

## LIFE INSURANCE

We pay off your loan\* in the event of death

## DISABILITY INSURANCE

We cover your monthly loan\* payments if you become disabled

## CRITICAL ILLNESS INSURANCE

We pay off your loan\* if you have a covered critical illness

## INVOLUNTARY UNEMPLOYMENT INSURANCE

We cover your monthly loan\* payments if you lose your job

## ACCIDENTAL DISMEMBERMENT INSURANCE

We pay off your loan\* if you suffer a covered injury

### What is this document for?

This summary presents key aspects of the nature and conditions of the insurance and will help you determine if this product meets your needs.

### This summary is not an insurance contract.

Conditions and exclusions applicable are described in full in the certificate of insurance that will be given to you if you apply for this insurance. You can view a sample certificate on our website at: [iadealerservices.ca](http://iadealerservices.ca)

\*For purchase or lease, according to the terms of the certificate.

### Choice of insurance coverage

You are not required to purchase this insurance coverage.

Each coverage can be selected individually, except involuntary unemployment insurance, which must be paired with life insurance, and accidental dismemberment insurance, which is included with life insurance and critical illness insurance.

### You are eligible for this insurance if:

- You are the borrower or co-borrower on a loan with a term not exceeding 20 years.
- You are between the ages of 18 and 70 inclusively (must be age 65 or under for disability insurance).
- You are not taking out this insurance coverage on behalf of a business, company or association.
- To select disability insurance or involuntary unemployment insurance, you must be gainfully employed and able to perform the usual duties of your occupation. Your employment must meet the criteria indicated in the box at the top of the certificate of insurance.
- To select critical illness insurance, you must not have already had a critical illness covered by the insurance.
- To select involuntary unemployment insurance, you must not be self-employed or a seasonal worker.

**Health questionnaire:** If the coverage amount requested exceeds the amounts indicated in the box at the top of the certificate of insurance, we will ask you to complete a questionnaire regarding your health. In this case, after completing the analysis of your questionnaire, we will inform you whether or not you are covered by insurance. During the analysis period, you will be covered by **temporary insurance** (described in Section 2 of the certificate of insurance).

## INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.

### REGIONAL OFFICE

9150 Leduc Blvd., Suite 601  
Brossard (Qc) J4Y 0E3  
[iadealerservices.ca](http://iadealerservices.ca)

### Administration

1 877 671-9009

### Eligibility

1 800 761-4655

### Claims

1 800 549-7227

Insurer client number with the Autorité des  
marchés financiers: 2000447410

Website of the Autorité des marchés financiers:  
[lautorite.qc.ca](http://lautorite.qc.ca)

## INFORMATION INTENDED FOR THE CONSUMER

Creditor Insurance  
Product Summary

# Advantage XL-S



Offered by: **iA**  
Financial Group

Through the following distributor:



## Life insurance

### When does this coverage apply?

In the event of your death.

### Coverage options:

- **Residual value:** If you lease, you can choose whether you wish to cover the residual value of your vehicle in addition to the monthly payments.
- **Coverage term:** You can choose insurance coverage for the same term as your loan (up to a maximum of 15 years) or that covers only the initial years of your loan when the balance is higher (“Plus” option on the insurance application).

## Accidental dismemberment insurance

You benefit from this protection at no additional cost when you select life and/or critical illness insurance.

### When does this coverage apply?

If you suffer any of the following types of accidental dismemberment:

- Amputation of both hands, both feet or one hand and one foot
- Complete and permanent vision loss in both eyes
- Complete and permanent vision loss in one eye and amputation of one hand or one foot

## Critical illness insurance

### When does this coverage apply?

If you are diagnosed with any of the following critical illnesses and you survive at least 30 days following diagnosis:

- Life-threatening cancer
- Heart attack
- Coronary artery bypass surgery
- Stroke (CVA)
- Major organ failure for which you are accepted into a recognized transplant program in Canada
- Paralysis of two or more limbs

The critical illness must meet certain criteria to be covered. These criteria can be found in Section 1, point 4 of the certificate of insurance.

For example, paralysis that lasts for less than 90 days, benign tumours, transient ischemic attacks, and heart attacks not diagnosed as indicated in the certificate of insurance are not covered.

For cancer, symptoms and testing must have begun at least 90 days after the beginning of the insurance coverage.

### Coverage options:

- **Residual value:** If you lease, you can choose whether you wish to cover the residual value of your vehicle in addition to the monthly payments.
- **Coverage term:** You can choose insurance coverage for the same term as your loan (up to a maximum of 15 years) or that covers only the initial years of your loan when the balance is higher (“Plus” option on the insurance application).

## Involuntary unemployment insurance

You can select this coverage only if you have also selected life insurance coverage.

### When does this coverage apply?

If you are laid off or lose your job and remain unemployed for at least 30 days.

This insurance does not cover job losses resulting from retirement, resignation, a strike or lockout or the end of a contract.

Exclusions may apply to job losses that, for example, were planned or foreseeable, that occur within 90 days of the beginning of the insurance coverage or that result from your option or misconduct. See Section 6 of the certificate of insurance for more information.

### Coverage options:

- **Number of payments covered:** You can select coverage for a maximum of 3 or 6 monthly payments.

## Disability insurance

### When does this coverage apply?

If you are unable to perform all the duties of your position due to an illness or injury, for at least 30 days.

### Coverage options:

- **Number of payments covered:**
  - You can select a coverage which will protect you no matter how long your disability lasts (up to a maximum of 7 years).
  - You can also select coverage for a maximum number of monthly payments (total of 12 or 24) or that provides 6 payments per claim (up to a maximum of 15 years).
  - Regardless of the option selected, coverage is limited to 6 payments per disability period for neck, back, mental, nervous or psychiatric conditions or disorders.
- **Disability start date:** You can select whether coverage will apply during the first 30 days of a disability.



Insurance premium calculation

The insurance premium is calculated based on the following criteria: number of insureds, loan amount, term of coverage, selected coverage and options.

The total premium amount will be indicated on the insurance application form.

Exclusions that apply to all coverage types

Your claim will be denied if related to any of the following situations:

- Self-mutilation, suicide
- Excessive or chronic use of alcohol, drug use
- Participation in a criminal act or any attempt to commit a criminal offence
- Pregnancy, childbirth or termination of pregnancy
- Cosmetic or elective surgery
- War or contamination
- Driving while impaired

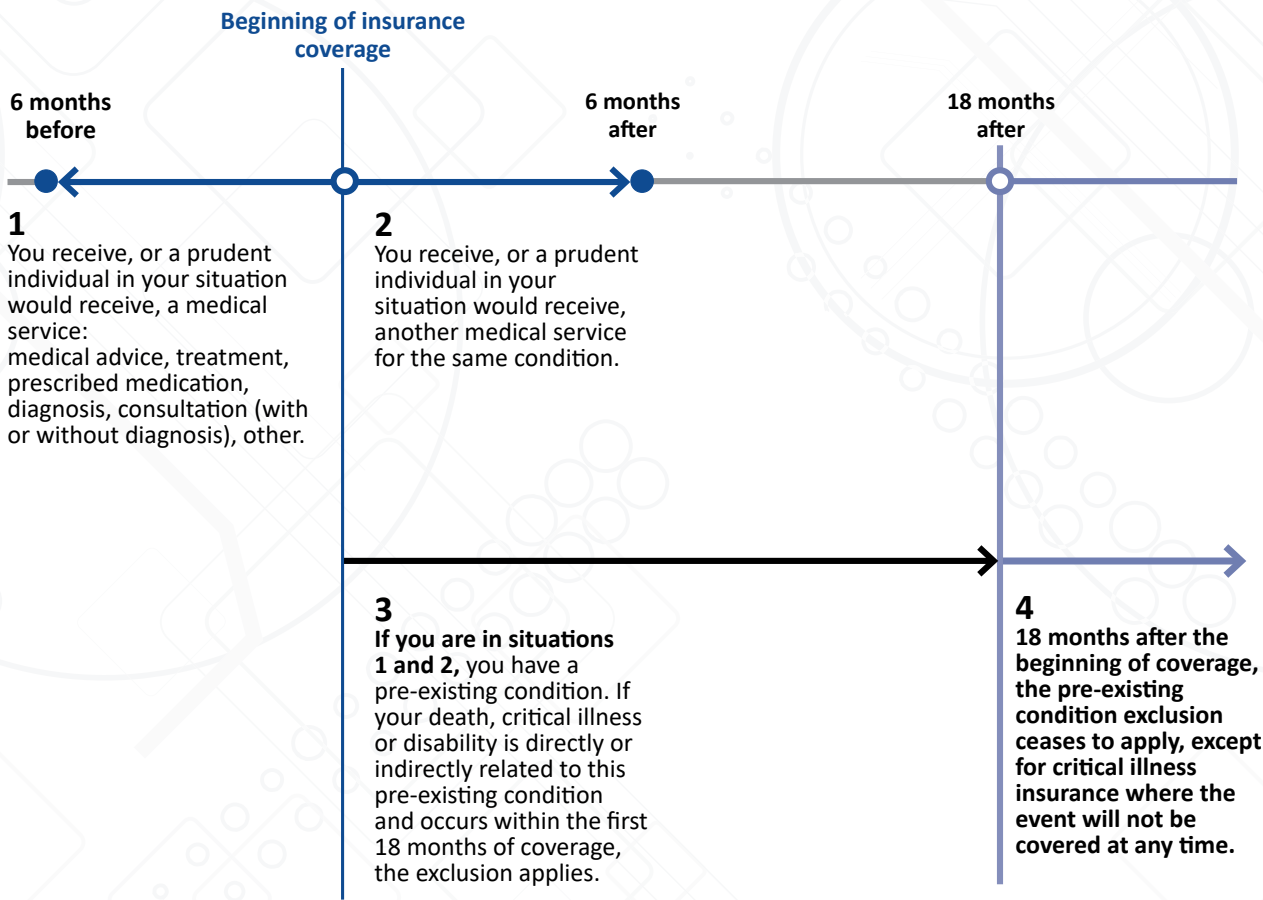
Exclusion for pre-existing conditions

Your claim may also be denied if related to a health problem you had before the coverage began.

This exclusion applies for life insurance, critical illness insurance and disability insurance.

This exclusion ceases to apply 18 months after coverage begins except for critical illness insurance where the event will not be covered at any time.

How do you know if the pre-existing condition exclusion applies to you?



To file a claim: 1 800 549-7227

- You must file your claim within **90 days** of the event. In the event of death, your loved ones must contact us as soon as possible, preferably within 90 days.
- We may request supporting documentation. We will respond with a decision within 30 days.
- If your claim is accepted, we will make payment directly to your financial institution.

Late payments

If you are behind on payments or have deferred payments or if additional interest has been added to your loan, these amounts will not be covered by the insurance.

Consequences of false declarations

Your claim could be denied and your insurance cancelled if you provide incorrect or incomplete information.

For claim disputes

We are here to serve you, don’t hesitate to contact us for assistance.

If your claim is denied, you have 1 year to contest our decision in writing.

You can consult our complaints policy or file a complaint by visiting our website at: [iadealerservices.ca](http://iadealerservices.ca)

Your right to terminate this coverage

At any time

You can terminate this insurance any time by calling 1 855 766-8239.

Cancellation requested in the first 20 days

We will reimburse the full premium amount.

Cancellation requested after the first 20 days

We will reimburse a portion of the premium.

How we reimburse the premium

The reimbursement amount will be paid to the financial institution that financed the premium and applied to the balance of your loan. For more information, refer to your loan contract or contact your financial institution.

The reimbursement amount is not calculated on a pro-rated basis. It is calculated in terms of change in insurance risk over time based on the following formula:

$$\begin{matrix} \text{Premium} \\ \text{before tax} \end{matrix} \times \begin{matrix} 80 \% \text{ of :} \\ \frac{M \times (M+1)}{T \times (T+1)} \end{matrix} - \begin{matrix} \text{Cancellation} \\ \text{fee and} \\ \text{benefits paid} \end{matrix} + \begin{matrix} 9 \% \text{ tax} \end{matrix} = \begin{matrix} \text{Reimbursement} \\ \text{amount} \end{matrix}$$

Where: M = Number of months remaining  
T = Original insurance term in months

Example of cancellation of insurance with a 72-month term after 17 months of coverage:

$$\begin{matrix} \$2116.68 \\ \text{(premium)} \end{matrix} \times \begin{matrix} 80 \% \text{ of :} \\ \frac{55 \times (55+1)}{72 \times (72+1)} \end{matrix} - \begin{matrix} \$75 \\ \text{(cancellation} \\ \text{fee) and \$0} \\ \text{(benefits paid)} \end{matrix} + \begin{matrix} \$82.56 \\ \text{(tax)} \end{matrix} = \begin{matrix} \text{Reimbursement of} \\ \$999.85 \end{matrix}$$

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1 877 525-0337 or visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca).

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To:  
Industrial Alliance Insurance and Financial Services inc.  
9150 Leduc Blvd., Suite 601  
Brossard, Qc J4Y 0E3  
Tel.: 1 855 766-8239  
Fax: 450 671-2525  
Email: [cancellation@ia.ca](mailto:cancellation@ia.ca)

Date: \_\_\_\_\_  
(date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance

contract no.: \_\_\_\_\_  
(number of contract, if indicated)

Entered into on: \_\_\_\_\_  
(date of signature of contract)

In : \_\_\_\_\_  
(place of signature of contract)

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

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

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

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