iA Financial Group

Shared ownership critical illness request

iA LARGE CASE **SOLUTIONS**

1. Advisor information

Advisor name:		
Office:		
Province:	Email:	Phone number:
☐ **Illustration provided**		

2. Client details

Policy owner name:			
Corporation name:			
Age:	Date of birth: Y Y Y Y M M D D	☐ Smoker	☐ Non-smoker

3. Tax details

☐ System default (Highest MTR)	Specify taxable income:

4. Policy details

Product :	ROP on death annual premium :	Face amount :
Flexible ROP annual premium :	Base annual premium + Policy fee :	Flexible ROP type :

Payment method of shareholder's premium: ☐ Asset class only ☐ IRS only ☐ Asset class/IRS combined

☐ **Show the return on the shareholder's premiums** (system default)

☐ **Show the return on the global strategy** (system default)