

CONVERSION INQUIRY REQUEST FOR LIFE INSURANCE

Please complete, print and sign.

NOTICE TO INSURED

You must complete this form in order to proceed with a Conversion Inquiry Request. This form will authorize the release of information regarding your coverage with Industrial Alliance Insurance and Financial Services Inc. (the "Company") to an Agent appointed by the Company. Please be advised that when this request is submitted with your authorization, we will release the details of your coverage to the Agent who will be contacting you to discuss the Conversion Option under the provisions of the Group Policy Contract you have indicated below.

POLICY INFORMATION

| | | | |
|----------------------------------|----------------------|----------------------|----------------------|
| Name of Policyholder/Association | Group Policy Number | Division Number | Member/Employee ID |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

MEMBER/EMPLOYEE INFORMATION MUST ALWAYS BE COMPLETED

| | | |
|----------------------|----------------------|----------------------|
| Last Name | Given Name | Initials |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

WHO IS REQUESTING THE CONVERSION?

| | | |
|----------------------|----------------------|----------------------|
| Last Name | Given Name | Initials |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Preferred Contact Time (for Agent to call)

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Street Address | City | Prov. | Postal Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|---|----------------------|
| Telephone (Home) | Telephone (<input type="radio"/> Work <input type="radio"/> Cell) | Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

AUTHORIZATION FORM MUST BE SIGNED IN INK

I hereby authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") to provide and exchange with an appointed and licensed agent representing the Company any information regarding my existing coverage under the above-mentioned Group Policy for the sole purpose of processing this Conversion Inquiry Request.

X

Signature of Insured Person Requesting Conversion

Date (dd-mmm-yyyy)

SEND YOUR COMPLETED FORM TO

iA Special Markets

Industrial Alliance Insurance and Financial Services Inc.
400-988 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

QUESTIONS?

Contact a Client Service Specialist at:

1.800.266.5667 (toll-free)

604.737.3802 (Vancouver)

specialmarkets@ia.ca

Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time

FOR HEAD OFFICE USE ONLY RECEIVED AT THE VANCOUVER OFFICE OF INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC

Administrator Name

Date (dd-mmm-yyyy)

Date forwarded to POS (dd-mmm-yyyy)