INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.

IA PACIFIC™

www.inalco.com
www.iapacific.com

AGENT TRANSFER FORM

Return to Sales Contracts Administration: ☐ Quebec ☐ Toronto ☐ Vancouver

AGENT

Transferring Agent: I hereby request the transfer of my Agent Contract and my block of business with Industrial Alliance and Industrial Alliance Pacific.

Agent name: _____ Agent code(s): _____

	Agency	District	Serv. Unit	FS Dealer	FS Rep.	Contract type
Transfer from codes:						☐ Agent ☐ Affiliate Agent
			Company use			
Transfer to codes:						☐ Agent ☐ Affiliate Agent

Note: If the transfer is from an Affiliate Agent contract, the business will remain with the existing MGA unless the MGA agrees to release it.

AGENT TO AFFILIATE AGENT (if applicable)

If the transfer is from an *Agent* to an *Affiliate Agent Contract*, the Agent understands and agrees that in replacing his/her Agent Contract with an Affiliate Agent Contract, his/her existing block of business will be transferred to the Affiliate Agent Contract. **The Agent will no longer receive compensation from the Company** for his/her existing block of business under the terms of the Affiliate Agent Contract. The Receiving Agent (if other than the MGA) noted in the Agent's Application for Contract (form F11-92 or F11-92A), section 23 a), accepts responsibility for compensation payments or charges associated with the Agent's existing business.

Transferring Agent Signature: _____ Date: _____

Receiving Agent Signature: _____ Date: _____

Note: A new Application for Contract is also required.

NEW MGA

ACCEPTANCE OF RESPONSIBILITY

I accept the transfer of all responsibility in reference to the contract of the transferred agent and discharge the ceding MGA of all debt or recall of commissions or bonuses for policies currently in force. I understand that any recall of bonus is calculated at the bonus rate applicable to my Agency at the time the policy was issued. I agree to pay all present or future dues to Industrial Alliance or Industrial Alliance Pacific (the Company) for all policies sold by the agent before the date of the transfer.

Name of the MGA: _____ Signed at (Prov.): _____

New MGA Signature: _____ Date: _____

COMPANY

The Company accepts this transfer.

Signature for the Company: _____ Date received: _____