

**LIFE INSURANCE**  
PERSPECTIVE

# APPLICATION Perspective

For people between  
**35** and **75** years of age

A partner you can trust.

[www.inalco.com](http://www.inalco.com)



## PERSPECTIVE › Level face amount




Premium per \$1,000 of basic insurance (minimum \$5,000, maximum \$50,000)* Add annual policy fees (\$60 for the proposed insured; \$30 for the spouse).					Surrender values per \$1,000 of insurance			Paid-up insurance per \$1,000 of insurance					
Age at nearest birthday	Male Annual premium		Female Annual premium		Male After 3 years	and After 10 years	Female After 20 years	Male			Female		
	Non-smoker	Smoker	Non-smoker	Smoker				After 3 years	After 10 years	After 20 years	After 3 years	After 10 years	After 20 years
35	12.23	16.67	10.90	13.21	7	14	40	25	41	88	29	47	100
36	12.90	17.65	11.40	13.82	8	15	42	27	42	90	31	49	102
37	13.61	18.68	11.92	14.45	8	16	45	27	44	94	31	50	106
38	14.35	19.77	12.46	15.12	9	18	48	30	48	97	34	55	110
39	15.14	20.93	13.03	15.81	10	19	51	31	49	101	35	56	114
40	15.97	22.16	13.63	16.54	10	20	54	31	50	104	35	57	117
41	16.80	23.46	14.34	17.53	11	21	57	33	51	107	38	59	121
42	17.67	24.84	15.09	18.59	12	23	60	35	55	110	40	62	124
43	18.58	26.30	15.88	19.71	13	24	63	37	55	113	42	63	127
44	19.55	27.84	16.71	20.89	14	26	67	37	58	117	43	67	131
45	20.56	29.48	17.58	22.15	14	28	70	37	61	120	43	70	134
46	21.44	30.88	17.94	23.17	15	29	74	39	62	124	44	70	138
47	22.36	32.34	18.30	24.25	17	31	78	43	64	128	49	73	142
48	23.32	33.88	18.67	25.37	18	33	82	44	67	132	50	76	146
49	24.33	35.49	19.05	26.54	19	35	86	45	69	135	51	78	149
50	25.37	37.17	19.44	27.77	20	37	90	46	71	139	53	80	153
51	26.56	39.53	20.11	29.09	25	45	106	56	85	160	64	95	176
52	27.80	42.03	20.81	30.48	30	53	122	66	97	181	75	109	198
53	29.11	44.70	21.53	31.93	35	62	138	75	111	201	85	125	220
54	30.47	47.54	22.27	33.46	40	70	154	83	123	221	94	137	240
55	31.90	50.55	23.04	35.05	45	78	170	91	134	239	103	149	260
56	33.62	53.77	24.82	37.07	50	86	186	99	144	258	112	161	279
57	35.43	57.19	26.74	39.21	55	94	202	106	154	275	120	171	297
58	37.34	60.83	28.81	41.46	60	102	218	113	164	293	127	182	314
59	39.35	64.70	31.03	43.85	65	110	234	119	173	310	134	191	331
60	41.47	68.82	33.43	46.38	70	118	250	126	182	326	141	201	348
61	44.41	72.83	35.44	49.36	75	128	273	131	194	351	147	213	373
62	47.55	77.06	37.58	52.54	80	137	297	137	203	377	153	223	399
63	50.92	81.55	39.84	55.92	85	147	320	142	214	401	159	234	423
64	54.53	86.30	42.24	59.52	90	156	344	148	223	426	164	243	448
65	58.39	91.32	44.78	63.35	95	166	367	153	234	449	169	254	471
66	62.71	97.72	47.69	67.50	100	175	390	157	242	472	174	262	493
67	67.34	104.57	50.78	71.92	105	185	413	162	252	494	178	272	515
68	72.32	111.91	54.08	76.64	110	194	437	166	260	517	183	280	537
69	77.66	119.75	57.59	81.66	115	204	460	171	270	539	187	289	558
70	83.40	128.15	61.33	87.01	120	213	483	175	278	561	191	296	578
71	90.06	136.54	65.99	93.08	124	221	506	178	284	582	193	302	598
72	97.25	145.47	71.01	99.57	128	230	530	180	292	604	195	309	618
73	105.01	155.00	76.41	106.51	132	238	553	183	298	624	198	315	637
74	113.39	165.14	82.22	113.94	136	247	577	185	306	645	200	322	655
75	122.44	175.95	88.47	121.88	140	255	600	188	312	663	202	327	672

Multiply the annual premium by 0.09 to obtain the Pre-authorized cheque (PAC) premium.

\*Note: An insured may hold more than one *Perspective* policy as long as the total face amount of all *Perspective* policies issued on his/her life does not exceed \$50,000.

## PERSPECTIVE › Indexed face amount

The values shown take into account the indexation of the face amount.



Premium per \$1,000 of basic insurance (minimum \$5,000, maximum \$50,000)* Add annual policy fees (\$60 for the proposed insured; \$30 for the spouse).					Surrender values per \$1,000 of insurance			Paid-up insurance per \$1,000 of insurance					
Age at nearest birthday	Male Annual premium		Female Annual premium		Male After 3 years	and After 10 years	Female After 20 years	Male			Female		
	Non-smoker	Smoker	Non-smoker	Smoker				After 3 years	After 10 years	After 20 years	After 3 years	After 10 years	After 20 years
35	17.55	25.17	15.11	19.91	8	19	72	29	56	158	33	64	180
36	18.47	26.44	15.80	20.83	9	20	76	31	57	163	35	65	185
37	19.44	27.78	16.52	21.80	9	22	81	31	61	169	35	69	191
38	20.46	29.18	17.28	22.81	10	24	87	33	64	177	38	73	200
39	21.54	30.65	18.07	23.87	11	26	92	34	68	182	39	77	206
40	22.67	32.20	18.89	24.98	11	27	98	34	68	189	39	78	214
41	23.81	33.85	19.92	26.32	12	28	103	36	69	194	41	78	219
42	25.02	35.58	21.00	27.73	13	31	108	38	74	199	43	84	223
43	26.28	37.40	22.14	29.21	14	32	114	40	74	205	45	84	230
44	27.61	39.32	23.34	30.78	15	35	121	40	79	212	46	90	238
45	29.00	41.33	24.61	32.43	15	38	126	40	83	216	46	95	241
46	30.49	43.46	25.56	34.03	16	39	134	41	83	225	47	95	250
47	32.05	45.71	26.55	35.71	19	42	141	48	87	232	55	99	257
48	33.69	48.07	27.58	37.48	20	44	148	49	89	238	56	101	264
49	35.42	50.55	28.64	39.33	21	47	155	50	93	244	57	105	270
50	37.23	53.16	29.75	41.27	22	50	163	51	96	252	58	109	277
51	39.29	56.06	31.62	43.34	27	60	191	61	113	289	69	127	318
52	41.47	59.12	33.61	45.51	33	71	220	72	130	327	82	147	358
53	43.77	62.35	35.72	47.80	38	83	249	81	149	363	92	167	397
54	46.20	65.75	37.96	50.19	44	94	278	92	165	399	104	184	434
55	48.76	69.34	40.35	52.71	49	105	307	99	180	433	112	201	469
56	51.39	73.05	42.26	55.51	55	116	336	109	195	466	123	217	504
57	54.15	76.97	44.26	58.46	60	126	365	116	207	498	131	230	537
58	57.07	81.09	46.36	61.57	66	137	394	124	220	529	140	244	569
59	60.14	85.43	48.55	64.84	71	148	423	130	233	560	147	258	599
60	63.38	90.01	50.85	68.29	76	159	452	136	245	590	153	270	629
61	66.91	95.03	53.62	71.82	82	172	493	144	260	634	161	286	675
62	70.64	100.32	56.53	75.54	87	184	536	149	273	681	166	299	721
63	74.57	105.91	59.61	79.44	93	198	578	156	289	725	174	315	765
64	78.73	111.81	62.85	83.55	98	210	621	161	301	769	179	328	809
65	83.11	118.04	66.27	87.87	104	223	663	167	314	811	185	341	851
66	89.10	125.93	69.97	92.55	109	235	704	172	326	852	190	352	891
67	95.53	134.34	73.87	97.48	115	249	746	177	340	893	195	366	930
68	102.41	143.32	77.99	102.67	120	261	789	182	351	935	199	376	970
69	109.79	152.89	82.34	108.13	126	274	831	187	363	974	205	388	1 008
70	117.71	163.11	86.93	113.89	131	286	872	191	373	1 013	209	398	1 044
71	126.40	173.10	92.85	120.48	135	297	914	193	382	1 051	210	406	1 080
72	135.73	183.71	99.16	127.46	140	309	957	197	392	1 090	214	416	1 117
73	145.75	194.97	105.91	134.84	144	320	999	199	401	1 127	216	423	1 151
74	156.51	206.91	113.12	142.65	149	332	1 042	203	411	1 164	219	432	1 184
75	168.06	219.59	120.82	150.91	153	343	1 084	205	420	1 199	220	440	1 215

Multiply the annual premium by 0.09 to obtain the Pre-authorized cheque (PAC) premium.

\*Note: An insured may hold more than one *Perspective* policy as long as the total face amount of all *Perspective* policies issued on his/her life does not exceed \$50,000.

Policy no.

**Proposed insured**

**1** Last and first name Last name First name

**2** Address No. Street Apartment PO Box

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

**Spouse**

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

**Applicant (Both the proposed insured and his/her spouse are considered applicants unless otherwise indicated in the section below.)**

**1** Last and first name Last name First name

**2** Address No. Street Apartment PO Box

City Province Postal code

**3** Date of birth Date of birth Age Sex Relationship to proposed insured

**4** Telephone Home phone no. Work phone no. Extension Email address

**5** Contingent policyowner Last name First name



## Declaration of insurability

### 1 Insurance history

- a) Within the past 2 years, have you had a life insurance application denied or postponed by any company, including Industrial Alliance?  
 b) Do you have another life application pending with Industrial Alliance or any other insurance company? OR  
 Have you applied for life insurance with Industrial Alliance or any other company at the same time as this application?  
 c) Do you plan to submit an application to Industrial Alliance for another insurance product in the next year?

Proposed insured		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2 Are you currently:

- a) Incapable of independently carrying out at least one of basic activities of daily living such as: getting up, walking, washing, dressing, eating?  
 b) Do you suffer from incontinence?  
 c) Admitted to a hospital, clinic or extended-care facility or a resident of a health establishment such as a nursing home or a residential care centre or a resident of a home for individuals with reduced physical or mental autonomy?  
 d) Not working due to illness for more than one year or retired due to illness?  
 e) Under guardianship?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3 Within the past 2 years:

Have you been diagnosed, been recommended that you undergo follow-up examinations, been operated on, been hospitalized or been prescribed one or more drugs for any of the following illnesses:

- |                                     |  |
|-------------------------------------|--|
| a) Angina or coronary insufficiency | f) Diabetes requiring occasional or constant insulin treatment                                 |
| b) Stroke                           | g) Infarction (heart attack) or congestive heart failure                                       |
| c) Cirrhosis of the liver           | h) Coronary artery dilatation or bypass surgery  |
| d) Chronic kidney disease           | i) Chronic respiratory illness requiring the administration of oxygen in a hospital or at home |
| e) Alzheimer's disease              |  |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you used hard drugs such as opium, heroin, morphine, amphetamines, cocaine, hallucinogens or anabolic steroids other than as prescribed by a doctor or methadone as prescribed or not by a doctor?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 4 Within the past 5 years:

- a) Have you been diagnosed, been recommended that you undergo follow-up examinations, been operated on, been hospitalized or been prescribed one or more drugs for any of the following illnesses:  
 - Malignant tumor, cancer, leukemia or lymphoma  
 - Drug addiction or substance abuse (drugs, alcohol or other)  
 b) Have you undergone any of the following surgical procedures: organ replacement, transplant or graft surgery?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 5 In your lifetime:

Have you tested positive for or have you consulted a physician or have you been prescribed one or more drugs for any of the following illnesses:

- a) HIV (AIDS virus), AIDS or any AIDS-related illness  
 b) Any illness of the immune system  
 c) Hepatitis B, C or chronic hepatitis

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered "Yes" to any of the above questions, you are not eligible for this insurance.**

The company reserves the right to evaluate other elements in addition to those mentioned above.

## Signatures

We, the proposed insured and the applicant, declare that all answers and explanations given in this application, or in any other questionnaire or form in connection herewith, as well as during an interview, by telephone or otherwise, concerning the declarations of insurability, 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 acknowledge that declarations of insurability may be completed during an interview, by telephone or otherwise, which interview may be recorded, and that Industrial Alliance will rely upon the said declaration, among other things, in determining whether to accept 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, particularly medical information, and any other public or private organization holding medical or health-related 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.

By signing below, the agent confirms that he has provided a disclosure statement to the applicant which discloses the company or companies he represents and his relationship with them; that he receives compensation (such as commissions) for the sale of insurance products and may receive other compensation such as bonuses, invitations to conferences or other incentives; and any conflicts of interest that he may have with respect to this transaction.

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

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Proposed insured	Applicant	Agent
<u>X</u>	<u>X</u>	<u>X</u>

Spouse  
X



## Pre-notice from the Medical Information Bureau

Information regarding your insurability will be treated as confidential. Industrial Alliance Insurance and Financial Services Inc. (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: 1 866 692-6901; www.mib.com.

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.

## Notice

A representative from an inspection company may contact you to obtain information concerning your personal and financial status. A doctor or registered nurse from a paramedical organization or clinic may be asked to complete a medical examination

and/or collect a blood or urine sample. Before collecting this blood or urine specimen, your written consent will be required.

## 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 offer you insurance, annuity and credit insurance products and other complementary services according to your needs, Industrial Alliance will establish a file in which your personal information will be kept. This file will remain strictly confidential and will be kept in Industrial Alliance's offices. Only the employees or representatives of Industrial Alliance who need this information as part of their duties will have access your file. 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 Inc.  
Information Access Officer  
1080 Grande Allée West  
PO Box 1907, Station Terminus  
Quebec City, QC G1K 7M3**

Industrial Alliance may establish a list of its clients for its own commercial prospecting purposes or that of member companies of the Industrial Alliance group. However, you are entitled to have your name removed from this list by making a written request to the Information Access Officer at the address indicated above.