

# ALTERNATIVE

**No Medicals • No Blood tests • Protection Fast and Simple**



**INDUSTRIAL ALLIANCE**  
INSURANCE AND FINANCIAL SERVICES

A symbol of strength, power and stability, the elephant commands respect. However, because of its overwhelming gentleness, its considerable presence poses no threat. The elephant is regarded favourably and it is generally agreed that the creature is extremely intelligent and has a strong sense of belonging to its herd and family.

Indeed, despite its size, the elephant is nonetheless a sensitive and captivating animal, liked by all.

These positive characteristics are shared with another giant: Industrial-Alliance, a leader in the life insurance world, renowned for its strength, its size and its stability.

[www.inalco.com](http://www.inalco.com)

# ALTERNATIVE

**ALTERNATIVE**, life insurance for people between 25 and 80 years of age who have a hard time getting insurance, whether for medical or other reasons.

## Fast and easy

**ALTERNATIVE** is a fast and easy way to obtain up to \$25,000\* of life insurance.

- no medical examinations
- no blood tests
- no x-rays
- no electrocardiograms

\* The \$25,000 maximum applies to the total Industrial-Alliance **ALTERNATIVE** life insurance policies on one life.

## Death benefit

In the case of accidental death, the sum insured will be paid no matter how many years the contract has been in effect.

If death, other than accidental, occurs within the first two (2) years the contract is in force, the benefit paid will be limited to the premiums paid plus 10% interest.

After two (2) years, the sum insured is payable IN FULL, REGARDLESS OF THE CAUSE OF DEATH.

Two easy payment methods

- Annually
- Monthly Pre-Authorized Cheque (PAC)

## The coverage...

- The sum insured is guaranteed for life
- Premiums payable for a reduced period according to age at issue:

Age at issue	Period of payment
25 to 65 years of age	20 years
66 to 74 years of age	up to 85 years of age
75 to 80 years of age	10 years

- Guaranteed** premiums and **guaranteed** period of premium payment
- Guaranteed** surrender values
- Guaranteed** reduced paid-up insurance (possibility of ceasing premium payments before the determined period is over and obtaining a reduced amount of insurance, guaranteed for life)
- Possibility of loans if required

## Disclosure statement

The transaction represented by this application is between the applicant and Industrial-Alliance. The licensed Agent/Agency soliciting this application is an independent contractor representing Industrial-Alliance and will receive compensation from Industrial-Alliance when the transaction is complete. The applicant is not obligated to transact additional business with the Agent/Agency, Industrial-Alliance, or any other organization as a condition of this application.

**PRE-AUTHORIZED CHECK****1** Do you already pay by Pre-Authorized Cheque

- No Complete items 3 to 6, sign and attach specimen cheque to the other side
- Yes Complete items 2 and 4 and sign

**2** Authorization no. \_\_\_\_\_**3** Account no. \_\_\_\_\_**4** Date of cheque  Same as the existing group  Issue date  Day  (1 to 28) for this contract or new group**5** Policy no(s) to be included with the plan \_\_\_\_\_**6** Name as shown on bank records (include all names if joint account) \_\_\_\_\_

INDUSTRIAL-ALLIANCE is authorized to draw a cheque each month in accordance with its Pre-Authorized Cheque plan and exchange personal information with the financial institution to execute this agreement.

Signature (as shown on bank records) \_\_\_\_\_

Other signature (joint account) \_\_\_\_\_

Note: Transaction fees may be requested for any cheques returned by your financial institution.

**PRE-AUTHORIZED CHECK**

1. A specimen is not required if you answered YES to question 1.
2. For a joint account, all signatories must sign this authorization.
3. For a company, the form must be signed by an authorized person.
4. If other contracts are to be included under the same PAC plan give all numbers under item 5 and attach a copy of this authorization to a Request for Change or Reinstatement form.

**MALE GUARANTEED RATES AND VALUES: PER \$1,000 SUM INSURED**

Age	Annual rate	Surrender value after 10 years	Paid-up insurance after 10 years	Age	Annual rate	Surrender value after 10 years	Paid-up insurance after 10 years	Age	Annual rate	Surrender value after 10 years	Paid-up insurance after 10 years
25	32.20	39.00	215.00	39	42.55	66.00	207.00	53	72.45	87.00	169.00
26	33.35	40.09	214.00	40	43.70	68.00	206.00	54	75.90	87.00	166.00
27	33.35	42.00	214.00	41	46.00	70.00	203.00	55	79.35	88.00	163.00
28	33.35	44.00	215.00	42	47.15	72.00	200.00	56	82.80	89.00	159.00
29	34.50	46.00	215.00	43	48.30	73.00	198.00	57	86.25	89.00	156.00
30	34.50	48.00	215.00	44	50.60	75.00	196.00	58	90.65	90.00	153.00
31	36.65	50.00	215.00	45	51.75	77.00	193.00	59	95.45	90.00	150.00
32	36.65	52.00	215.00	46	54.05	78.00	190.00	60	100.05	91.00	147.00
33	36.80	54.00	215.00	47	56.35	80.00	187.00	61	104.65	93.00	147.00
34	37.95	56.00	214.00	48	58.65	81.00	184.00	62	110.40	95.00	147.00
35	37.95	58.00	213.00	49	60.95	82.00	181.00	63	115.00	97.00	147.00
36	39.10	60.00	212.00	50	63.25	83.00	178.00	64	120.75	99.00	147.00
37	40.25	62.00	210.00	51	66.70	85.00	175.00	65	126.50	101.00	147.00
38	41.40	64.00	209.00	52	69.90	86.00	172.00	66	133.40	115.00	165.00

Add \$60 policy fee

Multiply the annual premium by 0.09 to obtain the Pre-Authorized Cheque premium.

**FEMALE GUARANTEED RATES AND VALUES: PER \$1,000 SUM INSURED**

Age	Annual rate	Surrender value after 10 years	Paid-up insurance after 10 years	Age	Annual rate	Surrender value after 10 years	Paid-up insurance after 10 years	Age	Annual rate	Surrender value after 10 years	Paid-up insurance after 10 years
25	31.05	39.00	215.00	39	39.10	66.00	207.00	53	63.25	87.00	169.00
26	31.05	40.00	214.00	40	40.25	68.00	205.00	54	66.70	87.00	166.00
27	32.20	42.00	214.00	41	41.40	70.00	203.00	55	69.00	88.00	163.00
28	32.20	44.00	215.00	42	42.55	72.00	200.00	56	72.45	89.00	159.00
29	33.35	46.00	215.00	43	43.70	73.00	198.00	57	75.90	89.00	156.00
30	33.35	48.00	215.00	44	46.00	75.00	196.00	58	79.35	90.00	153.00
31	33.35	50.00	215.00	45	47.15	77.00	193.00	59	82.80	90.00	150.00
32	34.50	52.00	215.00	46	48.30	78.00	190.00	60	86.25	91.00	147.00
33	34.50	54.00	215.00	47	50.60	80.00	187.00	61	90.65	93.00	147.00
34	35.65	56.00	214.00	48	51.75	81.00	184.00	62	95.45	95.00	147.00
35	35.65	58.00	213.00	49	54.05	82.00	181.00	63	100.05	97.00	147.00
36	36.80	60.00	212.00	50	56.35	83.00	178.00	64	104.65	99.00	147.00
37	37.95	62.00	210.00	51	58.65	85.00	175.00	65	110.40	101.00	147.00
38	37.95	64.00	209.00	52	60.95	86.00	172.00	66	115.00	115.00	165.00

Add \$60 policy fee

Multiply the annual premium by 0.09 to obtain the Pre-Authorized Cheque premium.



# APPLICATION

Policy number

## PROPOSED INSURED

1. Surname		2. Surname at birth		
Given name		Initials		
Address		3. Sex	4. Date of birth	5. Age at nearest birthday
City		<input type="checkbox"/> M <input type="checkbox"/> F	D M Y	
Province		6. Place of birth		7. Social Insurance Number
Postal code				
Telephone: Home ( )		Telephone: Home ( )		E-mail:

8. COVERAGE REQUESTED: \$ \_\_\_\_\_,000 (MIN. \$5,000 - MAX. \$25,000)

9. Premium \$		<input type="checkbox"/> Pre-Authorized Cheque (complete section on reverse)		<input type="checkbox"/> Annually
10. Send premium notices and other documents to:		11. Amount paid upon application		
<input type="checkbox"/> proposed insured <input type="checkbox"/> the applicant		\$		

## BENEFICIARY

12. Surname		Given name		Initials
Relationship to proposed insured		Relationship to proposed insured		
Sex		Date of Birth		%
<input type="checkbox"/> M <input type="checkbox"/> F		D M Y		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

## APPLICANT (Complete if other than proposed insured)

14. Surname		Given name		Sex	Date of Birth		
				<input type="checkbox"/> M <input type="checkbox"/> F	D M Y		
Address		City					
Province		Postal Code		Telephone number ( )		E-mail:	

## AGENT

15. Name		16. Code	17. S.U.	18. Agency (name)		19. Agency (code)
20. Special instructions		Notice from Agent or Broker to applicant:				
		I declare that I am remunerated by				
		<input type="checkbox"/> commission and/or <input type="checkbox"/> fees				
		and I share the remuneration with:				

## DECLARATION OF THE PROPOSED INSURED

21. I certify that:
- ◆ The proposed insurance does not totally or partially replace another insurance policy presently in force.
  - ◆ I am currently capable of carrying out by myself daily activities such as: getting up, walking, washing or feeding myself.
  - ◆ I am not currently admitted to a hospital, clinic or extended-care facility OR a resident of a health establishment such as a nursing home OR a residential care centre OR a resident of a home for individuals with reduced physical autonomy.
  - ◆ I am not currently being tested for nor have I been diagnosed, informed or treated for any type of cancer during the past 3 years.
  - ◆ I have not been informed that I have tested positive for the human immune deficiency virus (HIV).
  - ◆ I do not have Acquired Immune Deficiency Syndrome (AIDS) or any AIDS-related disease.
  - ◆ I understand if death, other than accidental, occurs within the first two (2) years the contract is in force, the benefit paid will be limited to the premiums paid plus 10% interest.

### Authorization

For claim purposes, I hereby authorize any physician, hospital, clinic, insurance company, or other organization, institution or government office (including the Provincial Health Insurance Plan) that has medical information about me to provide Industrial-Alliance Life Insurance Company with any such information. A photocopy of this authorization shall be as valid as the original.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

22.  \_\_\_\_\_  
Proposed insured

23.  \_\_\_\_\_  
Applicant

24.  \_\_\_\_\_  
Agent or Witness

