ATB Financial®

GROUP POLICY NO. **100004162**

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

FOR OFFICE USE ONLY

APPLICATION FOR GROUP ACCIDENTAL DEATH INSURANCE

Please complete, print and sign

CUSTOMER INFORMATION THIS SECTION MUST ALWAYS BE COMPLETE

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

Street Address | City | Prov. | Postal Code

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

SPOUSE INFORMATION COMPLETE THIS SECTION WHEN APPLYING FOR CUSTOMER & SPOUSE PLAN

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

COVERAGE AMOUNT REQUESTED PLEASE CHECK ONLY ONE BELOW

	$25,000	$50,000	$100,000
Customer Only Plan	○ $2.95/month	○ $5.90/month	○ $11.80/month
Customer & Spouse Plan	○ $4.43/month	○ $8.85/month	○ $17.70/month

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 Insurance and Financial Services Inc., this designation will apply in the event of the Customer's death to benefits payable 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 Customer

For any beneficiary under 18 you must also name a trustee (not applicable in the province of Quebec)
Name of Trustee

Unless otherwise stated in writing, if you select the Customer & Spouse Plan, you are automatically your Spouse's beneficiary.

QUEBEC RESIDENTS

If you have named your spouse (excluding common-law 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 completed the attached Pre-Authorized Debit (PAD) Agreement form authorizing Industrial Alliance Insurance and Financial Services Inc. (the "Company") to withdraw the required premium (plus applicable taxes) from my account.

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

○ **For existing clients only**
Use my current payment method.

○ **Bill me**
Send me a Premium Statement once my coverage has been approved. I understand coverage will not take effect until my first month's premium has been received.

AUTHORIZATION FORM MUST BE SIGNED IN INK

I/We hereby request coverage under this Accidental Death Insurance Plan issued by Industrial Alliance Insurance and Financial Services Inc. I understand that to apply for the insurance being offered, I must currently be an ATB Financial Customer. I further understand that to continue my coverage, I must remain an ATB Financial Customer. I understand that the insurance applied for will become effective on the first day of the month coincident with or next following the date the application is received by Industrial Alliance Insurance and Financial Services Inc.

X

Customer Signature (must always sign) | Date (dd-mmm-yyyy)

X

Spouse Signature (if applying) | Date (dd-mmm-yyyy)

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iA Financial Group | ATB Financial

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PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Please complete, print and sign.

POLICY INFORMATION

Name of Policyholder

Group Policy Number

MEMBER/EMPLOYEE INFORMATION

Last Name

Given Name

Initials

CHEQUE/ACCOUNT DETAILS FOR MONTHLY PRE-AUTHORIZED DEBITS

PLEASE ATTACH A PERSONALIZED 'VOID' CHEQUE OR COMPLETE THE INFORMATION BELOW.
IF YOU DON'T HAVE A CHEQUE, YOU CAN REQUEST A DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION.

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

PAD CATEGORY

IF THIS IS NOT FILLED IN,
THE PAD WILL BE TREATED AS PERSONAL

○ Personal Expense ○ Business Expense

Withdrawal Arrangement

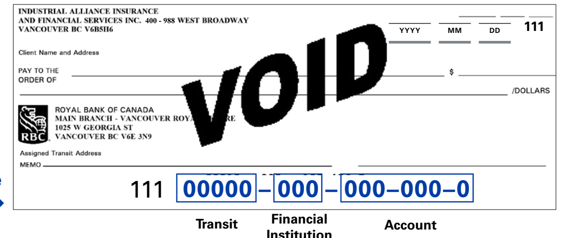
○ Fixed ✔ Variable

Transit Number (See sample ➔)

Financial Institution Number (See sample ➔)

Account Number (See sample ➔)

Sample



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.payments.ca.

AUTHORIZATION FORM MUST BE SIGNED IN INK

I/we, as the Account Holder(s), authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") 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 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 the Company in writing, if there is any change to the banking information set out above.

I/we waive the right to receive pre-notification of the amount to be debited each month and the date of such debit. However, the Company will provide written notice of the amount of the first PAD at least three (3) calendar days before the first PAD is debited.

I/we may cancel this PAD Agreement at any time, subject to providing notice to the Company 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.payments.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/Employee 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)

FORM 4425 PDF (AUG/2018)

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iA Financial Group ATB Financial

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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. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our 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: 400–988 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, 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 online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.

Please be advised that ATB Financial also complies with applicable privacy laws. Further information on ATB Financial's privacy practices can be found at its website at www.atb.com/dev/legal/legal_privacy_code.asp or alternatively contact ATB Financial's Customer Contact Center by calling 1-800-332-8383 or by writing ATB Financial's Privacy Officer at 9888 Jasper Avenue, Edmonton, AB., T5J 1P1 to request that a copy be faxed or mailed to you.

SEND YOUR COMPLETED FORM TO

SPECIAL MARKETS SOLUTIONS

Special Markets Solutions
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)
solutions@ia.ca
Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time

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