

www.inalco.com

TRANSITION SIMPLIFIED ISSUE
CRITICAL ILLNESS INSURANCE

WHO LOOKS OUT FOR YOUR FINANCIAL HEALTH?

A PARTNER YOU CAN TRUST.



A FAST AND EASY WAY TO PROTECT YOURSELF IN CASE OF CRITICAL ILLNESS

Over the years, you've quite possibly seen friends, family members or relatives suffer from a critical illness. You undoubtedly saw to what extent sickness affects these people and those closest to them on an emotional and financial level.

The recuperation period following a critical illness can be mitigated if it is exempt from financial worries. In fact, doctors have noticed that a patient's recuperation period is aggravated by financial problems arising during their convalescence rather than by medical complications.

Recent advancements in healthcare and improvements in our lifestyles mean that people suffering from a critical illness can survive and lead normal lives for many years after. However, surviving a critical illness may result in serious long-term financial difficulties, often caused by unforeseen expenses during treatment and convalescence.

Simple enrolment No medical exam

If you're an adult age 18 to 60, you are eligible for Transition Simplified Issue critical illness coverage. You only have to answer a few questions about your current state of health and you may retain your coverage until your 75th birthday, even if your state of health changes over the years.

Financial protection when you need it the most

Thanks to Transition Simplified Issue, you can benefit from the payment of a lump-sum (of up to \$100,000), 30 days after the diagnosis of one of the following illnesses or medical conditions:

- › cancer
- › heart attack
- › stroke
- › coronary surgery

The allowance will be paid to you or your beneficiary tax-free, so that your primary focus can be getting well, without financial worries.

Optional protection:

- › With the Flexible Return of Premiums option, you can recover all premiums paid at age 65 or after 15 years, whichever is later. This option must be selected in your initial request.
- › Thanks to the Return of Premiums Upon Death option, your beneficiaries will receive all premiums paid upon your death.

Guaranteed premiums

Your premiums are guaranteed.

PRE-NOTICE FROM THE MEDICAL INFORMATION BUREAU

Information regarding your insurability will be treated as confidential. INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES (Industrial Alliance) and its reinsurers may however make a brief report to the MEDICAL INFORMATION BUREAU (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health coverage, or a claim for benefits is submitted to such company, the MIB, upon request, will supply such company with the information it may have in its files.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB's file, you may contact them and seek a correction. The address of the MIB's information office is: Medical Information Bureau, 330 University Avenue, Toronto, Canada, M5G 1R7; Telephone: 416 597-0590. Industrial Alliance may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

DISCLOSURE STATEMENT

The transaction represented by this application is between the applicant and Industrial Alliance. The licensed Agent/Agency soliciting this application is an independent contractor representing Industrial Alliance and will receive compensation from Industrial Alliance when the transaction is complete. The applicant is not obligated to transact additional business with the Agent/Agency, Industrial Alliance, or any other organization as a condition of this application.

FILE AND PERSONAL INFORMATION

In order to ensure the confidentiality of personal information about you, INDUSTRIAL ALLIANCE will establish a life insurance file in which the information concerning your application for insurance will be placed, as well as the information concerning any insurance claim.

Only the employees or mandataries who are responsible for underwriting, investigations and claims, or any other person whom you authorize, will have access to this file. Your file will be kept in the Company's offices.

You are entitled to consult the personal information contained in this file and, if applicable, to have it corrected by making a written request to the following address:

Industrial Alliance Insurance and Financial Services
Information Access Officer
1080 Grande Allée West,
PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3

Insured 1

Policy no.

1 Last and first name

Last name First name

2 Address

No. Street Apartment City Province Postal code

3 Date of birth

Date of birth Age Sex Last name at birth (if applicable) Place of birth (province or country) In Canada since Social Insurance Number

4 Telephone

Home phone no. Work phone no. Extension Email address

5 Beneficiary

1 Critical illness benefit

Last and first name Sex Date of birth % Relationship to proposed insured

2 Return of Premiums upon Death

Last and first name Sex Date of birth % Relationship to proposed insured

3 Flexible Return of Premiums during insured's lifetime

Applicant or Insured Revocable Irrevocable The lack of designation constitutes a revocable designation in favour of the applicant.

Insured 2

1 Last and first name

Last name First name

2 Date of birth

Date of birth Age Sex Last name at birth (if applicable) Place of birth (province or country)

3 Beneficiary

1 Critical illness benefit

Last and first name Sex Date of birth % Relationship to proposed insured

2 Return of Premiums upon Death

Last and first name Sex Date of birth % Relationship to proposed insured

3 Flexible Return of Premiums during insured's lifetime

Applicant or Insured Revocable Irrevocable The lack of designation constitutes a revocable designation in favour of the applicant.

Applicant (if different from the proposed insured)

1 Last name first name

Last name First name

2 Address

No. Street Apartment City Province Postal code

3 Date of birth

Date of birth Age Sex Relationship to proposed insured

4 Contingent policyowner

Last name First name

Last and first name Code S.U. Agency Code

Agent

Requested coverage

1 Proposed insured

T10 T75 ROP death flexible ROP minimum: \$10,000 maximum: \$100,000 (age 18-50) \$75,000 (age 51-60)

2 Spouse

T10 T75 ROP death flexible ROP minimum: \$10,000 maximum: \$100,000 (age 18-50) \$75,000 (age 51-60)

3 Premium billing

Send premium notices and other documents to: Proposed insured Applicant Total premium \$ Premium paid with application \$ Method of payment PAC (complete section overleaf) ANNUALLY

Will the proposed insurance replace another critical illness insurance policy? Yes No If yes, give name of company:

Tobacco use

In the last twelve months, have you used tobacco in any form whatsoever including nicotine or tobacco products (gum, patch, etc.)?

Yes → Smoker rate No → Non-smoker rate (answer the following question) Have you ever used tobacco? Yes No If yes, when did you quit? M Y

Yes → Smoker rate No → Non-smoker rate (answer the following question) Have you ever used tobacco? Yes No If yes, when did you quit? M Y

SIMPLIFIED CRITICAL ILLNESS INSURANCE APPLICATION

Insured 1 Insured 2

Yes No Yes No

1	Have you lived in Canada for less than 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	In the past two years, have you had an application for critical illness insurance declined or postponed by any company, including Industrial Alliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you currently suffer from, or have you ever suffered from or had symptoms of one of the following illnesses or ailments, or have you ever consulted a doctor or been treated for:				
	a) Congenital cardiac defects, angina, angioplasty, coronary artery bypass, heart attack, congestive heart failure, stroke, transient ischemic attack (TIA) or any other cerebrovascular disease or disease of the heart or the blood vessels, or an abnormal electrocardiogram (ECG)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Type 1 (insulin-dependent) diabetes or type 2 diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Cancer or other malignant disease, tumour, colon polyp or any other growth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Any breast problems (mass, cyst, unusual discharge, physical change, abnormal mammogram or biopsy) or prostate problems (nodule or abnormal PSA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	a) Currently, are you under medical investigation or have you been advised to undergo a diagnostic test or surgery that has not yet been carried out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Have you noticed any symptoms or health problems for which you have not yet consulted a doctor, such as: abnormality, lump or mass on the breasts, shortness of breath, chest pain, dizziness, loss of balance, numbness, rectal bleeding, prostate or other problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you tested positive for or received test results that indicate the presence of any one of the following diseases:				
	a) HIV (AIDS virus), AIDS or other AIDS-related illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Hepatitis B or C, chronic type D hepatitis, or carrier of hepatitis B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	In the last five years, have you undergone detoxification treatment (closed or open treatment program) for alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	In the last five years, have you used any hard drugs such as opium, heroin, morphine, codeine, Demerol, barbiturates, amphetamines, cocaine, hallucinogens or anabolic steroids, other than as prescribed by a doctor, or methadone, whether prescribed by a doctor or not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Family History Have two (2) or more members of your immediate family (father, mother, brothers, sisters) suffered from, or is suffering from cancer, heart disease, stroke or transient ischemic attack (TCI) before the age of 60?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Does your current weight exceed the weight indicated for your height in the table below?				

Height	Weight Pounds	Height	Weight kg
5' 0"-5'3"	208	150-162 cm	94
5'4"-5'6"	230	163-169 cm	104
5'7"-5'9"	250	170-177 cm	113
5'10"-6'0"	270	178-183 cm	122
Over 6'0"	291	Over 183 cm	132

If you answered yes to one or more of the above questions, you are not eligible for this insurance.

The Company reserves the right to carry out an assessment on factors other than the ones indicated above.

Signatures

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

We agree that the insurance takes effect as of the acceptance of the application by the Company inasmuch as the latter has been accepted without modification, the first premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the application.

We hereby authorize any healthcare professional as well as any other public or private health or social service establishment, any insurance

company, the Medical Information Bureau, financial institutions, personal information agents or detective agencies and any public body holding information concerning ourselves or our family, particularly medical information, to supply this information to INDUSTRIAL ALLIANCE and its reinsurers for the risk assessment or the investigation necessary for the study of any claim.

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

We also authorize INDUSTRIAL ALLIANCE to send any abnormal test result to our personal physician.

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

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

Signed at _____ this _____ day of _____

Insured 1 Applicant Agent Insured 2
X X X X

Pre-authorized cheque (PAC)

Staple cheque specimen

1 Do you already pay by Pre-authorized cheque?
 No Complete items 3 to 6, sign and attach cheque specimen to the other side.
 Yes Complete items 2 and 4 and sign.

2 Authorization no. _____

3 Account no. _____

4 Date of cheque Same as the existing group Issue date Day _____ (1 to 28) for this contract or new group
Policy no.(s) to be included with the PAC plan _____

5 _____
Name as shown on bank records (include all names if joint account)

6 _____

INDUSTRIAL ALLIANCE is authorized to draw a cheque each month in accordance with its Pre-authorized cheque plan and exchange personal information with the financial institution to execute this agreement.

Signature (as shown on bank records) Other signature (if joint account)
X X

Note: Transaction fees may apply for any cheques returned by your financial institution.



T10 TRANSITION SIMPLIFIED ISSUE

AGE	T10 Annual premium per \$1,000 of face amount Maximum face amount of \$75,000 if age 51 to 60				Return of Premiums at Death Annual premium per \$1,000 of face amount				Flexible Return of Premiums Annual premium per \$1,000 of face amount			
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
	\$10,000 to 100,000				\$10,000 to 100,000				\$10,000 to 100,000			
18	1.64	1.64	1.30	1.30	0.10	0.12	0.10	0.10	0.26	0.26	0.26	0.26
19	2.08	2.09	1.70	1.70	0.10	0.16	0.10	0.13	0.27	0.34	0.34	0.34
20	2.16	2.62	2.13	2.16	0.11	0.20	0.11	0.16	0.28	0.42	0.42	0.43
21	2.16	2.67	2.13	2.16	0.11	0.20	0.11	0.16	0.30	0.44	0.43	0.46
22	2.16	2.72	2.14	2.17	0.11	0.20	0.11	0.16	0.30	0.46	0.45	0.48
23	2.17	2.77	2.14	2.17	0.11	0.21	0.11	0.16	0.32	0.48	0.46	0.50
24	2.18	2.82	2.15	2.18	0.11	0.21	0.11	0.16	0.34	0.49	0.48	0.52
25	2.18	2.87	2.16	2.18	0.11	0.22	0.11	0.16	0.36	0.51	0.51	0.54
26	2.25	3.04	2.24	2.35	0.11	0.23	0.11	0.17	0.38	0.58	0.53	0.57
27	2.34	3.21	2.35	2.51	0.12	0.24	0.12	0.19	0.41	0.65	0.56	0.59
28	2.46	3.42	2.50	2.74	0.12	0.26	0.13	0.20	0.45	0.74	0.59	0.62
29	2.61	3.64	2.64	3.00	0.13	0.28	0.13	0.22	0.50	0.83	0.62	0.65
30	2.78	3.93	2.82	3.30	0.14	0.30	0.14	0.25	0.56	0.95	0.66	0.69
31	2.87	4.20	2.88	3.59	0.14	0.32	0.15	0.27	0.63	1.02	0.70	0.75
32	2.97	4.49	2.97	3.94	0.15	0.34	0.15	0.29	0.73	1.10	0.74	0.82
33	3.08	4.82	3.06	4.31	0.15	0.36	0.16	0.32	0.83	1.19	0.79	0.89
34	3.21	5.20	3.18	4.73	0.16	0.39	0.16	0.35	0.94	1.29	0.85	0.97
35	3.36	5.61	3.30	5.18	0.17	0.42	0.17	0.39	1.08	1.40	0.91	1.06
36	3.58	6.08	3.50	5.72	0.18	0.46	0.18	0.43	1.22	1.69	1.09	1.34
37	3.84	6.61	3.72	6.28	0.19	0.50	0.19	0.47	1.39	2.01	1.27	1.64
38	4.13	7.18	3.98	6.90	0.21	0.54	0.20	0.52	1.57	2.36	1.49	1.97
39	4.45	7.80	4.26	7.54	0.22	0.58	0.22	0.57	1.78	2.75	1.74	2.31
40	4.80	8.48	4.58	8.20	0.24	0.64	0.23	0.62	2.00	3.17	2.00	2.66
41	5.25	9.63	4.97	8.93	0.26	0.72	0.25	0.67	2.42	3.97	2.32	3.22
42	5.75	10.86	5.39	9.71	0.29	0.81	0.27	0.73	2.89	4.83	2.66	3.82
43	6.29	12.19	5.86	10.54	0.31	0.91	0.29	0.79	3.40	5.76	3.05	4.45
44	6.89	13.65	6.37	11.42	0.34	1.02	0.32	0.86	3.96	6.78	3.46	5.12
45	7.53	15.20	6.94	12.33	0.38	1.14	0.34	0.92	4.56	7.86	3.92	5.82
46	8.02	16.82	7.30	13.25	0.40	1.26	0.36	0.99	5.17	8.57	4.32	6.67
47	8.54	18.58	7.70	14.19	0.43	1.39	0.38	1.06	5.83	9.33	4.75	7.56
48	9.08	20.45	8.14	15.21	0.45	1.54	0.41	1.14	6.50	10.15	5.23	8.50
49	9.66	22.46	8.62	16.31	0.48	1.69	0.43	1.22	7.22	11.02	5.75	9.54
50	10.27	24.59	9.13	17.49	0.51	1.85	0.46	1.31	7.98	11.95	6.30	10.64
51	11.40	27.31	9.83	19.11	0.71	2.05	0.60	1.43	8.87	12.62	7.31	11.22
52	12.60	30.23	10.60	20.88	0.93	2.27	0.76	1.57	9.82	13.33	8.43	11.86
53	13.91	33.36	11.43	22.74	1.16	2.51	0.94	1.71	10.85	14.10	9.64	12.53
54	15.31	36.64	12.33	24.76	1.41	2.75	1.13	1.86	11.95	14.91	10.95	13.26
55	16.80	40.10	13.28	26.90	1.68	3.01	1.33	2.02	13.12	15.76	12.32	14.03
56	18.23	43.14	14.21	28.87	1.82	3.24	1.42	2.17	16.02	20.86	14.29	17.24
57	19.74	46.33	15.18	30.90	1.97	3.48	1.52	2.32	19.11	26.20	16.36	20.56
58	21.38	49.62	16.21	33.08	2.14	3.73	1.62	2.48	22.44	31.72	18.55	24.11
59	23.09	53.06	17.29	35.30	2.31	3.98	1.73	2.65	25.93	37.47	20.84	27.73
60	24.96	56.60	18.40	37.62	2.50	4.25	1.84	2.82	29.73	43.40	23.20	31.52

Policy fees: \$60 if 1 insured
\$90 if 2 insureds

T75 TRANSITION SIMPLIFIED ISSUE

AGE	T75 Annual premium per \$1,000 of face amount Maximum face amount of \$75,000 if age 51 to 60				Return of Premiums at Death Annual premium per \$1,000 of face amount				Flexible Refund of Premiums Annual premium per \$1,000 of face amount			
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
	\$10,000 to 100,000				\$10,000 to 100,000				\$10,000 to 100,000			
18	3.79	3.97	3.58	3.63	0.19	0.30	0.18	0.27	0.44	0.44	0.54	0.66
19	3.86	5.08	3.64	4.75	0.20	0.38	0.18	0.36	0.57	0.57	0.55	0.86
20	3.99	6.35	3.74	6.01	0.20	0.48	0.19	0.45	0.63	0.71	0.57	1.09
21	4.14	6.51	3.78	6.13	0.21	0.49	0.19	0.46	0.68	0.77	0.59	1.14
22	4.21	6.64	3.91	6.23	0.21	0.50	0.20	0.47	0.71	0.82	0.69	1.18
23	4.35	6.78	4.01	6.35	0.22	0.51	0.20	0.48	0.76	0.87	0.76	1.24
24	4.57	6.92	4.14	6.48	0.23	0.52	0.21	0.49	0.84	0.92	0.85	1.29
25	4.71	7.05	4.34	6.60	0.23	0.53	0.22	0.50	0.89	0.97	0.99	1.34
26	4.86	7.56	4.46	6.94	0.24	0.57	0.22	0.52	0.92	1.12	1.02	1.48
27	5.05	8.06	4.60	7.28	0.25	0.61	0.23	0.55	0.96	1.26	1.06	1.61
28	5.31	8.67	4.81	7.74	0.27	0.65	0.24	0.58	1.01	1.43	1.12	1.79
29	5.64	9.34	5.00	8.28	0.28	0.70	0.25	0.62	1.08	1.62	1.17	2.00
30	6.01	10.18	5.24	8.91	0.30	0.77	0.27	0.67	1.16	1.86	1.24	2.24
31	6.18	10.64	5.43	9.26	0.31	0.80	0.27	0.69	1.35	2.01	1.40	2.48
32	6.40	11.12	5.65	9.69	0.32	0.84	0.28	0.73	1.58	2.17	1.59	2.77
33	6.62	11.68	5.92	10.15	0.33	0.88	0.30	0.76	1.83	2.36	1.81	3.08
34	6.89	12.30	6.23	10.67	0.35	0.92	0.31	0.80	2.12	2.56	2.07	3.44
35	7.20	12.99	6.56	11.22	0.36	0.97	0.33	0.84	2.47	2.79	2.35	3.81
36	7.55	13.89	6.88	11.77	0.38	1.04	0.34	0.88	2.58	3.06	2.66	3.91
37	7.97	14.91	7.21	12.35	0.40	1.12	0.36	0.93	2.72	3.37	3.00	4.01
38	8.42	16.01	7.60	12.99	0.42	1.20	0.38	0.97	2.87	3.70	3.39	4.13
39	8.94	17.21	8.04	13.64	0.44	1.29	0.40	1.02	3.04	4.06	3.83	4.25
40	9.50	18.53	8.51	14.32	0.47	1.39	0.42	1.07	3.23	4.46	4.30	4.37
41	9.93	20.07	8.88	15.38	0.49	1.50	0.44	1.15	3.94	6.24	4.84	5.55
42	10.42	21.73	9.28	16.51	0.52	1.63	0.46	1.24	4.73	8.15	5.41	6.80
43	10.96	23.51	9.72	17.70	0.55	1.76	0.49	1.33	5.59	10.20	6.05	8.12
44	11.54	25.47	10.19	18.97	0.58	1.91	0.51	1.43	6.53	12.46	6.74	9.54
45	12.16	27.56	10.72	20.30	0.61	2.07	0.54	1.53	7.53	14.87	7.50	11.01
46	12.99	29.31	11.12	21.32	0.65	2.20	0.56	1.60	8.34	16.49	8.13	12.42
47	13.88	31.22	11.56	22.38	0.69	2.34	0.58	1.68	9.20	18.25	8.84	13.87
48	14.79	33.24	12.04	23.51	0.74	2.50	0.60	1.77	10.10	20.12	9.61	15.42
49	15.77	35.42	12.56	24.75	0.79	2.66	0.63	1.86	11.05	22.13	10.44	17.12
50	16.80	37.72	13.12	26.07	0.84	2.83	0.66	1.96	12.05	24.25	11.33	18.93
51	17.76	40.46	13.79	28.48	1.08	3.04	0.83	2.14	14.54	25.12	13.40	20.35
52	18.80	43.38	14.53	31.12	1.34	3.26	1.03	2.34	17.23	26.05	15.68	21.91
53	19.92	46.53	15.34	33.91	1.62	3.49	1.24	2.55	20.13	27.05	18.15	23.55
54	21.12	49.82	16.21	36.92	1.92	3.74	1.47	2.77	23.22	28.09	20.83	25.32
55	22.40	53.30	17.12	40.10	2.24	4.00	1.71	3.01	26.53	29.20	23.64	27.19
56	23.57	57.10	17.96	40.91	2.36	4.29	1.80	3.07	29.47	33.33	26.03	30.87
57	24.82	61.09	18.84	41.76	2.48	4.58	1.88	3.13	32.59	37.65	28.53	34.67
58	26.17	65.20	19.78	42.66	2.62	4.89	1.98	3.20	35.97	42.11	31.18	38.74
59	27.58	69.50	20.75	43.59	2.76	5.21	2.08	3.27	39.50	46.76	33.95	42.88
60	29.12	73.92	21.76	44.55	2.91	5.54	2.18	3.34	43.35	51.55	36.81	47.22

Policy fees: \$60 if 1 insured
\$90 if 2 insureds