

INFORMATION INTENDED FOR THE CONSUMER

DISTRIBUTION GUIDE



Name of insurance product

Advantage 70-P

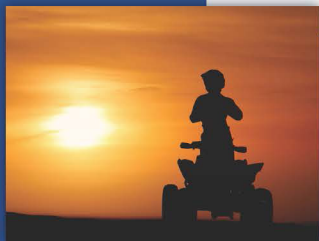
Group Insurance: LIFE
CRITICAL ILLNESS
DISABILITY
INVOLUNTARY
UNEMPLOYMENT



Offered by:



Through the following distributor:



THE AUTORITÉ DES MARCHÉS FINANCIERS does not express an opinion on the quality of the products offered in this guide. The insurer alone is responsible for any discrepancies between the wording of the guide and the policy.

iA FINANCIAL GROUP is a business name and trademark of Industrial Alliance Insurance and Financial Services Inc.

INSURER: Industrial Alliance Insurance and Financial Services Inc.

SAMPLE

TABLE OF CONTENTS

I- INTRODUCTION	1
II- DEFINITIONS	1
III- DESCRIPTION OF THE INSURANCE.....	5
A) Life Insurance.....	5
a) Coverage	5
b) Description of the Coverage	5
c) Eligibility	6
d) Conditions and Limitations.....	6
B) Involuntary Unemployment Insurance.....	7
a) Coverage	7
b) Description of the Coverage	7
c) Eligibility	8
d) Waiting period	8
e) Conditions and Limitations.....	8
C) Critical Illness Insurance.....	8
a) Coverage	8
b) Description of the Coverage	9
c) Eligibility	9
d) Conditions and Limitations.....	10
D) Disability Insurance	11
a) Coverage	11
b) Description of the Coverage	12
c) Eligibility	12
d) Waiting Period	12
e) Conditions and Limitations.....	13
E) Supplemental Health Questionnaire	14
a) Life Insurance	15
b) Disability Insurance	15
c) Critical Illness Insurance	15
d) Questionnaire Answers and Analysis	15

F) Terms	16
a) Insurance Effective Date	16
b) Maximum Term	16
c) Maximum Number of Insured Monthly Payments	17
d) Termination of Life Insurance, Critical Illness Insurance, and Disability Insurance	17
IV- GENERAL CONDITIONS	19
A) Exclusions	19
B) Pre-existing Condition Clause	21
C) Involuntary Unemployment examples	22
V- CANCELLATION OF THE INSURANCE	22
a) Money Back Guarantee during the First 20 Days	22
b) Cancellation after the 20-day Period	23
c) Method for calculating the premium refund	23
VI- BENEFITS OR CLAIM	24
A) Claims Process	24
B) Time for Processing	25
C) Conditions to receive Benefits	25
D) Termination of Disability Benefits	26
E) Termination of Involuntary Unemployment Benefits	26
F) Appeal of the Insurer's Decision	27
VII- INSURER	27
VIII- SIMILAR PRODUCTS	27
IX- THE AUTORITÉ DES MARCHÉS FINANCIERS	28

I. INTRODUCTION

The *Act respecting the distribution of financial products and services* allows insurance companies like Industrial Alliance Insurance and Financial Services Inc. (iA Financial Group) to choose distributors that can offer you certain insurance products. Your retailer, usually a vehicle dealership, is one of these distributors for the products described in this guide.

You will find hereafter all the information needed to determine if the insurance products offered by your retailer on the life, health and employment of the debtors correspond to your needs.

The objective of this guide is to give you a complete description of the benefits offered as well as the exclusions applicable. Also, this guide explains how, when, and to whom a claim must be submitted following a loss and it specifies your rights.

If, after having read this guide, some of your questions remain unanswered, please contact your retailer who will help you make an informed decision. Also, a representative of the insurance company will be available to answer your questions.

Words defined in the guide or followed by an explanation are shown in ***bold and italics***.

II. DEFINITIONS

Applicant: the Debtor and/or Co-Debtor named on the application, that:

- a) are debtor(s) under the ***Financed Amount***; and
- b) satisfy the Eligibility Requirements; and
- c) are subject to the Supplemental Health Questionnaire (SHQ); and
- d) have paid the applicable premium for the ***insurance*** coverage selected on the Application.

Upon approval of coverage, the ***Applicant*** becomes the ***Insured***.

Certificate of Insurance or **Certificate:** the Application, the SHQ (if applicable) plus any additional documents regarding your coverage issued to you by the ***Insurer*** and forms your contract of ***insurance***.

Critical illness or **CI: *Diagnosis*** of any of the following Covered Conditions which occur directly as a result of illness, and first occur after the ***Effective Date of Insurance***;

a) Life-Threatening Cancer:

Diagnosis of a malignancy characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue but not including:

- Pre-malignant lesions, benign tumours or benign polyps;
- Any skin cancer, other than invasive malignant melanoma into dermis or deeper;
- Non-invasive cancer in situ;
- Early prostate cancer diagnosed as T1 N0 M0 or equivalent staging; or
- Any tumour in the presence of the human immunodeficiency virus (HIV).

b) Heart attack (Myocardial Infarction):

Death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnostic must be confirmed by both:

- 1) new electrocardiographic changes indicative of a myocardial infarction or by new clinical presentation, only in cases where the ECG can not be interpreted (complete bundle branch block, WPW, pace-maker), AND
- 2) characteristic changes of cardiac biochemical markers (troponin or CPK or CPK-MB) to levels consistent with acute myocardial infarction.

Exclusions:

- 1) Heart Attack occurring in the 48 hours following an elective revascularization procedure, unless it is accompanied by new pathological Q waves.
- 2) Heart Attack diagnosed by any other method, unless the **diagnosis** is confirmed as described above.

c) Coronary Artery Bypass Surgery:

Heart surgery performed to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques are excluded.

d) Stroke:

Acute cerebral vascular accident (CVA) producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least thirty (30) days following the occurrence of the stroke. Transient Ischemic Attacks (TIAs) are not covered.

e) Major Organ Failure Requiring Transplant:

Irreversible failure of the liver, bone marrow, entire heart, both lungs or both kidneys requiring a transplant of that organ, resulting in the **Insured** being accepted into a recognized transplant program in Canada. The **Insured** must survive at least 30 days following the date of enrollment into the transplant program.

f) Paralysis:

Paralysis resulting in complete and permanent loss of use of two or more limbs without interruption for a period of 90 days. At the end of such period, the **Specialist** must certify that the paralysis is complete and permanent.

Diagnosis: Certified **diagnosis** of the **Insured** with a Covered Condition by a **Specialist**.

Effective Date of Insurance:

- a) The Requested Effective Date, if you are not subject to the SHQ; or
- b) the Requested Effective Date, if you are subject to the SHQ and you answered "no" to all of the Health Questions and your Insured **Financed Amount** plus Insured Residual Value for Life or **CI** are less than \$300,000; or
- c) if a) and b) don't apply, the date we notify you in writing that your **insurance** coverage has been approved.

Your Application will be null and void if all underwriting requirements are not satisfied within 90 days of signing this Application.

Financed Amount: the debt described on the **Certificate**, payable in whole or part by installments, resulting from your debt to the Financial Institution, if one is named.

Injury: bodily **injury** caused by an accident that occurs after the **Effective Date of Insurance**. The **injury** must result from the accident, directly and independently of any other causes and must solely cause the death or **Total Disability**.

Insurance: the Life, **Involuntary Unemployment**, **CI** and/or Disability Insurance selected on the **Certificate**.

Insured: the Debtor and Co-Debtor named on the **Certificate**, who are debtor(s) under the **Financed Amount**, and have selected **Insurance** and, if applicable, have received the **Insurer's** written approval of coverage. The **Insured** must be a natural person, not a partnership, company or association.

Insured Loan: the debt described on the **certificate** by the Insured **Financed Amount** over the **Insurance** Term in Months at the Interest Rate. If a) the **Financed Amount** is greater than the Insured **Financed Amount** or b) your Amortization Term is greater than your **Insurance** Term, the **Insurance** benefit may not pay the full outstanding balance of your financial obligation.

Insurer: Industrial Alliance Insurance and Financial Services Inc.

Involuntary Unemployment: job-loss or layoff which is not attributed to your action, misconduct, option, or desire and was not anticipated on or prior to the **Effective Date of Insurance**.

Maximum number of Insured Monthly Payments: Total number of Insured Monthly Payments that will be paid during the **Insurance** Term of **Involuntary Unemployment** (if selected under Life Insurance) or Disability Insurance, per **Insured**.

PLUS Insured Loan: the debt described on the **certificate** by the Insured **Financed Amount** over the Amortization Term in Months. If the **Financed Amount** is greater than the Insured **Financed Amount**, the **insurance** benefit may not pay the full outstanding balance of your financial obligation.

Pre-existing Condition :

- (A) in relation to Life and/or Disability Insurance, an illness, disease, mental, nervous or psychiatric condition or disorder for which any of (i) medical advice (ii) treatment (iii) service (iv) prescribed medication (v) **diagnosis** or (vi) consultation, including consultation to investigate, follow-up and/or diagnose (where **diagnosis** has not yet been made) was received by you or would have been received by a prudent individual within both (a) the 12 months immediately preceding the **effective date of insurance** and (b) the 12 months immediately following the **effective date of insurance**.
- (B) in relation to **CI Insurance**, an illness, disease, mental, nervous or psychiatric condition or disorder for which any of (i) medical advice (ii) treatment (iii) service (iv) prescribed medication (v) **diagnosis** or (vi) consultation, including consultation to investigate, follow-up and/or diagnose (where **diagnosis** has not yet been made) was received by you or would have been received by a prudent individual anytime prior to the **effective date of insurance**.

Recurring Insurance: if selected on the **Certificate**, means Disability Insurance that will pay a maximum equivalent of 6 Insured Monthly Payments per claim per **Insured** and the claim will close. A subsequent claim would require that the **Insured** has returned to work for a minimum of ninety (90) days and is subject to a new Waiting Period.

Seasonally or Seasonal: as used with reference to work, means work that is limited in frequency by weather or other natural conditions and does not include occupations limited by availability of work.

Sickness: illness, disease or psychiatric disorder that first becomes manifest after the **Effective Date of Insurance**.

Specialist: Physician licensed and practicing in Canada whose practice is limited to the particular branch of medicine relating to the applicable Covered Condition and who is not the **Insured**, a relative or business associate of the **Insured**.

Totally Disabled or Total Disability: your inability, solely due to **Sickness** or **Injury** to perform all the duties of your occupation. After you have been **Totally Disabled** for 12 continuous months (plus any Elimination Waiting Period), **Total Disability** means your inability solely due to **sickness** or **injury**, to perform all duties of any occupation for which you are or can become reasonably qualified by virtue of your education, training, or experience. You are not **Totally Disabled** if you are working full or part time or if you have retired. Lack of work does not constitute **Total Disability** or entitle you to Insured Monthly Payments.

Variable Insurance: if selected on the **Certificate**, means Disability Insurance that will pay a maximum of 12 or 24 Insured Monthly Payments during the **Insurance** Term for Disability Insurance per **Insured**.

III. DESCRIPTION OF THE INSURANCE

This product is designed to provide you with **insurance** coverage for the debt that you have contracted with the lending institution, in whole or in part, by instalments.

You can obtain any of the policies separately or together, except for the **Involuntary Unemployment**.

- Life insurance
- **Critical illness insurance**
- Disability insurance
- **Involuntary Unemployment Insurance**

This debt is the result of a loan or a lease of a property that you have obtained from a retailer or a financial institution.

A) LIFE INSURANCE

a) Coverage

In the event of your death due to **Sickness** or **Injury**, we will pay: (1) the outstanding balance of your **Insured Loan** at the date of death, plus (2) the present value of the Insured Residual Value if you have selected this coverage.

You can choose between two types of life insurance coverage:

- i. Life Insurance**
or
- ii. Life Insurance PLUS**

b) Description of the Coverage

- i. The Life Insurance covers the outstanding balance of your **Insured Loan** throughout the term of the chosen **insurance**.

This coverage is offered when the amortization term of your loan is equal to that of the **insurance**. This **insurance** benefit will cover the outstanding balance of the **Insured Loan** in the event of your death.

In the event that you have chosen a lease or financing contract with a residual value (at the end of your financing term), the residual life insurance value will cover this amount if it was selected.

- ii. The Life Insurance PLUS covers the outstanding balance of your **PLUS Insured Loan** throughout the term of the chosen **insurance**.

This coverage is offered when the amortization term of your loan is greater than that of the **insurance**. This **insurance** benefit will cover the balance of the **PLUS Insured Loan**, in the event of your death during the term of coverage.

Caution!

You can insure yourself for only one of the two life insurance coverages.

c) Eligibility

- i. The **insured** may be:
- the debtor, who is the principal borrower or
 - the co-debtor, either a co-borrower or someone who has guaranteed the principal borrower or
 - the debtor and the co-debtor.

ii. On signing the **certificate**:

You must:

- be a natural person and
- be 18 years of age or more, but less than 71 years old.

iii. Supplemental Health Questionnaire (page 14)

d) Conditions and Limitations

i. Maximum amount of **insurance**

The life insurance benefit cannot exceed the following maximum amount:

- \$1,000,000 (people aged 18 to 55 years) on the **effective date of the insurance**
- \$200,000 (people aged 56 to 70 years) on the **effective date of the insurance**

The maximum amount of **insurance** that can be purchased is determined by:

- the maximum amount of **Insurance** is governed by the age of the eldest **Applicant**;
- the amount borrowed and
- the Life and **CI Insurance** benefits payable under the **Certificate** combined with any other group **insurance certificates** issued by us to you will not exceed \$1,000,000.

Please note that we cannot issue insurance for an amount greater than the amount of the loan.

At no time can the benefit paid exceed the total insurable limit adjusted according for the participant's age.

- ii. If the **co-insured** and the **insured** die at the same time, only one benefit will be paid.

- iii. We will not pay any late payment or any interest resulting from a late payment on the **amount financed** at the time of the death.
- iv. Coverage cannot be transferred to another individual.

Caution!

With life insurance and life insurance PLUS, the *insurance benefit* may not cover the entire amount of the unpaid balance of your debt in the event the amount borrowed is greater than the amount insured.

B) INVOLUNTARY UNEMPLOYMENT INSURANCE

a) Coverage

The ***involuntary unemployment insurance*** will protect you in the event that you experience ***involuntary unemployment***. The ***insurer*** will pay your retailer or the financial institution the Insured Monthly Payments for the period of ***involuntary unemployment***, monthly in arrears subject to the waiting period until the expiration of the ***insurance***, subject to the conditions described in the ***certificate***.

2 types of coverage are available:

3 or 6 Insured Monthly Payments

b) Description of the coverage

The ***involuntary unemployment insurance*** will protect you in the event that you experience ***involuntary unemployment*** for a consecutive number of days longer than the waiting period. In the event of ***involuntary unemployment***, the ***involuntary unemployment*** benefit is :

- i. equal to the insured monthly payment. For periods of less than 1 month, it is equal to 1/30 of the insured monthly payment per day of ***involuntary unemployment*** and
- ii. paid not exceeding the maximum amount of ***insurance*** indicated in the ***certificate***
- iii. paid not exceeding the ***maximum number of insured monthly payments***

c) Eligibility

- must be purchased with life insurance;
- be 18 years of age or more, but less than 71 years old;
- be able to perform the usual duties of your occupation; AND
- be gainfully employed, and have been working at least 23 hours per week for the past 4 weeks;

Note: ***Seasonal*** worker and self-employed are not eligible for the ***involuntary unemployment insurance***.

d) Waiting period

One type of Waiting period is offered, 30 days elimination. The waiting period is not covered.

e) Conditions and Limitations

- submit an application for unemployment benefits under the Employment Insurance Act (Canada) immediately upon being eligible to do so;
- be eligible to collect benefits under the Employment Insurance Act (Canada);
- be actively seeking employment during the period of **Involuntary Unemployment**;
- submit copies of their weekly stubs from benefit payments received under the Employment Insurance Act (Canada).

Maximum number of Insured Monthly payments are 3 or 6

i. Maximum amount of **insurance**

The **insurance** benefit cannot exceed the following maximum amount:

- \$5,000 (people aged 18 to 70 years)

The maximum amount of **insurance** that can be purchased is determined by:

- the amount borrowed and
- the maximum amount of **Insurance** is governed by the age of the eldest **Applicant**;

C) CRITICAL ILLNESS INSURANCE

a) Coverage

In the event that you are Diagnosed with a **CI**, we will pay: (1) the outstanding balance of your **Insured Loan** on the date the **CI** was Diagnosed, plus (2) the present value of the Insured Residual Value if you have selected this coverage.

You can choose between two types of critical illness insurance coverage:

- i. The **Critical Illness Insurance**
or
- ii. The **Critical Illness Insurance PLUS**

b) Description of the coverage

- i. The **Critical Illness Insurance** covers the outstanding balance of your **Insured Loan** throughout the term of the chosen **insurance**.

This coverage is offered when the amortization term of your loan is equal to that of the **insurance**. This **insurance** benefit will cover the outstanding balance of the **Insured Loan** at the time you are diagnosed with a **critical illness**.

In the event that you have chosen a lease or financing contract with a residual value (at the end of your financing term), the residual value **critical illness insurance** will cover this amount if it was selected.

- ii. The **Critical Illness Insurance Plus** covers the outstanding balance of the **Insured Loan** throughout the term of the chosen **insurance**.

This coverage is offered when the amortization term of your loan is greater than that of the **insurance**. This **insurance** benefit will cover the outstanding balance of the **Insured** on the date you receive a **diagnosis** of a covered **critical illness** during the term of coverage for the **insurance** you have chosen.

c) Eligibility

i. The **insured** may be:

- the debtor, who is the principal borrower or
- the co-debtor, either a co-borrower or someone who has guaranteed the principal borrower or
- the debtor and the co-debtor.

ii. On signing the **certificate**:

You must:

- be a natural person and
- be 18 years of age or more, but less than 61 years old

iii. **Supplemental Health Questionnaire** (page 14)

d) Conditions and Limitations

i. Maximum amount of **insurance**

The **critical illness insurance** benefit cannot exceed the following maximum amount:

- \$500,000 (people aged 18 to 55 years)
- \$250,000 (people aged 56 to 60 years)

The maximum amount of **insurance** that can be purchased is determined by:

- the maximum amount of **Insurance** is governed by the age of the eldest **Applicant**;
- the amount borrowed; and

- the Life and **CI Insurance** benefits payable under the **Certificate** combined with any other group **insurance certificates** issued by us to you will not exceed \$1,000,000.

Please note that we cannot issue insurance for an amount greater than the amount of the loan.

At no time can the benefit paid exceed the total insurable limit adjusted according for the participant's age.

- ii. Each **insurance certificate** issued by iA Financial Group gives you the right to receive a single **Critical Illness** benefit.
- iii. The **critical illness insurance** benefit is limited to the maximum amount of **insurance** indicated on the **certificate**.
- iv. We will not pay any late payment or any interest resulting from a late payment on the **amount financed** at the time a **critical illness** is diagnosed.
- v. The **certificate** cannot be transferred to another individual.
- vi. The **insured** must:
 - be the one who owes the **amount financed** by the lending institution and
 - have chosen the **insurance** and
 - if required, have received written approval for the policy from iA Financial Group.
- vii. The **insured** must obtain a **diagnosis** from a **specialist**, who must not be the **insured** himself/herself and must not be related to the **insured** in any way whatsoever.
- viii. The illness must appear for the first time after the effective date of the **insurance**.
- ix. A **diagnosis of heart attack** must be confirmed by both:
 - new electrocardiographic changes indicative of a myocardial infarction or by a new clinical presentation, only in cases where the ECG can not be interpreted (complete bundle branch block, WPW, pace-maker) AND
 - characteristic changes of cardiac biochemical markers (troponin or CPK or CPK-MB) to levels consistent with acute myocardial infarction.

Exclusions:

- Heart Attack occurring in 48 hours following an elective revascularization procedure, unless it is accompanied by new pathological Q waves.

- Heart Attack diagnosed by any other method, unless the **diagnosis** is confirmed as described above.
- x. Following a **stroke (CVA)**, the paralysis or any other measurable and objective neurological deficit, must persist for at least 30 days.
- xi. In the event of the **failure of a major organ** requiring a transplant, the **insured** must survive at least 30 days following the date of enrollment into the transplant program.
- xii. In the event of **paralysis**, the **specialist** must certify that the paralysis is complete and permanent after the 90-day period.

Caution!

With Critical Illness Insurance and Critical Illness Insurance PLUS, the insurance benefit may not cover the entire amount of the outstanding balance of your debt in the event the amount borrowed is greater than the amount insured. Furthermore, only the critical illnesses listed on your certificate will be covered.

D) DISABILITY INSURANCE

a) Coverage

In the event you are **Totally Disabled** due to **Injury** or **Sickness** for a consecutive number of days longer than the Waiting Period, we will pay your Insured Monthly Payment for the period of **Total Disability**, monthly in arrears, subject to the Waiting Period.

3 types of coverage are available:

- i. Disability insurance throughout the full term of the **insurance** period chosen
or
- ii. Variable disability insurance with a maximum of your choice of 12 or 24 insured monthly payments.
or
- iii. **Recurring insurance** with a maximum of 6 Insured Monthly Payments per claim

b) Description of the Coverage

The **insurance** will cover you in the event of **total disability**, if you are **totally disabled** for a consecutive number of days greater than the waiting period set out in your **certificate**. In the event of **total disability**, the disability insurance benefit is:

- ii. equal to the insured monthly payment. For periods of less than 1 month, it is equal to 1/30 of the insured monthly payment per day of **total disability** and
- ii. paid not exceeding the maximum amount of **insurance** indicated in the **certificate**
- iii. paid not exceeding the **maximum number of insured monthly payments**

c) Eligibility

i. The **insured** may be:

- the debtor, who is the principal borrower or
- the co-debtor, either a co-borrower or someone who has guaranteed the principal borrower or
- the debtor and the co-debtor.

ii. On signing the **certificate**:

You must:

- be a natural person and
- be 18 years of age or more, but less than 65 years old and
- be able to perform the usual duties of your occupation; AND
- gainfully employed, and have been working at least 23 hours per week for the past 4 weeks (also applicable to selfemployed individuals who have an annual business income after operating costs of at least \$9,000); OR
- gainfully employed **Seasonally**,
 - i) at least 11 consecutive weeks, for 25 hours per week during the past 12 months; or
 - ii) having contributed to the Employment Insurance Account and having worked for the required number of hours (based on location and regional employment rate) to be eligible to collect benefits under the Employment Insurance Act (Canada).

d) Waiting periods – Disability insurance

Two types of waiting periods are offered for disability insurance:

- i. Retroactive - The **Insurance** DOES cover the Waiting Period; or
- ii. Elimination - The **Insurance** DOES NOT cover the Waiting Period;

Waiting period	Possible number of days
Retroactive	30
Elimination	30, 60

e) Conditions and Limitations

i. Amount of maximum monthly **insurance**

The **insurance** benefit cannot exceed the following maximum insured monthly payment:

- \$5,000 a month (people aged 18 to 64 years)
The maximum overall amount of the disability insurance is \$500,000.

The maximum monthly amount of **insurance** that can be purchased is determined by:

- the maximum amount of **Insurance** is governed by the age of the eldest **Applicant**;
- the amount borrowed and
- the total amount of all loans insured with iA Financial Group.

Important:

If the co-insured and you are totally disabled at the same time, only one benefit is payable.

ii. The disability **insurance** benefit is limited to the maximum amount of **insurance** indicated on the front of the **certificate**.

iii. The **insured** must:

- be the one who owes the **amount financed** by the lending institution and
- have chosen the **insurance** and
- if required, have received written approval for the policy from iA Financial Group.

The **insured** must be a natural person and not a society, company, or association. All of the terms and conditions of the **certificate** apply to both of the **insured**, where applicable, on condition that the **insurer** has received payment of the premium for both of the **insured**.

iv. We will not pay any late payment or any interest resulting from a late payment on the **amount financed** at the time of the **total disability**.

v. The **certificate** cannot be transferred to another individual.

- vi. The **insured** must be monitored by a **specialist**, who must not be the **insured** himself/herself and must not be related to the **insured** in any way whatsoever.
- If the **Total Disability** is caused or contributed to by mental, nervous or psychiatric condition or disorder, after a benefit period of three months, payments will only be made if you are regularly attending a licensed **Specialist** such as a psychiatrist, a psychologist or a neurologist and the benefit period will never exceed (6) months per claim.
 - If your **Total Disability** is caused or contributed to by disease or disorder of the neck or back including but not limited to lumbar, thoracic or cervical spine, after a benefit period of two months, payments will only be made if you are under the care of a licensed **Specialist** such as a neurologist, a neurosurgeon, a physiatrist, an orthopaedic surgeon or a rheumatologist and the benefit period will never exceed (6) months per claim.
- ix. A waiting period applies at the start of each period of **total disability**. If there are successive periods of **total disability** separated by less than a month of continuous employment, there is no new waiting period.
- x. After you have been **Totally Disabled** for 12 continuous months (plus any Elimination Waiting Period), **Total Disability** means your inability solely due to **Sickness or Injury**, to perform all duties of any occupation for which you are or can become reasonably qualified by virtue of your education, training, or experience. You are not **Totally Disabled** if you are working full or part time or if you have retired. Lack of work does not constitute **Total Disability** or entitle you to Insured Monthly Payments.

E) SUPPLEMENTAL HEALTH QUESTIONNAIRE

Depending on your age and the amount of the **insurance** you are requesting, it is possible that you will have to fill out the Supplemental Health Questionnaire (SHQ) when you complete the Application form. If there is more than one **insurance applicant**, they must both fill out the SHQ.

Depending on the answers given on the SHQ and the amount of **insurance** that you are requesting, your Application may be underwritten by iA Financial Group.

Here are the situations where you must fill out the Supplemental Health Questionnaire (SHQ).

- a) In the case of life insurance:
- i. When the sum of my Insured **Financed Amount** plus Insured Residual Value exceeds:
 - \$150,000 (people aged 18 to 60 years)
 - \$100,000 (people aged 61 to 70 years)
- b) In the case of disability insurance:
- i. When the Insured Monthly Payments exceeds:
 - \$2,500 (people aged 18 to 60 years)
 - \$1,000 (people aged 61 to 64 years)
- c) In the case of **critical illness insurance**:
- ii. When the sum of my Insured **Financed Amount** plus Insured Residual Value exceeds:
 - \$150,000 (people aged 18 to 60 years)
- d) Answers to the Supplemental Health Questionnaire (SHQ) and the **insurer's** analysis:

i. The Application must be submitted to iA Financial Group's underwriting department, if:

- One of the **insurance applicants** answers «yes» to at least one of the health questions or
- the total insured amount is more than \$300,000, even if the **insurance applicants** answer «no» to all the health questions

ii. The Application does not have to be submitted to iA Financial Group's underwriting department, if:

The two **insurance applicants** answer «no» to all the health questions and the insured **financed amount** is less than \$300,000; the two conditions must both be met.

In that case, the **insurance** will be in effect from the effective date requested, that is when the Application is signed and payment is made by the lending institution.

Important: The Application will be refused if it does not meet all the conditions within 90 days of its being signed. You will receive a letter by mail confirming or refusing your Application.

F) TERM OF THE INSURANCE

a) Effective date

The **insurance** comes into effect on the latest of the following dates:

- i. In the following cases, on the requested effective date, which is when the Application is signed and the payment is made by the lending institution
 - if you do not have to complete the Supplemental Health Questionnaire because of your age and the amount of **insurance** requested or
 - even if you must complete the Supplemental Health Questionnaire, on condition that all the **insurance applicants** have answered «no» to all the health questions and that the total of the insured **financed amount** and the insured residual value for the life **insurance** or the **critical illness insurance** is less than \$300,000—both conditions must be met.
- ii. if the above situations do not apply, in the event your Application is subject to underwriting by iA Financial Group, the date on which we notify you in writing that your coverage was approved.

b) Maximum Term

The maximum term in months for each type of **insurance** is:

- i. For life insurance:
 - 180 months
- ii. For **critical illness insurance**:
 - 180 months
- iii. For disability insurance:
 - 120 months (people aged 18 to 59 years)
 - 84 months (people aged 60 to 64 years)
- iv. For **involuntary unemployment insurance** and Life insurance combined:
 - 120 months

The maximum amortization term must not exceed 240 months.

c) **Maximum number of insured monthly payments** for disability insurance:

- i. 12 months or
- ii. 24 months or
- iii. the full term or
- iv. 6 months per claim

- d) Termination of life insurance, **critical illness insurance**, and disability insurance.

The **Certificate** will terminate for all **insured(s)**, when any of the following events occur:

- i. upon the discharge of the debt in respect of the **Financed Amount**;
 - ii. upon the Expiry Date of **Insurance**;
 - iii. the terms of payment, or the amount payable, under the **Financed Amount** have been increased or extended (subject to paragraph 3 of this section);
 - iv. the financial institution has demanded payment of the full amount due under the **Financed Amount** because of default;
 - v. the property which is the subject of the **Financed Amount** has been repossessed or become the subject of a court action;
 - vi. upon our receipt of written notice to cancel the **insurance** coverage signed by both the Debtor and the Co-Debtor;
 - vii. upon payment of a premium refund, if any is owing, under the paragraph 4 of this section;
 - viii. upon the date of death of the **Insured** Debtor for single coverage, or both **Insured** Debtor and Co-Debtor for joint coverage;
 - ix. upon our payment of the Life Insurance or **CI Insurance** benefit.
2. Disability Insurance (if selected) will terminate for all **insured(s)** upon the payment of the Aggregate maximum benefit under this **certificate** and any other group **insurance certificates** issued by us to you.
3. Specific **Insurance** coverages will terminate for an **insured**, when any of the following events occur:
- i. Life Insurance (if selected), will terminate for an **insured** upon his or her 75th birthday;
 - ii. **CI Insurance** (if selected), will terminate for an **insured** upon his or her 65th birthday;
 - iii. **Disability Insurance** (if selected), will terminate for an **insured** upon his or her 70th birthday;
 - iv. Disability and/or **Involuntary Unemployment Insurance** (if selected), will terminate for an **Insured** upon the date of his or her retirement for regular or **seasonal** employment;
 - v. Disability Insurance (if selected with a **Variable Insurance** option), will terminate for an **insured** upon payment of the **maximum number of insured monthly payments**;
 - vi. **Involuntary Unemployment Insurance** (if selected), will terminate for an **insured** upon payment of the **maximum number of insured monthly payments** as specified on this **certificate**.

Upon written request; we may continue to offer coverage, at our option, under your **certificate** upon refinancing of the **financed amount**. In the event we offer such coverage, the **effective date of insurance**, Expiry date of **insurance**, **insurance** amounts and all other terms and conditions will remain the same.

If the **insurance** under your **certificate** is terminated before the Expiry date of **insurance**, you must apply in writing to be paid a premium refund. The premium refund will NOT be calculated pro-rata but will be the actuarial reserve held in respect of your **certificate** by us, less an administration fee (\$75) and less any claims paid. We will require the request for premium refund to be submitted within 180 days following termination of **insurance**. If such a request is received more than 180 days following termination, you may be subject to an additional administration fee.

If the debt in respect of the **financed amount** is still outstanding at the date of cancellation the premium refund will be made payable jointly to you and the financial institution. If the termination was as a result of the circumstances described in paragraph 1. (iv) or (v) of this section the premium refund will be made payable to financial institution only. No premium refund will be payable if we pay the Life or **CI insurance** benefit or for amounts of less than \$5.

IV. GENERAL CONDITIONS

NOTICE:

A) EXCLUSIONS

- a) No *insurance* will be paid under your *certificate* in the event that your claim is caused or contributed to by any of the following:
- i. intentionally self-inflicted *injury*;
 - ii. nuclear, chemical or biological contamination;
 - iii. war or any act of war whether declared or undeclared;
 - iv. suicide within the two year period immediately following the *Effective Date of Insurance*;
 - v. direct or indirect participation in a criminal act, or any attempt to commit a criminal offence, including but not limited to, operating a motor vehicle while the concentration of alcohol in 100 millilitres of the *Insured's* blood exceeds 80 milligrams;
 - vi. chronic or excessive use of alcohol;
 - vii. drug or substance use apart from controlled drugs used as legally prescribed by and on the advice of a physician;
 - viii. pregnancy, childbirth, or termination of pregnancy; or
 - ix. cosmetic or elective surgery.
 - x. *PRE-EXISTING CONDITIONS* or as a direct or indirect result of treatment for a *pre-existing condition*. This exclusion only applies if the event claimed for occurs within 24 months of the *effective date of Insurance* with the exception of *CI*, where the event will not be covered at any time.
- b) No benefit shall be payable for *involuntary unemployment insurance* that results directly or indirectly from:
- i. *Involuntary Unemployment* occurring anytime during a period of 90 days following the *Effective Date of Insurance*;
 - ii. retirement or early retirement or receipt of retirement benefits under the Canada or Quebec Pension Plans;
 - iii. *voluntary resignation*;

- iv. deception, fraud, criminal conduct, conflict of interest, willful misconduct or refusal to perform one's position;
- v. lock-out or strike;
- vi. self-employment or *Seasonal* employment;
- vii. failure to be re-elected as or termination of one's duties as an elected municipal, provincial or federal official; or
- viii. expiry of a contract of employment for a fixed term.

In addition to the above exclusions, if *Involuntary Unemployment* occurs within 12 months of the *Effective Date of Insurance*, no benefit shall be payable for *Involuntary Unemployment* that results directly or indirectly from:

- i. any staff reduction program announced by an employer prior to the *Effective Date of Insurance*;
- ii. any layoff which includes either in a general or specific manner the position of an *Insured* and which is initiated prior to the *Effective Date of Insurance*; or
- iii. *Involuntary Unemployment* pursuant to notice of possible *Involuntary Unemployment* provided prior to the *Effective Date of Insurance*.

Examples of exclusion on page 22.

- c) Lack of work does not constitute *total disability* or entitle you to Insured Monthly Payments.
- d) Critical illness
 - i. No benefit for *critical illness* will be paid if:
 - the *insured* does not survive 30 days following the *diagnosis* of the *CI*; or
 - the *insured* is diagnosed with cancer, had any signs and/or symptoms or medical problems commence, or had investigations leading to the *diagnosis* of any cancer covered or excluded under the Group Policy initiated within 90 days following the *Effective Date of Insurance*.
 - ii. No benefit for *critical illness* will be paid for:
 - a. cancers:
 - pre-malignant lesions, benign tumours or benign polyps;
 - any skin cancer, other than invasive malignant melanoma into the dermis or deeper;
 - non-invasive cancer in-situ;
 - Early prostate cancer diagnosed as T1 NO MO or equivalent staging; or

- any tumour in the presence of the human immunodeficiency virus (HIV).
- b. coronary artery bypass surgery performed with the following non-surgical techniques:
 - balloon angioplasty
 - laser embolectomy
 - other bypass techniques
- c. transient ischemic attacks (TIA)

B) PRE-EXISTING CONDITIONS:

The clause related to *pre-existing conditions* applies only to illness, disease, mental, nervous or psychiatric condition or disorder that are the direct or indirect cause of your *critical illness, death or total disability*.

Table applies to life insurance and disability insurance.

Treatment date (Example: Medication prescribed, medical opinion, consultation, treatment, or <i>diagnosis</i>)	How does the pre-existing clause work, 12 months before and 12 months after.			
	INSURANCE EFFECTIVE DATE JANUARY 1 ST 2017			
	Jan. 1 st 2016	↓	Jan. 1 st 2018	↓
Pre-existing condition (less than 12 months before and less than 12 months after)	<input type="checkbox"/>	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-pre-existing condition (more than 12 months before and less than 12 months after)	<input checked="" type="checkbox"/>	↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-pre-existing condition (more than 12 months before and more than 12 months after)	<input checked="" type="checkbox"/>	↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-pre-existing condition (less than 12 months before and more than 12 months after)	<input type="checkbox"/>	↓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-pre-existing condition (nothing before and less than 12 months after)	<input type="checkbox"/>	↓	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Any claims arising from, or caused or contributed to by **PRE-EXISTING CONDITIONS**, will not be covered if such event occurs within 24 months of the **effective date of insurance** with the exception of **CI**, where the event will not be covered at any time.

C) INVOLUNTARY UNEMPLOYMENT: EXAMPLES OF EXCLUSIONS

Examples for an announcement made before the effective date:

- ABC company will be laying off Joe Brown's work group and all of his staff shortly (claimant was an employee of ABC company but not Joe Brown or Joe Brown's staff) → IU claim would not be denied SOLELY based on this statement.
- ABC company will be terminating their assembly line in X city's plant within the year (claimant is assembly line worker in that plant) → IU claim would be denied.
- Business states that this is our first round of layoffs → This would depend on the circumstances but IU claim would not be denied SOLELY based on this statement.

Examples for a notice given before the effective date:

- 8,000 of ABC company's 16,000 workers in X city will be laid off due to the economic crisis this year → IU claim would not be denied SOLELY based on this statement unless the *Insured* clearly knew they were included (claims would look at the notice). Example: All staff hired after date XXX and the employee was hired after this date.
- ABC company will be laying off Joe Brown's work group and all of his staff shortly (claimant was Joe Brown or his staff) → IU claim would be denied.
- Business has had layoffs and suggests that additional layoffs may occur → IU claim would not be denied SOLELY based on this statement.
- Business states if the economic conditions worsen we may have to consider layoffs → IU claim would not be denied SOLELY based on this statement.

V. CANCELLATION OF THE INSURANCE

Purchasing this *insurance* contract is voluntary and not mandatory. Only the *insured* and the *co-insured* have the right to cancel their *insurance certificate*.

a) Money Back Guarantee during the first 20 days

You have twenty (20) days after you sign the *Certificate* to decide if you still want the coverage. If you do not, return it to the *Insurer* or to the Creditor/Group Policyholder from whom you bought it. We will cancel your coverage from the *Effective Date of Insurance* and will refund any premium paid jointly to you and/or the Financial Institution named in this *Certificate*. The request for cancellation of the *insurance* can be done using the «Schedule 1» form or by sending a letter to the *insurer*. See the section *Insurer* Reference for the *insurer's* contact information, page 27.

b) Cancellation **after the 20-day period**

If the debt in respect of the **Financed Amount** is still outstanding at the date of cancellation, send the **insurer** a letter or the request for reimbursement form (Schedule 1) completely filled out and signed with a copy of your **insurance certificate**.

If the debt in respect of the **Financed Amount** has been totally repaid before the Expiry Date of **Insurance**, send the following three documents to the **insurer**:

- i. a letter or the request for reimbursement form (Schedule 1) completely filled out and signed
- ii. proof from the financial institution or the retailer that the loan or lease has been completely paid
- iii. a copy of your **insurance certificate**

In both cases, we will require the request for premium refund to be submitted within 180 days following Termination of **Insurance**. If such a request is received more than 180 days following termination, you may be subject to an additional administration fee.

Please send all correspondence to the following address:

<p>Administration (Regional office) 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</p>

c) Method for calculating the premium refund

On cancellation of the **insurance**, you will be reimbursed or credited the premium refund, after deduction of all benefits paid, within 30 working days. However, an administration fee of \$75 will be required if you cancel the **insurance** later than 20 days after the **insurance** effective date. You can cancel the **Certificate** when you want with the Schedule 1 request for reimbursement or by sending a letter. You can obtain any form from your distributor or your **insurer**. The premium refund will NOT be calculated pro-rata but will be the actuarial reserve held in respect of your **Certificate** by us, less an administration fee (\$75) and less any claims paid.

No premium refund will be payable if we have to pay the life insurance benefit or the **critical illness insurance** benefit, or if the amount is less than five dollars. The cheque for the premium refund will be issued to the **insured** and the financial institution jointly, unless you provide the proof from the financial institution or creditor that the loan or lease has been completely paid. In this case, the premium refund will be issued to the **insured** only.

When we reimburse the premium refund, your **insurance** is cancelled.

Other information

This guide is not a contract. The terms and conditions and exclusions of the **insurance** contract are set out in your **certificate** that constitutes the contract between you and iA Financial Group. Please read it carefully.

For the specific conditions that apply to your **insurance**, please refer to your **insurance certificate** or contact the regional office of your **insurer** at 1-877-671-9009 or 450-671-9669.

VI. BENEFITS OR CLAIM

A) CLAIMS PROCESS

Claim forms, available on www.iavag.ca or by calling 1-800-549-7227, must be completed and submitted to the Claims department within 90 days of the date of death, **Involuntary Unemployment, Diagnosis or CI or Total Disability** for which a claim is made, and thereafter as required by us. If it is not reasonably possible to complete and submit claim forms within 90 days, the must be furnished as soon as reasonably possible and in no event later than two years from the time claim forms are otherwise required.

In the event disability or **Involuntary Unemployment** claim forms are received after 90 days from the onset of the event, benefits will only be retroactively considered for the 90 days prior to the receipt of the claim forms. The expense of providing the proofs of claim is the responsibility of the **Insured**.

In adjudicating any claim, we shall be entitled to receive satisfactory proof of eligibility and proof of:

- i. the date of one or all of the following:
 - birth
 - **total disability**
 - **critical illness**
 - death
 - **involuntary unemployment** and
- ii. the circumstances that caused or contributed to the **total disability, critical illness, death or the involuntary unemployment** and
- iii. any treatment both before and after the **Effective Date of Insurance** and proof from the Financial Institution that the Insured Amount has not been paid out, re-written, or revised.

We will have the right to have you medically examined by a licensed physician of our choice as often as is reasonably required during the period for which **Insurance** is claimed.

If you fail to submit to such an examination within a reasonable period, we will be entitled to terminate payment of your **Insurance**.

You can obtain the **insurance** claims forms from your distributor or the Claims department. See the section «**Insurer**» on page 27 of this guide for the **insurer's** contact information.

B) TIME FOR PROCESSING

As soon as we have received your **insurance** claim form, we will determine if the documentation is complete. We may ask for more information from the physician and we will have to wait for his/her response before being able to continue adjudicating the claim. As soon as we have received the required documents, iA Financial Group will determine if the claim is approved or not. We will communicate our decision to you within 30 working days after receiving all the required documents.

- i. If the claim is not eligible, the decision will indicate the reasons for the refusal.
- ii. If the claim is eligible and benefits will be paid, payment will be sent to the financial institution within 30 days.

C) CONDITIONS TO RECEIVE BENEFITS

- a) All benefits payable shall be paid to the financial institution or group policyholder to reduce the amount of the debt. All the benefits payable shall never exceed the maximum insured amount indicated on the front of the **insurance certificate**. If you make a claim, you must continue to make the monthly payments that become due while the claim is being examined, payments will be refunded to you through the retailer or financial institution if the claim is accepted.
- b) Please note that we will not make any late payments or pay any additional interest fees.
- c) Any premium refund payable at the termination of the **insurance** shall be paid jointly to you and the retailer or the financial institution, except in the following cases:

Payments will be made only to the financial institution, if the termination is due to:

- i. a formal request by the retailer or the financial institution, for complete payment of the loan if you have defaulted on payment or
- ii. trade-in of the property that is the subject of the loan or lease contract or
- iii. legal action regarding the property that is the subject of the loan or lease contract.

D) TERMINATION OF DISABILITY BENEFITS

Payment of disability benefits ends when one of the following occurs:

- i. you are no longer **totally disabled**
- ii. the **insurance** expires on the date indicated on the front of the **insurance certificate**
- iii. you neglect to provide the **insurer** with satisfactory proof of continuing **total disability**, within the required time
- iv. you refuse or neglect to undergo the medical examination requested by the **insurer**
- v. as soon as the **maximum number of insured monthly payments** has been paid;
If your **Total Disability** is caused or contributed to by :
 - a) mental, nervous or psychiatric condition or disorder, after a benefit period of three months, payments will only be made if you are regularly attending a licensed **Specialist** such as a psychiatrist, a psychologist or a neurologist and the benefit period will never exceed (6) months per claim.
 - (b) disease or disorder of the neck or back including but not limited to lumbar, thoracic or cervical spine, after a benefit period of two months, payments will only be made if you are under the care of a licensed **Specialist** such as a neurologist, a neurosurgeon, a physiatrist, an orthopaedic surgeon or a rheumatologist and the benefit period will never exceed (6) months per claim; or
- vi. you die.

E) TERMINATION OF INVOLUNTARY UNEMPLOYMENT BENEFITS

Payment of **involuntary unemployment** benefits ends when one of the following occurs:

- i. you are no longer experiencing **involuntary unemployment**;
- ii. the **maximum number of Insured Monthly Payments** have been made; or
- iii. upon termination of **insurance**

F) APPEAL OF THE INSURER'S DECISION

If you do not agree with the decision rendered, you can appeal to the Claims Manager, and ask him/her to review your claim. See the section «**Insurer**» below for the **insurer's** contact information. If you still do not agree with the way your claim was handled, you can write to the complaints officer at iA Financial Group. If you are still not satisfied, you can contact the Autorité des Marchés Financiers or your legal advisor.

Caution!

You have a maximum of three years to legally dispute the insurer's decision.

To have more detail concerning your rights in such a situation you can consult l'Autorité des marchers financiers at (418) 525-0337, (514) 395-0337 (Montreal) or 1 (877) 525-0337 or your legal advisor.

VII. INSURER—INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.

For more information, please contact the appropriate department at the address indicated below. For more information about our products and obligations and to obtain forms, please contact the administration department (page 23).

For information about claims, please contact the Claims Department at the following address:

Claims department

INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.
P.O. Box 5900 Vancouver, B.C. V6B 5H6
Tel.: 1-800-549-7227
Fax: 1-604-733-9519
Web site: www.iavag.ca

VIII. SIMILAR PRODUCTS

There are other **insurance** products on the market that have similar guarantees to those described in this distribution guide. Check to see if you already have an **insurance** that offers the same coverage as that described in this guide.

IX. THE AUTORITÉ DES MARCHÉS FINANCIERS

For more information regarding the *insurer's* and distributor's obligations, please contact:

THE AUTORITÉ DES MARCHÉS FINANCIERS

Place de la Cité, tour Cominar

2640, boulevard Laurier, bureau 400

Québec (Québec) G1V 5C1

Telephone: 1-877-525-0337

418-525-0337

Montréal: 514-395-0337

Web site: www.lautorite.qc.ca

SAMPLE

SCHEDULE 1

NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY A REPRESENTATIVE

Section 440 of The Act Respecting the Distribution of Financial Products and Services

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

- The Act allows you to cancel an insurance contract you have just signed when signing another contract, **without penalty, within 10 days of its signature.** However, we are offering you an additional 10 days, giving you a total of 20 days to cancel your insurance. To do so, you must give the insurer notice by registered mail within that time frame. You may use the model below for this purpose.
- Despite the cancellation 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 representative or consult your contract.**
- After the expiry of the 20-day period, you may cancel the insurance at any time; however, penalties may apply.

For more information, contact the Autorité des marchés financiers at: 418-525-0337 or 1-877-525-0337

NOTICE OF CANCELLATION

To: Industrial Alliance Insurance and Financial Services Inc.
9150 Leduc Blvd, suite 601
Brossard (Qc) J4Y 0E3

Date: _____
(date of sending of notice)

Pursuant to section 441 of The Act Respecting the Distribution of Financial Products and Services, I hereby cancel insurance contract No.:

(contract number if it is indicated)

Entered into on: _____
(date of signature of contract)

In: _____
(place of signature of contract)

(name of client)

(signature of client)

SECTIONS FROM THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES

439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Authority, stating that the client may rescind the insurance contract within 10 days of signing it.

441. A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

442. No contract may contain provisions allowing its amendment in the event of rescission or cancellation by the client of an insurance contract made at the same time.

However, a contract may provide that the rescission or cancellation of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

443. A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Authority, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor rescinds, cancels or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt of this distribution guide in the course of the acquisition of the life insurance, disability insurance, Critical Illness insurance, Involuntary Unemployment insurance program distributed by (distributor).

My signature confirms that I accept the conditions, limitations, and exclusions of the insurance set out in the certificate.

(customer's name)

(customer's name)

(customer's address)

(customer's address)

Date: _____

Date: _____

Per: _____
(customer's signature)

Per: _____
(customer's signature)



*La Corporation des concessionnaires
d'automobiles du Québec*
Enregistrée selon ISO 9002



**INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.**

P.O. Box 5900, Vancouver (BC)
Canada V6B 5H6

Eligibility

Tel.: 1 800 761-4655

Claims

Tel.: 1 800 549-7227

Fax: 1 604 733-9519

www.iavag.ca

REGIONAL OFFICE

9150 Leduc Blvd, suite 601, Brossard, QC J4Y 0E3

Tel.: 1 877 671-9009 or (450) 671-9669

Fax: (450) 671-5499

For additional information
regarding the insurer's and the distributor's
obligations towards you, you may contact

L'AUTORITÉ DES MARCHÉS FINANCIERS
at the following address:

**AUTORITÉ DES MARCHÉS FINANCIERS
PLACE DE LA CITÉ, TOUR COMINAR**

2640, boul. Laurier, 4^e étage,
Québec (Québec) Canada G1V 5C1

www.lautorite.qc.ca

Quebec City: 418 525-0337

Montreal: 514 395-0337

Toll-Free: 1 877 525-0337

Fax: 418 525-9512