

### Please Tell Us About Yourself

<b>Customer Information</b> (Must always be completed)			<b>Spouse Information</b> (Complete when applying for Customer & Spouse Plan)		
Last Name	Given Name	Initials	Last Name	Given Name	Initials
<input type="checkbox"/> M	Date of Birth	Age	<input type="checkbox"/> M	Date of Birth	Age
<input type="checkbox"/> F	( d d / m m m / y y y y )		<input type="checkbox"/> F	( d d / m m m / y y y y )	
Do you have any other insurance with IAP?			Do you have any other insurance with IAP?		
<input type="checkbox"/> Yes If 'Yes', please give details (type of policy, amount of coverage, etc.)			<input type="checkbox"/> Yes If 'Yes', please give details (type of policy, amount of coverage, etc.)		
<input type="checkbox"/> No			<input type="checkbox"/> No		

Mailing Address

Street \_\_\_\_\_ City \_\_\_\_\_

Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_ Phone Number \_\_\_\_\_  Work  Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Tell Us About the Insurance You Want (Please check only one box below)

	<b>\$25,000.00</b>	<b>\$50,000.00</b>	<b>\$100,000.00</b>
<b>Customer Only Plan</b>	<input type="checkbox"/> \$2.95/mo	<input type="checkbox"/> \$5.90/mo	<input type="checkbox"/> \$11.80/mo
<b>Customer &amp; Spouse Plan</b>	<input type="checkbox"/> \$4.43/mo	<input type="checkbox"/> \$8.85/mo	<input type="checkbox"/> \$17.70/mo

### Customer – Please Name Your Beneficiary

The beneficiary designation stated on this application will supersede all prior dated revocable designations and will apply in the event of the Customer's death, to benefits payable under the group policy unless specific written instructions to the contrary have been received by IAP. You may change your beneficiary at any time without the beneficiary's consent, unless you specifically designate your beneficiary as irrevocable.

Last Name	Given Name	Initials	Relationship to Customer

If you are naming a beneficiary who is under the age of 18, you should name a Trustee to receive the monies in trust for the beneficiary.

Name of Trustee for any Minor beneficiary: \_\_\_\_\_

**Note:** If you select the Customer & Spouse Plan, you are automatically your Spouse's beneficiary unless otherwise specified.

### Premium Payment Options – Please Choose One

**Note:** If you are currently insured, the same payment method will apply to all coverage.

**Monthly Pre-Authorized Debit (PAD)** – I have attached a completed Pre-Authorized Debit (PAD) Agreement form authorizing IAP to withdraw the required premium (plus applicable taxes) from my account. (To obtain a form please visit [www.iapacific.com/PADform](http://www.iapacific.com/PADform)).

**Monthly Credit Card** – I authorize IAP to charge the required monthly premium (plus applicable taxes) to the credit card indicated below on or around the 1<sup>ST</sup> day of each month. I understand this amount may change at a future date as specified in the Master Group Policy. IAP will, to the best of its ability, advise me in writing of the revised amount in advance of its effective date. The Monthly Credit Card option may be discontinued by me or IAP upon written notice.



Cardholder Name _____	Credit Card Number _____	Expiry Date _____ ( M M / Y Y Y Y )
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### Here's the Fine Print – Please Give Us Your Authorization

I/We hereby enroll in this Accidental Death Insurance Plan issued by Industrial Alliance Pacific Insurance and Financial Services Inc. ("IAP"). I understand that to enroll 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 enrolled for will become effective on the first day of the month coincident with or next following the date the application is received by IAP.

**X** \_\_\_\_\_  
Signature of Customer Date (dd/mmm/yyyy)

**X** \_\_\_\_\_  
Signature of Spouse (if applying) Date (dd/mmm/yyyy)



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**Underwritten by:**

Industrial Alliance Pacific  
 Insurance and Financial Services Inc.  
 Special Markets Group  
 2165 Broadway W, P.O. Box 5900  
 Vancouver, BC V6B 5H6  
 1-800-266-5667  
[group@iapacific.com](mailto:group@iapacific.com)

### Notice on Privacy and Confidentiality

#### Notice to Applicant – 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 Insurance and Financial Services Inc. ("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.iapacific.com](http://www.iapacific.com) 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](http://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.



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#### **Underwritten by:**

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