UNIVERSITY OF ALBERTA ALUMNI

INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.

GROUP POLICY NO.

100008549

Reset Form | Print Form

APPLICATION FOR GUARANTEED ISSUE LIFE INSURANCE

Please complete, print and sign.

MEMBER INFORMATION MUST ALWAYS BE COMPLETED

Last Name | Given Name | Initials | Gender | Date of Birth (dd-mmm-yyyy)

○ M ○ F

Place of Birth | Occupation

Street Address | City | Prov. | Postal Code

--

Telephone (Home) | Telephone (☐ Work ☐ Cell) | Email

SPOUSE INFORMATION COMPLETE THIS SECTION WHEN APPLYING FOR SPOUSAL COVERAGE

Are you also a member of this alumni association? ○ Yes ○ No

Last Name | Given Name | Initials | Gender | Date of Birth (dd-mmm-yyyy)

☐ M ☐ F

Place of Birth | Occupation

INSURANCE INFORMATION SELECT INSURANCE APPLYING FOR

Member Benefit Amount (please check only if applying)

☐ $ 2,500	☐ $ 10,000	☐ $ 17,500	☐ $ 25,000
☐ $ 5,000	☐ $ 12,500	☐ $ 20,000	
☐ $ 7,500	☐ $ 15,000	☐ $ 22,500	

Spouse Benefit Amount (please check only if applying)

☐ $ 2,500	☐ $ 10,000	☐ $ 17,500	☐ $ 25,000
☐ $ 5,000	☐ $ 12,500	☐ $ 20,000	
☐ $ 7,500	☐ $ 15,000	☐ $ 22,500	

SMOKING STATUS

Member

Have you used any form of tobacco (except an average of one cigar a month), including nicotine products, marijuana, hashish, smoking cessation products, betel nuts or leaves, supari, paan, gutka or shisha, within the last 12 months? If "Yes", smoker rates will apply. ○ Yes ○ No

Spouse

Have you used any form of tobacco (except an average of one cigar a month), including nicotine products, marijuana, hashish, smoking cessation products, betel nuts or leaves, supari, paan, gutka or shisha, within the last 12 months? If "Yes", smoker rates will apply. ○ Yes ○ No

UNIVERSITY OF ALBERTA ALUMNI

INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.

GROUP POLICY NO.

100008549

Reset Form | Print Form

BENEFICIARY DESIGNATION

The beneficiary designation stated on this application will supersede all prior dated revocable designations. Unless specific instructions to the contrary have been received by Industrial Alliance, this designation will apply in the event of the member's death to benefits payable under the member Guaranteed Issue Life Insurance in force under this group policy. You may change your beneficiary at any time without the beneficiary's consent, unless you specifically designate your beneficiary as irrevocable.

Beneficiary Last Name	Beneficiary Given Name	Relationship to Member	% Payable to Each
Beneficiary Last Name	Beneficiary Given Name	Relationship to Member	% Payable to Each

For any beneficiary under 18 you must also name a trustee

Name of Trustee

Unless otherwise stated in writing, the member is the beneficiary for the spouse Guaranteed Issue Life benefit.

NOTE FOR QUEBEC RESIDENTS

If you have named your spouse as your beneficiary, this designation will automatically be Irrevocable.
This means that you will not be able to change your coverage without their consent.

If you do not wish your spouse's designation to be Irrevocable, please check here → ○ **Revocable**

PAYMENT INFORMATION PLEASE CHOOSE YOUR PAYMENT OPTION BELOW

○ **Monthly Pre-Authorized Debit (PAD) –** I have attached a completed Pre-Authorized Debit (PAD) Agreement form authorizing Industrial Alliance to withdraw the required premium (plus applicable taxes) from my account. (To obtain a form please visit www.solutionsinsurance.com/PADform).

○ **Monthly Credit Card –** I authorize Industrial Alliance to charge the required monthly premium (plus applicable taxes) to the credit card indicated below on or around the 1st business day of each month. I understand this amount may change at a future date as specified in the Master Group Policy. Industrial Alliance will, to the best of its ability, advise me in writing of the revised amount in advance of its effective date. The monthly credit card option may be discontinued by me or Industrial Alliance upon written notice.

○ **Cheque –** I have attached a cheque for the first month's premium payable to "Industrial Alliance". I understand the balance of the premium (plus applicable taxes) will be billed once my coverage is approved.

○ **One-time Credit Card Payment –** I authorize Industrial Alliance to charge the credit card indicated below with the required premium (plus applicable taxes) payable to the next renewal date of the Group Policy. Prior to the next renewal, Industrial Alliance will send me an Annual Premium Statement indicating premium due for the next policy year. I understand I am required to select a premium payment option at that time.

○ VISA

OR

○ MasterCard

Cardholder Name	Credit Card Number	Expiry Date (mmm-yyyy)

AUTHORIZATION IMPORTANT INFORMATION ABOUT YOUR APPLICATION PLEASE READ CAREFULLY BEFORE SIGNING

1. I understand that during the first 24 months immediately following the effective date of coverage the following limitations apply: If the cause of death is non-accidental, no benefit is payable, but premiums will be refunded with 5% interest, compounded annually. If the cause of death is suicide, no benefit is payable, but premiums will be refunded without interest. I further understand that if the cause of death is accidental, the full benefit payment will be made.
2. I confirm I have not made any misrepresentations regarding age, gender, smoking status or eligibility and understand that if I have done so, coverage will be void.
3. I acknowledge that I have read the Notice on Privacy and Confidentiality (attached) summarizing certain privacy practices regarding collection, use and disclosure of my personal information.
4. I agree to the use of my personal information for the purposes outlined in this application. I understand that my consent to the use of any information to offer me products and services is optional and that if I wish to discontinue such use I may call or write to Industrial Alliance at the telephone number or address shown on this application.
5. I understand that coverage will take effect on the date my completed application is received by Industrial Alliance and my first month's premium has been paid.

A copy of this signed authorization shall be as valid as the original.

X		X	
Member Signature (must always sign)	Date (dd-mmm-yyyy)	**Spouse Signature** (if applying)	Date (dd-mmm-yyyy)

UNIVERSITY OF ALBERTA ALUMNI

INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.

GROUP POLICY NO.

100008549

Reset Form | Print Form

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

STEP 1 - PROVIDE DETAILS FOR MONTHLY PRE-AUTHORIZED DEBITS

ATTACH A PERSONALIZED 'VOID' CHEQUE OR COMPLETE THE INFORMATION BELOW

ACCOUNT DETAILS

Name(s) of Account Holder(s) as shown on Financial Institution records

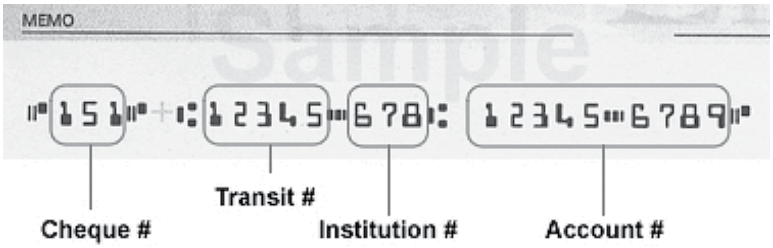
Street Address of Account Holder(s) | City | Prov. | Postal Code

Name of Financial Institution

Street Address of Branch | City | Prov. | Postal Code

Financial Institution Number | Transit Number | Account Number

ACCOUNT DETAILS (see sample below)



STEP 2 - REVIEW AND PROVIDE AUTHORIZATION

RECOURSE

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

AUTHORIZATION FORM MUST BE SIGNED IN INK

I/we, as the Account Holder(s), authorize Industrial Alliance Insurance and Financial Services Inc. and the financial institution named above or as indicated on the attached 'VOID' cheque, to withdraw variable monthly payments from my/our account, at the branch indicated, for the purpose of collecting premiums and any applicable sales tax and service charges for insurance under this policy.

The PAD amount will be debited from the account indicated above on the 1st day of each month or the next business day. I/we agree to notify Industrial Alliance in writing, if there is any change to the banking information set out above.

I/we agree that Industrial Alliance will provide written notice of the amount of the PAD at least three (3) calendar days before the first PAD is debited. I/we waive the right to receive pre-notification of the amount to be debited each subsequent month. I/we waive the right to receive pre-notification of the amount to be debited when the PAD amount is changed due to a change in sales taxes, service charges, or as a result of my/our request.

I/we may cancel this PAD Agreement at any time, subject to providing notice to Industrial Alliance at the address provided below. This notification must be received at least ten (10) business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/we understand that cancellation of this PAD Agreement will not have any effect on the insurance provided under this policy, provided that payment is received when due and is made in accordance with the terms of this policy.

This PAD Agreement only applies to the method of payment. I/we understand that completing this PAD Agreement does not mean that the application for insurance coverage has been approved.

X

Member Signature
(must always sign)

Date (dd-mmm-yyyy)

X

Signature of all other Account Holder(s)
(if a required signatory to this account)

Date (dd-mmm-yyyy)

UNIVERSITY OF ALBERTA ALUMNI

INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.

GROUP POLICY NO.

100008549

Reset Form Print Form

NOTICE ON PRIVACY & CONFIDENTIALITY PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. employees, its reinsurers, third party administrators, mandataries, agents or brokers of Industrial Alliance, plan sponsors and any agents or brokers of such sponsors or other market intermediaries who are responsible for (a) sponsoring a plan for you, (b) marketing and administration of products or services, (c) assessment of risk (underwriting) and (d) investigation of claims. **Your file will be kept in Industrial Alliance's offices.**

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 2165 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, Administration, Special Markets Solutions. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found at our website www.inalco.com or alternatively, contact us at 1-800-266-5667 and request that a copy be faxed or mailed to you.

PLEASE SEND YOUR COMPLETED FORM TO:

SPECIAL MARKETS solutions

Special Markets Solutions
Industrial Alliance Insurance and Financial Services Inc.
2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6
Or fax to 1.888.553.5433 (toll free)

QUESTIONS?

Contact a Client Service Specialist at:
1.800.266.5667 (toll free)
604.737.3802 (Vancouver)
solutions@inalco.com
Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time