

Administration Department
PO Box 790, Station B
Montreal, Quebec H3B 3K6

This request must be received at the above address within 31 days of termination of the group life insurance benefits.

PART I – To be completed by the policyholder

A. Policyholder's name

B. Policy number

C. Insured's certificate number

D. Employee's departure date

Y	Y	Y	Y	M	M	D	D

E. Reason for leaving

F. Annual salary on termination date

G. Spouse's name

Spouse's date of birth

Y	Y	Y	Y	M	M	D	D

Spouse's eligible amount \$ _____

H. Status of employees's life insurance on termination date
(give necessary details):

Basic life insurance \$ _____

Optional life insurance \$ _____

Survivor annuity \$ _____

For
iA Financial Group
use only

For iA Financial Group use only

Agent's name _____

Agent number _____ Agency _____

Agent Code _____

Signature of policyholder's authorized representative **X** _____

Title: _____ Date _____ 20____

PART II – To be completed by the employee exercising the conversion privilege

1. _____
(Last name) (First name(s))

(Name at birth (if different))

Mailing address:

Postal code _____ Telephone _____ - _____ - _____

Date of birth

Y	Y	Y	Y	M	M	D	D

Amount of life insurance to be converted \$ _____

2. If a survivor annuity is specified in Part I (H) above, give the last name, first name and date of birth of each child:

Last name

First name

Date of birth

Y	Y	Y	Y	M	M	D	D

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3. New face amount

The face amount of the individual policy established after the conversion of the group life insurance:

- Must be equal to or greater than \$10,000, unless the volume of in-force life insurance is low;
- Cannot exceed \$200,000, unless otherwise stipulated in the contract.

4. An agent from iA Financial Group will contact you shortly to describe the various iA Financial Group contracts offering benefits similar to those provided under the group life insurance policy, indicating the cost of each one.

5. Language

In what language should the policy and any related documents be issued?

English French

DECLARATION

I hereby certify that the statements made in Part II are true and complete and request that Industrial Alliance Insurance and Financial Services Inc. (the "Company") convert my group life insurance into an individual policy issued on the basis of these statements.

It is agreed that the individual policy issued in consideration of this request shall not take effect and the Company's liability thereunder shall not commence until the later of the following dates: the termination date of all group benefits or the date this request is signed, subject, however to the following conditions:

- 1) This request shall be received at the Company's Head Office within 31 days of the termination of all group benefits.
- 2) The member must be under age 65, unless stipulated in the contract.

It is further agreed that if these two conditions are not met, the Company shall be released of all responsibility and this request shall be null and void. However, should the member's death occur during the 31-day conversion period after conditions 1) and 2) shall be deemed to have been met, the Company reserves the right to deduct the first premium from the death benefit.

Signed at _____ this _____ day of _____ 20____

X _____
Employee signature

X _____
Witness signature