

Attached to and forming part of Policy No. _____

Policy Information

Proposed Effective Date of Policy	Amount of Principal Sum Applied For	Premium
_____	_____	_____

Please Tell Us About Yourself

Name of Proposed Insured	Date of Birth	Height	Weight
_____	____/____/____ (D D / M M / Y Y Y Y)	_____	_____

Mailing Address			
Street	City	Province	Postal Code
_____	_____	_____	____-____

Employer	Occupation (give description of duties)
_____	_____

Full Name of Beneficiary	Relationship to Proposed Insured
_____	_____

Questions for Proposed Insured

- What other accidental death or life insurance is in force on the life of the Proposed Insured?

INSURANCE COMPANY	AMOUNT OF INSURANCE
_____	_____
_____	_____
- Is an application pending on the life of the Proposed Insured? Yes No
 If Yes, state amount and Proposed Insurer: _____
- (a) Does the Proposed Insured have any impairment now existing in health or physical condition? Yes No
 (b) Has the Proposed Insured had medical or surgical advice, treatment or hospitalization for any reason within the past five years? Yes No
 If Yes to either (a) or (b) above, please provide complete details: _____
- Has the Proposed Insured ever flown, or does the Proposed Insured have any intention of flying as a pilot, student pilot or crew member of any type of aircraft? Yes No (If Yes, a separate aviation questionnaire will be required.)
- Does the Proposed Insured engage in auto racing, scuba diving, parachuting or other hazardous activity? Yes No
 If Yes, please provide details: _____

Complete this section ONLY if the policy is to be owned by someone other than the Proposed Insured. The representations and answers to the above questions have been made by the Proposed Insured at the request and on behalf of the Proposed Owner. The Proposed Owner adopts as a part of this application all the above statements and answers of the Proposed Insured. The Proposed Insured understands and agrees that all right, title and interest to which he would otherwise become entitled under the policy for which this application has been made, including the right to change the beneficiary, if such right is reserved, will be vested in the person named herein as the Proposed Owner.

Name of Proposed Owner and Relationship to Proposed Insured: _____

Mailing Address: _____

Is the right to change beneficiary reserved? Yes No

I acknowledge that I have read the Notice on Privacy and Confidentiality summarizing certain privacy practices regarding collection, use and disclosure of my personal information.

I understand that no insurance will be in effect until the insurance applied for has been approved by Industrial-Alliance Pacific Life Insurance Company ("IAP") and a policy has been issued.

I declare that the answers recorded above are, to the best of my knowledge and belief, full, complete, and true as of the date hereof.

Dated at _____ this _____ day of _____.

Signature of Proposed Owner _____ Signature of Proposed Insured _____

Agent Name (Please Print) _____

NOTICE ON PRIVACY AND CONFIDENTIALITY (Please Read Carefully)

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 Pacific Life Insurance Company ("IAP") employees, its reinsurers, third party administrators, mandataries, agents or brokers of IAP, 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 IAP'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, B.C. V6B 5H6, Attention: Manager, Group Administration, Special Markets Group. 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.iaplif.com or alternatively, contact us at 1-800-266-5667 and request that a copy be faxed or mailed to you.

