total disability and does not entitle you to a benefit.</li> </ul>
<b>Payable benefit</b>	<p>We pay the benefit once a month, directly to the financial institution.</p> <p>The Certificate shows the amount of the benefit.</p> <p>If there are several insureds and you become totally disabled at the same time, we will pay the benefit for only one insured.</p> <p>We do not cover late payments, deferred payments or extra interest fees.</p> <p>Your coverage is in effect until the expiry the certificate.</p>

	<p><b>You are entitled to a maximum of 6 payments per claim in both of the following cases:</b></p> <ul style="list-style-type: none"> <li>■ The total disability is directly or incidentally caused by a mental, nervous or psychiatric illness or condition.</li> <li>■ The total disability is directly or incidentally caused by a neck or back problem, including of the lumbar spine.</li> </ul> <p><b>For the benefit to be payable, you must be under the regular care of one of the following specialists:</b></p> <ul style="list-style-type: none"> <li>■ A duly qualified physician (medical doctor) for the entire period of total disability. We must be satisfied with the care and treatment received.</li> <li>■ A specialist (e.g., psychiatrist, psychologist or neurologist) after 3 months of benefits where the total disability is related to a mental, nervous or psychiatric illness or condition.</li> <li>■ A specialist (e.g., neurologist, neurosurgeon, psychiatrist, orthopedic surgeon or rheumatologist) after 2 months of benefits where the total disability is related to a back or neck problem (including to the lumbar, thoracic or cervical spine).</li> </ul> <p>To determine whether you are totally disabled, we have the right to have you examined by a physician of our choice, as often as we require, on a reasonable basis and at our expense.</p>
<p><b>Start of benefit payments</b></p>	<p><b>You may choose one of the following 2 options on the Certificate:</b></p> <ul style="list-style-type: none"> <li>■ <b>Retroactive benefits option:</b> We will begin to pay benefits once the waiting period has ended and we cover the waiting period retroactively.</li> <li>■ <b>Waiting period option (30 days):</b> We will begin to pay benefits once the waiting period has ended; however, we do not cover the waiting period.</li> </ul>
<p><b>Duration of insurance coverage</b></p>	<ul style="list-style-type: none"> <li>■ The maximum duration of your insurance coverage is 7 years.</li> </ul>
<p><b>End of benefit payments</b></p>	<p>We will stop paying benefits if you are no longer totally disabled, if you do not respect your obligation of receiving care and treatment from a physician, if you fail to provide satisfactory proof that you are totally disabled or if you refuse to submit to a medical exam that is requested of you.</p>
<p><b>Who can be insured (eligibility requirements)</b></p>	<p>The following 7 requirements must be met:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> You are the primary borrower (also called “debtor”), a co-borrower or someone who guarantees the primary borrower (also called “co-debtor”).</li> <li><input checked="" type="checkbox"/> You are between 18 and 65.</li> <li><input checked="" type="checkbox"/> You must have completed our Supplemental Health Questionnaire if we have required it, and we must also have approved your application after reviewing the answers to the questionnaire.</li> <li><input checked="" type="checkbox"/> Your loan term must be for no more than 15 years.</li> <li><input checked="" type="checkbox"/> You can perform the regular duties of your position.</li> <li><input checked="" type="checkbox"/> You must have worked the required number of hours as listed below: <ul style="list-style-type: none"> <li>— If you are gainfully employed, you must have worked at least 23 hours per week over the last 4 weeks (this includes self-employed workers who earn a minimum business income of at least \$9,000 per year after operating expenses).</li> <li>— If you are a paid seasonal worker, you must have worked for 11 consecutive weeks and at least 25 hours per week over the last 12 months.</li> <li>— If you are a seasonal worker who works less than 11 consecutive weeks, you must have paid contributions to the Employment Insurance Account and have worked for the number of hours required to be eligible for Employment Insurance (Canada) benefits (this number varies based on the location of residence and the unemployment rate in the region).</li> </ul> </li> <li><input checked="" type="checkbox"/> You are not obtaining this insurance coverage on behalf of a business, company or association.</li> </ul>

### 3 Requirement for some individuals to complete the Supplemental Health Questionnaire (temporary insurance)

Certain individuals are required to complete the Supplemental Health Questionnaire based on the amount of coverage requested. To determine whether you are required to complete the questionnaire, read the *Declaration of debtor and co-debtor* on the Certificate.

This questionnaire must be provided with the Certificate. Based on the answers provided and the amount requested, we will assess the risk to determine whether we can insure you. If this is the case, you will be entitled to **temporary insurance** for the duration of our assessment. We may ask you to submit to a medical exam or tests, at no cost. The conditions and duration of this temporary insurance are described at section 2 of the Certificate.

We will inform you in writing if your insurance application is approved or denied. Where it is denied:

- We will explain why,
- We will reimburse the entire premium to the financial institution.

### 4 Duration of the Certificate and insurance coverage

#### 4.1 Maximum duration of the Certificate

The duration of the insurance coverage will be indicated at the beginning of the Certificate you will have signed and that we will have approved. The duration cannot exceed 15 years or 7 years, based on the coverage:

Life insurance	15 years
Critical illness insurance	15 years
Disability insurance	7 years

#### 4.2 Effective date of the Certificate

The Certificate takes effect on the date it is signed.

However, where we are required to assess the risk before approving your application for insurance, the Certificate takes effect on the date it is approved in writing. Your application must be assessed in the following cases:

- An insured is required to complete the Supplemental Health Questionnaire and answered YES to one or more questions.
- The insured financed amount + the insured residual value in the case of life insurance coverage are more than \$300,000 for at least one of the insureds.
- The insured financed amount in the case of critical illness insurance coverage is more than \$300,000 for at least one of the insureds.

The effective date of the Certificate is important to determine if some exclusions, featured in Section 5 of this guide, are applicable.

#### 4.3 Termination of the Certificate or an insurance coverage

The Certificate terminates in the following situations:

<b>The Certificate expiry date has been reached</b>	The Certificate terminates in respect of all insureds and all insurance coverages on the date indicated on the Certificate (expiry date).
<b>Your loan has been repaid...</b>	<ul style="list-style-type: none"> <li>■ <b>By you:</b> The Certificate terminates when you repay your loan in full.</li> <li>■ <b>By us:</b> The Certificate terminates where the payment of benefits allows your loan to be repaid in the event of death, illness or disability.</li> </ul>

The following circumstances also result in the termination of the Certificate or one of the insurance coverages:

You terminate the Certificate before the scheduled expiry date	The Certificate terminates when we receive written notice from you. Please read section 6 of this guide for more details.
We have paid the maximum benefits as provided for on the Certificate	If you have several disability coverages with the same insurer, the Certificate provides for a total maximum amount. Therefore, your disability coverage ends when the total of all benefits received reaches the total maximum amount.
We had to reimburse your premium	The Certificate terminates on the date the premium is reimbursed, whether in full or in part.
An insured retires	In disability insurance, insureds lose their coverage on the date they retire from a regular or seasonal position.
An insured turns 72	Coverage terminates on an insured's 72 <sup>nd</sup> birthday. If there are several insureds, the Certificate terminates on the youngest insured's 72 <sup>nd</sup> birthday.
An insured dies	The Certificate terminates upon the death of the insured. If there are several insureds: <ul style="list-style-type: none"> <li>■ For life insurance, the Certificate terminates upon the death of the first insured.</li> <li>■ For other types of insurance, the Certificate terminates upon the death of the last insured.</li> </ul>
The terms of your loan have changed	The Certificate terminates if: <ul style="list-style-type: none"> <li>■ Your loan's repayment period is extended.</li> <li>■ The amount of your loan increases.</li> </ul>
You have failed to respect the terms of your loan agreement	If the financial institution asks you to repay the loan in full, the Certificate terminates on the date it makes the official request. If your vehicle or the accessories on the loan are seized or the subject of legal proceedings, the Certificate terminates on the date the vehicle is seized or on the court date.

For more information refer to section 9 of the Certificate. We do not pay benefits once the Certificate terminates or coverage ends.

## 5 CAUTION: Exclusions

### 5.1 Exclusions related to risky behaviour on your part

We do not pay benefits if the claim directly or indirectly causes one of the following situations:

Self-inflicted injury	Voluntary self-harm.
Suicide	Occurs within the 2 years immediately following the Certificate's effective date.
Drug and substance use	The use of drugs or other substances, except the use of regulated drugs prescribed by and upon the advice of a physician.
Alcohol	Chronic or excessive consumption of alcohol.
Criminal act	Direct or indirect involvement in a criminal act, or any attempt to commit a criminal offence. Please note that operating a motor vehicle with a blood alcohol level of more than 0.08 grams of alcohol per 100 millilitres of blood is a criminal act.

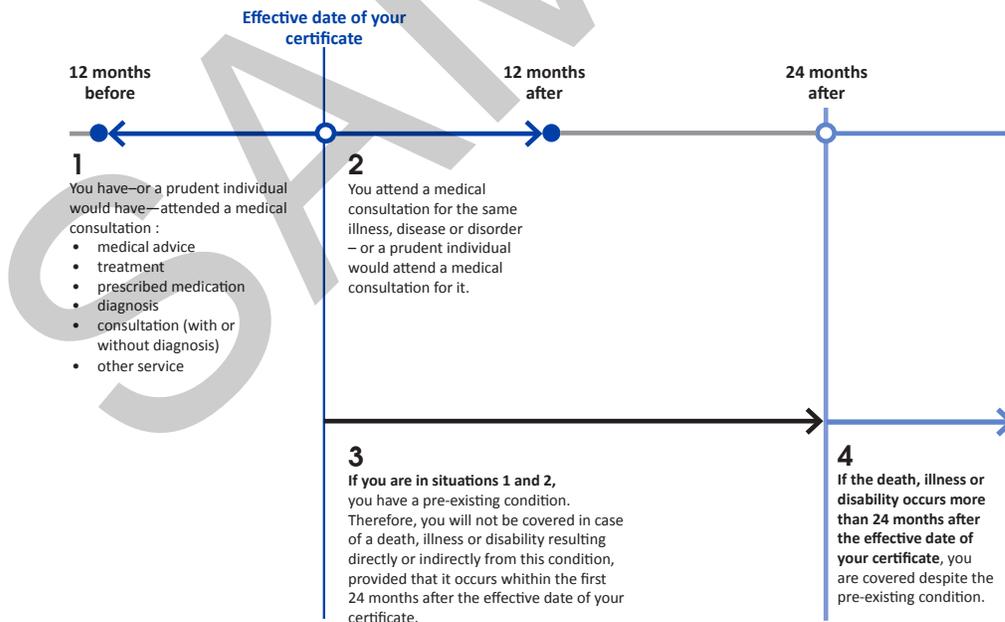
### 5.2 Exclusion related to a pre-existing condition

We do not pay benefits if your death, critical illness or total disability directly or indirectly causes a physical or mental condition that existed 12 months before and 12 months after the Certificate's effective date. The condition can be a mental, nervous or psychiatric illness, condition, or disorder. This is what, in insurance, is called a "pre-existing condition".

We also do not pay benefits if your claim results directly or indirectly from a treatment for a pre-existing condition.

However, you are entitled to benefits despite your pre-existing condition if the critical illness, death or total disability occurs more than 24 months after the Certificate's effective date.

How do you know if you have a pre-existing condition?



### 5.3 Exclusions related to pregnancy and cosmetic surgery

We do not pay benefits if the claim is directly or indirectly caused by one of the following situations:

- A pregnancy, birth or termination of pregnancy.
- Cosmetic or elective surgery (not required by your medical condition).

### 5.4 Exclusions related to war and contamination

We do not pay benefits if the claim is directly or indirectly caused by one of the following situations:

- War or act of war, whether declared or not.
- Nuclear, chemical or biological contamination.

### 5.5 Additional critical illness insurance exclusions

We do not pay critical illness benefits in the following situations:

Death within <b>30 days</b> of diagnosis	<ul style="list-style-type: none"><li>■ No benefits if you die within 30 days of receiving a critical illness diagnosis.</li></ul>
Expected cancers within the <b>first 90 days</b> of the Certificate's effective date	<ul style="list-style-type: none"><li>■ You are not covered for the diagnosed cancer if signs, symptoms or medical problems occur within the first 90 days of the Certificate's effective date.</li><li>■ You are not covered for the diagnosed cancer if investigations leading to the diagnosis take place in the 90 days following the Certificate's effective date.</li><li>■ This exclusion applies even if the cancer is listed among the critical illnesses set out in the Certificate.</li></ul>

We do not pay critical illness benefits for certain types of conditions:

Certain types of cancers	<ul style="list-style-type: none"><li>■ Early prostate cancer diagnosed as T1 N0 M0 or equivalent stage.</li><li>■ Precancerous lesions.</li><li>■ Benign tumours and polyps.</li><li>■ In situ non-invasive cancer, all skin cancers other than malignant melanoma in the dermal layer or deeper.</li><li>■ Any tumour in the presence of Human Immunodeficiency Virus (HIV).</li></ul>
Certain heart attacks	<ul style="list-style-type: none"><li>■ Heart attacks occurring 48 hours after a non-emergency revascularization procedure unless accompanied by new pathological Q waves.</li><li>■ Heart attacks diagnosed using a method other than set out in the Certificate, unless the diagnosis is then confirmed using the method set out in the Certificate (see section 1, paragraph 4(B) of the Certificate).</li></ul>
Certain cases of non-surgical coronary artery bypass	Coronary artery bypass using non-surgical techniques, including: <ul style="list-style-type: none"><li>■ Transluminal angioplasty</li><li>■ Laser embolectomy</li><li>■ Other techniques without bypass</li></ul>
Small cerebrovascular accidents (CVA)	Transient ischemic attacks (TIA)

## 6 Your right to terminate the Certificate

### 6.1 At any time

You can terminate the Certificate at any time. If there are two insureds, you must request termination jointly.

### 6.2 Full reimbursement of the premium within the first 20 days

If you terminate the Certificate within 20 days of the effective date, we will reimburse the full amount of the insurance premium.

### 6.3 Partial reimbursement of the premium after the first 20 days

If you terminate the Certificate after the first 20 days, we will reimburse a portion of the insurance premium.

**Amount of the reimbursement:** The premium refund will be calculated on a pro-rata basis.

### 6.4 Who receives the reimbursed premium?

If the Certificate terminates before the scheduled date for full repayment of your loan and the financial institution financed the payment of the premium:	The premium is reimbursed to the financial institution and will be applied to your loan. For more details, read your loan agreement or contact your financial institution.
If the Certificate terminates because you did not comply with the terms of your loan and the financial institution financed the payment of the premium:	

### 6.5 No premium reimbursement in certain cases

You are not entitled to reimbursement of the premium in the following situations:

- We have already paid a life or critical illness benefit.
- The amount of the reimbursement is less than \$15.

### 6.6 How to terminate the Certificate and request reimbursement of the premium?

You can send *Appendix 2 – Notice of cancellation of a creditor insurance contract*, completed and signed, or a signed letter. If there are two insureds, you must both sign the form or the letter.

You must send us the following documents:

- A copy of the Certificate.
- If you have repaid your loan in full, proof of repayment provided by the financial institution or the dealer.

Or

- You can communicate with us by phone at 1-855-766-8239. Please note that your call will be recorded. If there are 2 insureds, we will need to talk to both.

## 7 Claims for benefits and processing of the claim

### 7.1 When to file your claim?

Life insurance	Once it is reasonably possible to do so.	
Other insurance coverages	Within <b>90 days</b> of a critical illness diagnosis or total disability. Otherwise, your claim may be denied.	If you cannot act within this period, you have up to 2 years to file your claim as quickly as possible. However, you could lose total disability benefits, as we only pay retroactive benefits for a maximum of 90 days. The 90 days are calculated from the date on which we receive the claim.

### 7.2 How to file your claim

1. Complete the claim form. Request a copy of the form from your dealer, from your insurer at 1-800-549-7227, or online at [www.iasal.ca](http://www.iasal.ca)
2. Send the form to the Claims Department (see contact information at page 1 of the guide).
3. Provide all proof requested.

### 7.3 Proof to be provided

We have the right to ask you to provide satisfactory proof of:

- Your date of birth or the date of birth of any other insureds.
- The date of total disability, critical illness or death.
- The circumstances that caused or contributed to the total disability, critical illness or death.

We also have the right to require:

- A detailed description of all treatments received before and after the Certificate's effective date.
- Proof from the financial institution showing the amount not paid, changed or revised.

### 7.4 Processing of your claim

No more than 30 days after receiving all documents and additional information required from you and your physician:

- **If your claim is approved** and you are entitled to a benefit, we will pay it directly to the financial institution.
- **If your claim is denied**, we will provide the reasons in writing.

While we review your claim for benefits, you must continue to repay your loan on the dates required by the financial institution. We do not cover late payments, deferred payments or extra interest fees.

### 7.5 Your right to appeal our decision

If you disagree with our decision regarding your claim, you can contact our Customer Service Department and request a review by the claims manager. If you disagree with the claims manager's review, you can contact the iA Financial Group complaints officer in writing. For more information, consult the Customer Satisfaction and Complaints section of our website at [iasal.ca/complaints](http://iasal.ca/complaints). You can also contact the Autorité des marchés financiers or your legal advisor at any time.

## 8 Similar insurance products on the market

There are other insurance products on the market that include coverages similar to those described in this distribution guide. Check to see whether you already have insurance that offers the same coverages as those described in this guide.

## 9 Autorité des marchés financiers

For more information about the insurer's and the distributor's obligations, you can contact:

### L'Autorité des marchés financiers

2640 Laurier Boulevard, Suite 400

Quebec City, QC G1V 5C1

Telephone: 1-877-525-0337/Quebec City: 418-525-0337/Montreal: 514-395-0337

Fax: 418 525-9512

Website: [www.lautorite.qc.ca](http://www.lautorite.qc.ca)

## Appendix 1 – Application of insurance and Certificate of insurance



### ADVANTAGE

Insurance Application and/or Certificate of Insurance

**INSURER:** Industrial Alliance Insurance and Financial Services Inc.

**PRIVACY NOTICE:** We will collect and retain all personal information concerning your insurance and claims. The information will be used for purposes of underwriting, marketing, administration and cancellation of your Certificate and investigation of claims. We will only access your file on a need to know basis and it will be kept at our secure location. It can be reviewed and/or rectified by written request. iA Financial Group, its affiliates and their agents may use and share your personal information with each other so that you can benefit from personalized offers and improved products and services. If you do not wish your information to be shared within the iA Financial Group, please contact the insurer.

REQUESTED EFFECTIVE DATE OF INSURANCE DD/MM/YYYY	PLAN <b>XS-F-7</b>	CERTIFICATE NO.
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#### GENERAL INFORMATION

GROUP POLICYHOLDER (RETAILER)		RETAILER NO.	SOFTWARE COMPANY	
STOCK NO.	VEHICLE IDENTIFICATION NO.			
DEBTOR SURNAME		FIRST NAME		GENDER <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH DD/MM/YYYY				
<b>ONE PERSON ONLY</b>				
APT.	STREET ADDRESS		CITY	PROVINCE POSTAL CODE
TAX EXEMPT - IF APPLICABLE, PROVIDE PROOF OF STATUS <input type="checkbox"/> STATUS CARD NO.:		TELEPHONE	EMAIL	
CO-DEBTOR SURNAME		FIRST NAME		GENDER <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH DD/MM/YYYY				
<b>ONE PERSON ONLY (MAY BE INSURED EVEN IF DEBTOR IS NOT INSURED)</b>				
APT.	STREET ADDRESS		CITY	PROVINCE POSTAL CODE
TAX EXEMPT - IF APPLICABLE, PROVIDE PROOF OF STATUS <input type="checkbox"/> STATUS CARD NO.:		TELEPHONE	EMAIL	

#### FINANCING INFORMATION

<input type="checkbox"/> PURCHASE				<input type="checkbox"/> LEASE		<input type="checkbox"/> OTHER: _____	
FINANCIAL INSTITUTION NAME							
STREET ADDRESS		CITY		PROVINCE		POSTAL CODE	
FIRST PAYMENT DATE DD/MM/YYYY	FINANCE TERM IN MONTHS		AMORTIZATION TERM IN MONTHS		INTEREST RATE		
MONTHLY PAYMENT	MAXIMUM: 180 MONTHS FINANCED AMOUNT		MAXIMUM: 180 MONTHS TOTAL AMOUNT OF LOAN INSURED		RESIDUAL VALUE (IF APPLICABLE)		
EXCLUDING INSURANCE	EXCLUDING INSURANCE		INCLUDING INSURANCE, INTEREST AND APPLICABLE TAXES		INCLUDING SALES TAX, IF APPLICABLE		

#### LIFE INSURANCE

INSURED:		<input type="checkbox"/> Debtor		<input type="checkbox"/> Co-Debtor		<input type="checkbox"/> Both		INSURANCE TERM		EXPIRY DATE OF INSURANCE	
		DEBTOR INITIALS		CO-DEBTOR INITIALS		MONTHS		DD/MM/YYYY			
<input type="checkbox"/> LIFE INSURANCE											
INSURED FINANCED AMOUNT			INSURED RESIDUAL VALUE			INSURANCE PREMIUM			RESIDUAL INSURANCE PREMIUM		
EXCLUDING INTEREST			IF APPLICABLE			IF APPLICABLE			IF APPLICABLE		

Aggregate maximum (Insured Financed Amount plus Insured Residual Value): \$1,000,000 (ages 18-55), \$200,000 (ages 56-67).  
Maximum Insurance term: 180 months. Minimum Insurance Premium (including residual Insurance Term): \$75

#### CRITICAL ILLNESS (CI) INSURANCE

INSURED:		<input type="checkbox"/> Debtor		<input type="checkbox"/> Co-Debtor		<input type="checkbox"/> Both		INSURANCE TERM		EXPIRY DATE OF INSURANCE	
		DEBTOR INITIALS		CO-DEBTOR INITIALS		MONTHS		DD/MM/YYYY			
<input type="checkbox"/> CI INSURANCE											
INSURED FINANCED AMOUNT			INSURANCE PREMIUM								
EXCLUDING INTEREST											

Aggregate maximum (Insured Financed Amount): \$500,000 (ages 18-55), \$200,000 (ages 56-67).  
Maximum Insurance term: 180 months. Minimum Insurance Premium: \$75

#### DISABILITY INSURANCE

INSURED:		<input type="checkbox"/> Debtor		<input type="checkbox"/> Co-Debtor		<input type="checkbox"/> Both		INSURANCE TERM		EXPIRY DATE OF INSURANCE	
		DEBTOR INITIALS		CO-DEBTOR INITIALS		MONTHS		DD/MM/YYYY			
WAITING PERIOD		DAYS		SELECT <b>ONE</b> OPTION:				<input type="checkbox"/> ELIMINATION		<input type="checkbox"/> RETROACTIVE	
								The Insurance <b>DOES NOT</b> cover the Waiting Period		The Insurance <b>DOES</b> cover the Waiting Period	
<input type="checkbox"/> FULL TERM INSURANCE											
		DEBTOR INITIALS		CO-DEBTOR INITIALS		INSURED MONTHLY PAYMENT			INSURANCE PREMIUM		
						INCLUDING INSURANCE, INTEREST AND APPLICABLE TAXES					

Maximum Amount of Insurance (Insured Monthly Payment): \$5,000/month (ages 18-65). Aggregate Maximum: \$500,000  
Maximum Insurance term: 84 months. Minimum Insurance Premium: \$75

<b>WAIVER</b>								TOTAL INSURANCE PREMIUM	
I certify that I have been given the opportunity to become insured under the present Certificate and that after careful consideration, I have decided that I do not wish to apply.									
<b>DEBTOR:</b> I decline the		<input type="checkbox"/> LIFE INSURANCE		<input type="checkbox"/> CI INSURANCE		<input type="checkbox"/> DISABILITY INSURANCE		SALES TAX	
<b>CO-DEBTOR:</b> I decline the		<input type="checkbox"/> LIFE INSURANCE		<input type="checkbox"/> CI INSURANCE		<input type="checkbox"/> DISABILITY INSURANCE		IF APPLICABLE	
		DEBTOR INITIALS		CO-DEBTOR INITIALS					

If this Certificate is financed by Ford Credit or Ford Credit associates, and:  
 • you have selected Life and/or CI Insurance: you must insure your Total Financial Obligation for the entire finance/lease term.  
 • you have selected Disability Insurance: your Insured Monthly Payment must equal your Monthly Payment and your Insurance Term must equal your finance/lease term.

This Certificate will not be issued if your Total Financial Obligation and/or Monthly Payment to Ford Credit exceeds the Maximum Amount of Insurance and/or Maximum Insured Monthly Payment, or if your finance/lease term exceeds the Maximum Insurance Term listed on this Certificate.

TOTAL COST	
X _____	X _____
DEBTOR	CO-DEBTOR
DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)

## STATEMENT BY DEBTOR AND CO-DEBTOR

I understand that I must complete a Supplemental Health Questionnaire (SHQ) if:

- a) For Life, the sum of my Financed Amount plus Insured Residual Value exceeds \$200,000 (ages 18-59) or \$125,000 (ages 60-67); AND/OR
- b) For CI, the sum of my Financed Amount exceeds \$200,000 (ages 18-59) or \$125,000 (ages 60-67); OR
- c) For Disability, my Monthly Payment exceeds \$2,500 (ages 18-59) or \$1,000 (age 60-65).

Further, this Application will be underwritten and will require the Insurer's written approval to be in effect if:

- I answer YES to any of the Health Questions; OR
- the sum of my Financed Amount plus Insured Residual Value for Life exceeds \$300,000; OR
- the sum of my Financed Amount for CI exceeds \$300,000.

The Insurer may request a medical examination or tests and any cost for these will be paid for by the Insurer. Applications that are subject to the SHQ may be declined by the Insurer via written notification by regular mail to the address shown on this Application. Any premiums paid will be refunded to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different).

### ELIGIBILITY REQUIREMENTS, LIMITATIONS AND EXCLUSIONS

**Please read the following and sign below. It is important that you determine whether you are eligible to purchase this insurance.**

You are eligible:

- If the maximum Amortization Term of your loan does not exceed 180 months.
- If you have selected Life or CI Insurance, you confirm that you are at least 18 but not yet 68 years of age.
- If you have selected CI Insurance, you confirm that you have not had a CI (as defined below) prior to the Effective Date of Insurance.
- If you have selected Disability Insurance, you confirm that you are at least 18 but not yet 66 years of age.
- If you have selected Disability Insurance, you confirm that you are:
  - able to perform the usual duties of your occupation; AND
  - gainfully employed, and have been working at least 23 hours per week for the past 4 weeks (also applicable to self-employed individuals who have an annual business income after operating costs of at least \$9,000); OR
  - gainfully employed Seasonally, (i) at least 11 consecutive weeks, for 25 hours per week during the past 12 months; or

(ii) having contributed to the Employment Insurance Account and having worked for the required number of hours (based on location and regional employment rate) to be eligible to collect benefits under the *Employment Insurance Act* (Canada).

I confirm that I have read the above and understand that no insurance coverage will be available in part or at all if I do not meet the applicable Eligibility Requirements. I also confirm that the information given above and on page 1 is correct and understand that any incorrect answer or misrepresentation may render this Certificate void.

I understand that any claims arising from, or caused or contributed to by PRE-EXISTING CONDITIONS, as described on page 3, will not be covered if such event occurs within 24 months of the Effective Date of Insurance.

I understand that the Insurance payable under this Certificate is subject to all terms and conditions including Limitations and Exclusions as described herein.

I HAVE BEEN ADVISED TO READ THIS CERTIFICATE IN FULL (PAGES 1-4) AND UNDERSTAND THAT COVERAGE IS VOLUNTARY AND PURCHASE OF THIS CERTIFICATE IS NOT REQUIRED IN ORDER TO

OBTAIN FINANCING. I HAVE READ THE "PRIVACY NOTICE" AND "STATEMENT BY DEBTOR AND CO-DEBTOR" AND CONSENT TO USE AND DISCLOSURE OF MY PERSONAL INFORMATION.

I understand that it is my responsibility to inform the Administrator of any changes relating to my personal information previously provided including my name, address, phone number and e-mail address. Failure to do so may result in delays in processing my requests.

I am aware that no party is authorized to waive or modify the terms of this Certificate and the Group Policyholder is not an agent of the Insurer. I am aware of the Money Back Guarantee on page 4.

I require that the Certificate herein and any other related documentation to be drawn up in English. Je demande que le présent Certificat et les documents qui s'y rattachent soient rédigés en anglais.

Distribution Guide - I hereby acknowledge having received the Distribution Guide.

If you would like another copy of the Distribution Guide, please contact our Administration centre at 1-877-671-9009.

**Please be aware this Certificate excludes coverage for certain pre-existing conditions. We urge you to review the definition of Pre-existing Condition provided on page 3. For questions regarding Pre-existing Conditions, eligibility, limitations and exclusions, call 1-800-761-4655. For all other inquiries, please see the number contained on page 3.**

X DEBTOR	X CO-DEBTOR
DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)

"We", "us" or "our" means the Insurer. "You" or "your" means the Insured or Applicant. Words used in this Certificate that have an initial capital letter have the defined meaning or value as set out below or on page 1 of this Certificate. All of the terms governing coverage are set out in this Certificate. In consideration of our receipt of the applicable Total Cost (and if applicable, upon our approval), we insure you for only the Insurance detailed in your Certificate. If there is no premium indicated or the premium is zero, then you are not insured for that type of Insurance. Your coverage will begin on the Effective Date of Insurance as defined below. Any amounts payable under this Certificate will be paid to the Financial Institution (and the finance source that financed the Total Cost of the premium, if different), if named, to reduce your financial obligation under the Financed Amount. Your Certificate is not assignable.

#### SECTION 1 - DEFINITIONS

1. "Applicant" means the Debtor and/or Co-Debtor named on this Application, that:
  - a) are debtor(s) under the Financed Amount; and
  - b) satisfy the Eligibility Requirements; and
  - c) are subject to the Supplemental Health Questionnaire (SHQ); and
  - d) have paid the applicable premium for the insurance coverage selected on the Application.

Upon approval of coverage, the Applicant becomes the Insured.
2. "Certificate of Insurance" or "Certificate" means this Application, the SHQ (if applicable) plus any additional documents regarding your coverage issued to you by the Insurer and forms your contract of insurance.
3. "Critical Illness" or "CI" means Diagnosis of any of the following Covered Conditions which occur directly as a result of illness, and first occur after the Effective Date of Insurance:
  - (A) Life-Threatening Cancer: The Diagnosis of a malignancy characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue but not including:
    - Pre-malignant lesions, benign tumours or benign polyps;
    - Any skin cancer, other than invasive malignant melanoma into the dermis or deeper;
    - Non-invasive cancer in situ;
    - Early prostate cancer diagnosed as T1 N0 M0 or equivalent staging; or
    - Any tumour in the presence of the human immunodeficiency virus (HIV).
  - (B) Heart Attack (Myocardial Infarction): The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnostic must be confirmed by both:
    - 1) new electrocardiographic changes indicative of a myocardial infarction or by a new clinical presentation, only in cases where the ECG can not be interpreted (complete bundle branch block, WPW, pace-maker), AND
    - 2) characteristic changes of cardiac biochemical markers (troponin or CPK or CPK-MB) to levels consistent with acute myocardial infarction.

Exclusions:

  - 1) Heart Attack occurring in the 48 hours following an elective revascularization procedure, unless it is accompanied by new pathological Q waves.
  - 2) Heart Attack diagnosed by any other method, unless the diagnosis is confirmed as described above.
- (C) Coronary Artery Bypass Surgery: The heart surgery performed to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty, laser embolotomy or other non-bypass techniques are excluded.

- (D) Stroke: An acute cerebral vascular accident (CVA) producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least thirty (30) days following the occurrence of the stroke. Transient Ischemic Attacks (TIAs) are not covered.
  - (E) Major Organ Failure Requiring Transplant: The irreversible failure of the liver, bone marrow, entire heart, both lungs or both kidneys requiring a transplant of that organ, resulting in the Insured being accepted into a recognized transplant program in Canada. The Insured must survive at least 30 days following the date of enrollment into the transplant program.
  - (F) Paralysis: Paralysis resulting in complete and permanent loss of use of two or more limbs without interruption for a period of 90 days. At the end of such period, the Specialist must certify that the paralysis is complete and permanent.
4. "Diagnosis" means the certified diagnosis of the Insured with a Covered Condition by a Specialist.
  5. "Effective Date of Insurance" means:
    - a) the Requested Effective Date, if you are not subject to the SHQ, or
    - b) the Requested Effective Date, if you are subject to the SHQ and you answered "no" to all of the Health Questions and your Financed Amount plus Insured Residual Value for Life is less than \$300,000; or
    - c) the Requested Effective Date, if you are subject to the SHQ and you answered "no" to all of the Health Questions and your Financed Amount for CI is less than \$300,000; or
    - d) if a), b) and c) don't apply, the date we notify you in writing that your insurance coverage has been approved.

Your Application will be null and void if all underwriting requirements are not satisfied within 90 days of signing this Application. During this period, you may be eligible for Temporary Insurance as described below.
  6. "Financed Amount" means the debt described on page 1 of this Certificate, payable in whole or part by installments, resulting from your debt to the Financial Institution and the finance source that financed the Total Cost of the premium, if different.
  7. "Full Term insurance" means Disability Insurance coverage in effect until the expiry the Certificate.
  8. "Injury" means bodily injury caused by an accident that occurs after the Effective Date of Insurance. The Injury must result from the accident, directly and independently of any other causes and must solely cause the death, or Total Disability.
  9. "Insurance" means the Life, CI and/or Disability Insurance selected on this Certificate.
  10. "Insured" means the Debtor and Co-Debtor named on this Certificate, who are debtor(s) under the Financed Amount, and have selected Insurance and, if applicable, have received the Insurer's written approval of coverage. The Insured must be a natural person, not a partnership, company or association.
  11. "Insured Loan" means the debt described on page 1 of this Certificate by the Insured Financed Amount over the Insurance Term in Months at the Interest Rate.
  12. "Insurer" means Industrial Alliance Insurance and Financial Services Inc.
  13. "Pre-existing Condition" means illness, disease, mental, nervous or psychiatric condition or disorder for which any of (i) medical advice (ii) treatment (iii) service (iv) prescribed medication (v) diagnosis or (vi) consultation, including consultation to investigate, follow-up and/or diagnose (where diagnosis has not yet been made) was received by you or would have been received by a prudent individual within both (a) the 12 months immediately preceding the Effective Date of Insurance and (b) the 12 months immediately following the Effective Date of Insurance.

CERTIFICATE NO.

14. "Seasonally" or "Seasonal", as used with reference to work, means work that is limited in frequency by weather or other natural conditions and does not include occupations limited by availability of work.
15. "Sickness" means illness, disorder or disease that first becomes manifest after the Effective Date of Insurance.
16. "Specialist" means a physician licensed and practicing in Canada whose practice is limited to the particular branch of medicine relating to the applicable Covered Condition and who is not the Insured, a relative or business associate of the Insured.
17. "Totally Disabled" or "Total Disability" means your inability, solely due to Sickness or Injury to perform all the duties of your occupation. After you have been Totally Disabled for 12 continuous months (plus any Elimination Waiting Period), Total Disability means your inability solely due to Sickness or Injury, to perform all duties of any occupation for which you are or can become reasonably qualified by virtue of your education, training, or experience. You are not Totally Disabled if you are working full or part time or if you have retired. Lack of work does not constitute Total Disability or entitle you to Insured Monthly Payments.

**SECTION 2 – TEMPORARY INSURANCE AGREEMENT DURING THE UNDERWRITING PROCESS**

If your Application is subject to underwriting by the Insurer, we will cover you during this period, subject to the terms and conditions herein including the Eligibility Requirements. Temporary Insurance will terminate on the earliest of:

- (a) the 90th day following the date you sign this Application; or
- (b) the date we approve or decline your Application.

The maximum amount of Temporary Insurance provided will be as follows:

- Temporary Life or CI Insurance: \$200,000 (ages 18-59) and \$125,000 (ages 60-67).
- Temporary Disability Insurance: \$2,500 (ages 18-59) or \$1,000 (ages 60-65).

The maximum amount of Temporary Insurance is governed by the age of the eldest Applicant.

**SECTION 3 – LIFE INSURANCE**

If you have selected "Life Insurance" option: in the event of your death due to Sickness or Injury, we will pay: (1) the outstanding balance of your Insured Loan at the date of death, plus (2) the present value of the Insured Residual Value if you have selected this coverage.

In any event, we will not pay more than the remaining principal owing at the date of death.

**SECTION 4 – CRITICAL ILLNESS (CI) INSURANCE**

If you have selected CI Insurance: in the event that you are Diagnosed with a CI, we will pay: (1) the outstanding balance of your Insured Loan on the date the CI was Diagnosed.

In any event, we will not pay more than the remaining principal owing at the date the CI was Diagnosed.

Only one CI benefit is payable under each certificate issued by the Insurer.

**SECTION 5 – DISABILITY INSURANCE – ACCIDENT AND SICKNESS**

In the event you are Totally Disabled due to Injury or Sickness for a consecutive number of days longer than the Waiting Period, we will pay your Insured Monthly Payment for the period of Total Disability, monthly in arrears, subject to the Waiting Period. If you selected a Retroactive Waiting Period, payment will be calculated from the first day of Total Disability. If you selected an Elimination Waiting Period, payment will be calculated from the day following the Waiting Period.

Insured Monthly Payments will stop when: a) you are no longer Totally Disabled; or b) upon Termination of Insurance as described on page 4, whichever occurs first. The amount paid for periods of Total Disability which are less than one month will be calculated at a daily rate of 1/30th of the Insured Monthly Payments.

After the Waiting Period, successive periods of Total Disability, caused by the same Sickness or Injury, separated by less than 90 days of continuous employment are considered a continuation of a period of Total Disability and not subject to a new Waiting Period. After 90 days of continuous employment, they would be considered a new claim and will be subject to a new Waiting Period.

We will not pay any Disability Insurance for any debt outstanding under the Financed Amount at the Expiry Date of Insurance.

**SECTION 6 – LIMITATIONS AND EXCLUSIONS**

**General Limitations and Exclusions for all coverage types:**

No Insurance benefit will be paid under your Certificate in the event that your claim is caused or contributed to by any of the following:

- (a) a Pre-existing Condition, or as a direct or indirect result of treatment for a Pre-existing Condition. This exclusion only applies if the event claimed for occurs within 24 months of the Effective Date of Insurance;
- (b) intentionally self-inflicted injury;
- (c) nuclear, chemical or biological contamination;
- (d) war or any act of war whether declared or undeclared;
- (e) suicide within the two year period immediately following the Effective Date of Insurance;
- (f) direct or indirect participation in a criminal act, or any attempt to commit a criminal offence, including but not limited to, operating a motor vehicle while the concentration of alcohol in 100 millilitres of the Insured's blood exceeds 80 milligrams;
- (g) chronic or excessive use of alcohol;
- (h) drug or substance use apart from controlled drugs used as legally prescribed by and on the advice of a physician;
- (i) pregnancy, childbirth, or termination of pregnancy; or
- (j) cosmetic or elective surgery.

**Limitations and Exclusions specific to CI Insurance:**

In addition to the general Limitations and Exclusions listed above, no CI benefit will be paid if:

- (a) the Insured does not survive 30 days following the Diagnosis of the CI; or
- (b) the Insured is diagnosed with Cancer, had any signs and/or symptoms or medical problems commence, or had investigations leading to the Diagnosis of any cancer covered or excluded under the Group Policy initiated within 90 days following the Effective Date of Insurance.

**SECTION 7 – SPECIAL LIMITATIONS**

In addition to the Limitations and Exclusions listed above, the following Special Limitations apply:

1. If the Debtor and Co-Debtor die simultaneously and they were both insured, the Life Insurance benefit will be paid for the Debtor only.
2. The Life and CI Insurance benefits payable under this Certificate combined with any other group insurance certificates issued by us to you will not exceed the Aggregate Maximum stated on this Certificate. In such event, the liability under your Certificate will be adjusted on a pro-rata basis with the other group insurance certificates.
3. The Accident & Sickness Disability Insurance benefits payable under your Certificate and any other group insurance certificates issued by us to you will not exceed the Aggregate Maximum stated on this Certificate. In this event, the liability under your Certificate will be adjusted on a pro-rata basis with the other group insurance certificates.
4. If the Debtor and Co-Debtor are Totally Disabled at the same time and they were both insured, the Insured Monthly Payment will be paid for one Insured only. No more than one Insured Monthly Payment per month will be made for any benefit(s) claimed under Disability or Life Insurance.
5. If your Total Disability is caused or contributed to by:
  - (a) mental, nervous or psychiatric condition or disorder, after a benefit period of three months, payments will only be made if you are regularly attending a licensed Specialist such as a psychiatrist, a psychologist or a neurologist and the benefit period will never exceed (6) months per claim.
  - (b) Sickness or Injury of the neck or back including but not limited to lumbar, thoracic or cervical spine, after a benefit period of two months, payments will only be made if you are under the care of a licensed Specialist such as a neurologist, a neurosurgeon, a physiatrist, an orthopaedic surgeon or a rheumatologist and the benefit period will never exceed (6) months per claim.
6. The maximum amount of Insurance is governed by the age of the eldest Applicant.

**SECTION 8 – CONDITIONS OF PAYMENT**

1. Claim forms must be completed and submitted to the Insurer within 90 days of the date Diagnosis of CI or Total Disability for which a claim is made, and thereafter as required by us. If it is not reasonably possible to complete and submit claim forms within 90 days, they must be furnished as soon as reasonably possible and in no event later than two years from the time claim forms are otherwise required. In the event disability claim forms are received after 90 days from the onset of the event, benefits will only be retroactively considered for the 90 days prior to the receipt of the claim forms. For Life Insurance, claims forms must be completed and submitted to the Insurer once it is reasonably possible to do so. The expense of providing the proofs of claim is the responsibility of the Insured.
2. In adjudicating any claim, we shall be entitled to receive satisfactory proof of eligibility and proof of the following: a) date of 1) birth, 2) death, 3) CI, 4) Total Disability; and b) the circumstances causing or contributing to it; and c) any treatment both before and after the Effective Date of Insurance and proof from the finance source(s) that the Insured Amount has not been paid out, re-written, or revised.
3. You must be under the continuing medical supervision and treatment of a physician (M.D.) considered appropriate by us while Totally Disabled.
4. We will have the right to have you medically examined by a licensed physician of our choice as often as is reasonably required during the period for which Insurance is claimed. If you fail to submit to such an examination within a reasonable period, we will be entitled to terminate payment of your Insurance.
5. You are responsible to make any Monthly Payments that fall due while the claim is being adjudicated, subject to our reimbursement through the finance source(s) for the period of time for which we are responsible to make the Insured Monthly Payment. We will not pay any overdue payments or additional interest charges.
6. We will not pay any overdue payments or additional interest charges under the Financed Amount at the date of death, CI Diagnosis or Total Disability.
7. In the event you were not eligible to purchase the Insurance, our only obligation is to refund any premium which has been paid. This refund will be forwarded to the Financial institution (or the finance source that financed the Total Cost of the premium, if different).

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**SECTION 9 – TERMINATION OF INSURANCE**

1. This Certificate will terminate for all Insured(s), when any of the following events occur:
  - (a) upon the discharge of the debt in respect of the Financed Amount;
  - (b) upon the Expiry Date of Insurance;
  - (c) the terms of payment, or the amount payable, under the Financed Amount have been increased or extended;
  - (d) the Financial Institution (or the finance source that financed the Total Cost of the premium, if different), has demanded payment of the full amount due under the Financed Amount because of default;
  - (e) the property which is the subject of the Financed Amount has been repossessed or become the subject of a court action;
  - (f) upon our receipt of written notice, signed by the Debtor and the Co-Debtor, if named, requesting cancellation of the Insurance coverage; or receipt of a phone call (which shall be recorded), made by the Debtor or the Co-Debtor, if named, requesting the cancellation of the Insurance coverage. The recording of the call constitutes sufficient proof of the request;
  - (g) upon payment of a premium refund, if any is owing, under paragraph 4 of this section;
  - (h) upon the date of death of the Insured Debtor for single coverage, or both Insured Debtor and Co-Debtor for joint coverage;
  - (i) upon the 72nd birthday of the youngest Insured; or
  - (j) upon our payment of the Life Insurance, or CI Insurance benefit.
2. Disability Insurance (if selected) will terminate for all Insured(s) upon the payment of the Aggregate Maximum benefit under this Certificate and any other group insurance certificates issued by us to you.
3. Specific Insurance coverages will terminate for an Insured, when any of the following events occur:
  - (a) Life, CI and/or Disability Insurance (if selected) will terminate for an Insured upon his or her 72nd birthday.
  - (b) Disability Insurance (if selected), will terminate for an Insured upon the date of his or her retirement from regular or Seasonal employment.
4. Upon your written request, we may continue to offer coverage, at our option, under your Certificate upon refinancing of the Financed Amount. In the event we offer such coverage, the Effective Date of Insurance, Expiry Date of Insurance, Insurance amounts and all other terms and conditions will remain the same.
5. If the Insurance under your Certificate is terminated before the Expiry Date of Insurance, you must apply in writing or by phone to be paid a premium refund. The premium refund will be calculated on a pro-rata basis. If the debt in respect of the Financed Amount is still outstanding at the date of cancellation the surrender value will be made payable to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different). If the termination was as a result of the circumstances described in paragraph 1. (d) or (e) of this section the surrender value will be made payable to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different). No premium refund will be payable if we pay the Life or CI Insurance benefit or for amounts of less than \$15.

**INSURER'S CONTACT INFORMATION**

P.O. Box 5900, Vancouver, B.C., V6B 5H6  
 Administration: 1-877-671-9009 (Tel)  
 Claims: 1-800-549-7227 (Tel) 1 (604) 733-9519 (Fax)  
 Cancellations: 1-855-766-8239 (Tel) 1 (450) 671-2525 (Fax)  
 cancellation@ia.ca (E-mail)

For procedures on how to file a complaint, please visit: [www.iasal.ca/complaints](http://www.iasal.ca/complaints)

**MONEY BACK GUARANTEE**

You have 20 days after you sign this Certificate to decide if you still want the coverage. If you do not, return it to the Insurer or to the Group Policyholder from whom you bought it. We will cancel your coverage from the Effective Date of Insurance and will refund any premium paid to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different) named in this Certificate.

**LIMITATION OF ACTION**

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation.

SPECIMEN

I understand that the Insurance benefit payable under this Certificate is subject to the eligibility requirements, general terms, conditions, Definitions and Exclusions described in this Certificate and that **PRE-EXISTING CONDITIONS WILL NOT BE COVERED IF THE EVENT CLAIMED FOR OCCURS WITHIN 24 MONTHS OF THE EFFECTIVE DATE OF INSURANCE.**

**IMPORTANT** – I acknowledge that I have received and read the description of the coverages that appear on this 4 page Certificate and hereby accept these provisions. I acknowledge that where there is no premium indicated, I am not insured for that type of coverage.

<b>X</b>	<b>X</b>		
DEBTOR	DATE (DD/MM/YYYY)	CO-DEBTOR	DATE (DD/MM/YYYY)

CERTIFICATE NO.

## Appendix 2: Notice of cancellation of a creditor insurance

### NOTICE FROM THE DISTRIBUTOR

*Section 440 of the Act respecting the distribution of financial products and services*

#### YOU HAVE IMPORTANT RIGHTS UNDER THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES

- The Act allows you to cancel an insurance contract you have just signed when signing another contract, **without penalty, within 10 days of its signature. However, the insurer provides 10 additional days, which gives you a total of 20 days to cancel your insurance.** To cancel your insurance, you must notify the insurer by registered mail within this period. You can use the attached template.
- Although the insurance contract is cancelled, the first contract signed remains in force. Caution, it is possible that you may lose favourable conditions as a result of this insurance contract; contact your distributor or consult your contract.
- After the 20 days, you can cancel the insurance at any time; however, penalties may apply.

For more information about your rights, you can contact the Autorité des marchés financiers at 418-525-0337 (Quebec), 514-395-0337 (Montreal) or 1-877-525-0337 (toll-free). For information about cancellation procedures, contact the administrator at 1-855-766-8239.

### NOTICE OF CANCELLATION

To: Industrial Alliance Insurance and Financial Services Inc.  
9150 Leduc Boulevard, Suite 601  
Brossard, QC J4Y 0E3  
**Telephone:** 1-855-766-8239  
**Fax:** 450-671-2525 or 450-465-1663  
**Email:** cancellation@ia.ca

Pursuant to section 441 of the *Act respecting the distribution of financial products and services*, I am cancelling insurance contract no.:

\_\_\_\_\_ signed on: \_\_\_\_\_  
(contract number if indicated) (policy signature date)

at: \_\_\_\_\_  
(location signed)

\_\_\_\_\_ (client name) \_\_\_\_\_ (client signature )

\_\_\_\_\_ (client name) \_\_\_\_\_ (client signature )

The distributor must complete this section beforehand

This notice must be returned by registered mail.

Sections 439, 440, 441, 442 and 443 of the *Act respecting the distribution of financial products and services* must appear on the back of this notice.

**SECTIONS OF THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES**

**439.** A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service

**440.** A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Authority, stating that the client may rescind the insurance contract within 10 days of signing it.

**441.** A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

**442.** No contract may contain provisions allowing its amendment in the event of rescission or cancellation by the client of an insurance contract made at the same time.

However, a contract may provide that the rescission or cancellation of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

**443.** A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Authority, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor rescinds, cancels or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

**Appendix 3: Acknowledgment of receipt**

You acknowledge receipt of this distribution guide for the purchase of the following insurance product:

\_\_\_\_\_  
(name of the insurance product)

Date:

\_\_\_\_\_  
(date of the acknowledgment of receipt)

By:

\_\_\_\_\_  
(name of distributor)

\_\_\_\_\_  
(client signature)

\_\_\_\_\_  
(client name)

\_\_\_\_\_  
(client address)

SAMPLE



*La Corporation des concessionnaires  
d'automobiles du Québec*  
*Enregistrée selon ISO 9002*



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

P.O. Box 5900, Vancouver (BC)  
Canada V6B 5H6

**Eligibility**

Tel.: 1 800 761-4655

**Claims**

Tel.: 1 800 549-7227

Fax: 1 604 733-9519

[www.iavag.ca](http://www.iavag.ca)

**REGIONAL OFFICE**

9150 Leduc Blvd, suite 601, Brossard, QC J4Y 0E3

Tel.: 1 877 671-9009 or (450) 671-9669

Fax: (450) 671-5499

For additional information  
regarding the insurer's and the distributor's  
obligations towards you, you may contact

**L'AUTORITÉ DES MARCHÉS FINANCIERS**

at the following address:

**AUTORITÉ DES MARCHÉS FINANCIERS  
PLACE DE LA CITÉ, TOUR COMINAR**

2640, boul. Laurier, 4<sup>e</sup> étage,  
Québec (Québec) Canada G1V 5C1

[www.lautorite.qc.ca](http://www.lautorite.qc.ca)

Quebec City: 418 525-0337

Montreal: 514 395-0337

Toll-Free: 1 877 525-0337

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