

Confidential

Agency code

MGA Name

Name of applicant

Application for contract



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This is an application for contract with: ☐ Industrial Alliance (the Company) ☐ Industrial Alliance Pacific (the Company)
Industrial Alliance Service Centre: ☐ Quebec ☐ Toronto ☐ Vancouver

1. CONTRACT TYPE

Applicant is applying for: ☐ Managing General Agent (MGA) contract ☐ Personal ☐ Corporate
☐ Agent contract ☐ Personal ☐ Corporate
☐ Affiliate agent contract (No compensation by the Company) ☐ Personal ☐ Corporate

2. APPLICANT

Last name: _____ First name: _____ Sex: ☐ Male ☐ Female
SIN: _____ Date of birth: _____ Professional titles: _____
(Please provide copies)

3. CURRENT RESIDENTIAL ADDRESS

Address _____
City _____ Province _____ Postal code _____
For _____ Years _____ Months Telephone no. _____ Fax no. _____
Cellular no. _____ E-mail _____

4. PREVIOUS RESIDENTIAL ADDRESS (IF AT CURRENT ADDRESS LESS THAN 5 YEARS)

Address _____
City _____ Province _____ Postal code _____
Period from _____ to _____

5. CURRENT BUSINESS ADDRESS

☐ Same as residence or:

Address _____
City _____ Province _____ Postal code _____
For _____ Years _____ Months Telephone no. _____ Fax no. _____
Cellular no. _____ E-mail _____

6. PREVIOUS BUSINESS ADDRESS (IF AT CURRENT ADDRESS LESS THAN 5 YEARS)

Address _____
City _____ Province _____ Postal code _____
Period from _____ to _____

7. APPLICANT INFORMATION

a) List other business or personal names used in the financial services sector in the last 5 years:

(corporation, business style, trade name or partnership)

b) Are you a(n) ☐ Individual producer ☐ Partnership ☐ Corporation (one producer) ☐ Corporation (multiple producers)

c) Are you legally entitled to work in Canada? ☐ Yes ☐ No

d) Driver's license number: _____

The following applies to Quebec licencees:

- a) The Applicant has an attached ☐ or an independent ☐ status.
- b) Provide a copy of the firm certificate as well as the registration number.
- c) Attach a list of the agents representing the firm.

APPLICATION FOR CONTRACT

8. NAME OF CORPORATION

Name of corporation (if applying for a corporate contract): _____

Provide a copy of current articles of incorporation and a list of current principal partners and/or shareholders.

Corporate or partnership licence number: _____ Name of contact person: _____

Provide a list of authorized signatories for the corporation.

All principal partners and shareholders holding 10% or more in shares must complete Page 1 and Section 22 of this Application for contract. The guarantor(s) for the corporation must complete the Guarantee and Postponement Agreement in this Application for contract.

9. OTHER BUSINESS AFFILIATIONS

a) Do you conduct, or are you associated with, any other business other than those specified previously? Yes No
If so, give details in Section 19, including name, location and nature of business. ☐ ☐

b) Are you a partner, officer, director or in a non-arms length relationship with any other business? ☐ ☐
If so, give details in Section 19, including name, location and nature of business.

10. EDUCATION

☐ High school ☐ College ☐ University

Other: _____ Please provide copies of diplomas received (non-industry designations).

11. EMPLOYMENT HISTORY

Please provide details of your employment history for the last 5 years, starting with the most recent:

From Month	Year	To Month	Year	Company	Address	Telephone no.	Position	Reason for leaving
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

12. PERSONAL PRODUCTION

List all insurance companies with which you are currently contracted:

Have you ever applied for or been under contract with our Company or any other company in the Industrial Alliance group?

☐ Yes ☐ No If 'Yes', through which agency?

Agency name _____

Did the Company or any other company in the Industrial Alliance group sponsor your license? (Applicable to licencees where sponsorship is required.)

☐ Yes ☐ No

13. FINANCIAL INSTITUTIONS (INSURANCE, BANK)

List, by order of total volume, the five financial institutions with which you have placed the most business in the last 5 years. Indicate the lines of business for each company by placing a checkmark under the corresponding product.

Institution name	Are you still associated with this company?		No. of years	Lines of business			Persistency for life products (if known) (%)
	Yes	No		Life	Annuities	Other*	

* Example: Mutual funds, disability, health, etc.

14. REFERENCES

Provide two character references who have known you longer than 2 years, are not related to you and are not personal acquaintances, plus one reference from a former employer or MGA.

1. Name _____
 Address _____
 City _____ Province _____ Postal code _____ Telephone no. _____
2. Name _____
 Address _____
 City _____ Province _____ Postal code _____ Telephone no. _____
3. Name _____
 Address _____
 City _____ Province _____ Postal code _____ Telephone no. _____

15. PERSONAL PROFILE

If you answer 'Yes' to any of the following questions, please provide a full explanation in Section 19.	Yes	No
1. Have you ever declared or been subject to personal bankruptcy proceedings, made a voluntary assignment into bankruptcy, or made a consumer proposal under legislation relating to bankruptcy or insolvency?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been involved in a foreclosure or repossession?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been a controlling shareholder or officer of a corporation which was declared bankrupt or made a voluntary assignment in bankruptcy, made a proposal under any legislation relating to bankruptcy or insolvency, or is currently not discharged? If 'Yes', provide the trustee's name and address, location of bankruptcy filing, assignment of bankruptcy or receiving order, statement of affairs, and an explanation as to the circumstances of the bankruptcy.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with a felony or any crime?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been refused a bond?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any partnership or corporation, of which you are or were at the time of such event a partner, officer, director or a controlling shareholder, ever pleaded guilty or been found guilty of an offense under any law of any province, territory, state, or country, or is any such partnership or corporation currently the subject of such an offense?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had your license denied, revoked, suspended or had any disciplinary action taken against you by a regulatory body or financial services monitoring organization?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been under legal order to make monetary payments to another person or business entity, including spousal support?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had your wage garnished?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you currently indebted to any insurer or MGA or other financial services companies? If 'Yes', specify name of creditor, anticipated duration of debt, existing amount, when debt commenced, repayment schedule and conditions for repayment.	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever pleaded guilty or been found guilty of an offense under any law of any statute or law of any other province, territory, state or country, for which you have not been pardoned, or are you currently the subject of any charges? Some examples of these offenses are fraud, theft, weapons charges, drug trafficking, physical assault, impaired driving, tax evasion and human rights violations. You are not required to disclose minor traffic infractions such as speeding or parking violations.	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been terminated or resigned, or had any contracts cancelled which you held with any financial services company because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you currently, or is there any reason to believe that in the future, you will be under any legal restriction or impediment which would prevent you from lawfully carrying on the business of insurance producer or broker?	<input type="checkbox"/>	<input type="checkbox"/>

16. SPONSOR INFORMATION

This section is only applicable to licencees for whom sponsorship is required.

a.) Current sponsoring insurance company name:

b.) List the names of your sponsoring companies over the last 5 years:

Name: _____ from _____ to _____

Name: _____ from _____ to _____

Name: _____ from _____ to _____

c.) Have you changed sponsors in the last 5 years?

If 'Yes', indicate reasons in section 19.

Yes No
☐ ☐

d.) Have you ever been declined sponsorship?

If 'Yes', indicate reasons in section 19.

☐ ☐

e.) Are you applying to change your sponsor?

If 'Yes', indicate the reasons for the change of sponsorship in section 19.

☐ ☐

17. CURRENTLY HELD LICENSES/REGISTRATIONS

Please attach a copy of your life, accident and health license(s).

Type of license*	Number of years held	Any interruptions in licensing? (If 'Yes', give details in Section 19.)		License number	Level (if applicable)	Province or territory	Expiry/Renewal date	Sponsor or dealer
		Yes	No					

* Life insurance, property & casualty, mutual funds, securities, mortgage broker, real estate agent, other.

18. ERRORS AND OMISSIONS COVERAGE

a.) Attach a copy of your E&O certificate for each province in which you are licensed.

b.) Has any policy or application for E&O insurance on your behalf ever been declined, cancelled or renewal refused?

☐ Yes ☐ No If 'Yes', please explain below:

19. ADDITIONAL INFORMATION FROM PREVIOUS SECTIONS

(Please indicate the corresponding question numbers)

20. GUARANTEE AND POSTPONEMENT

TO BE COMPLETED AND SIGNED BY THE APPLICANT ONLY IF APPLYING FOR A CORPORATE CONTRACT:

In consideration of, and as inducement to, the execution of the Contract made between INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC. AND/OR INDUSTRIAL-ALLIANCE PACIFIC LIFE INSURANCE COMPANY (herein called "the Company) and:

_____ dated _____
(herein called "the Agent") and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned (jointly and severally if more than one) pursuant to this Guarantee and Postponement ("Guarantee"), personally and unconditionally guarantees payment to the Company of all present and future debts and liabilities howsoever arising owing by the Agent to the Company or remaining unpaid by the Agent to the Company, and incurred or arising from any agreement or dealings between the Company and the Agent, including the contract (such debts and liabilities referred to as "the liabilities") and including, without limitation, interest accrued or to accrue on all the liabilities at the same rate or rates payable by the Agent both before and after default, maturity and judgment, whether the judgment be obtained against the Agent and the undersigned, or any of them.

AND THE UNDERSIGNED (JOINTLY AND SEVERALLY IF MORE THAN ONE) HEREBY AGREES WITH THE COMPANY AS FOLLOWS:

- 1) The Company may deal with the Agent in any manner and amend or release any agreement with the Agent as the Company sees fit, the whole without in any way limiting or lessening the liability of the undersigned under this Guarantee, and no loss of in respect of any securities received by the Company from the Agent or others, whether occasioned by the fault of the Company or otherwise, shall in any way lessen or limit the liability of the undersigned under this Guarantee.
- 2) This Guarantee shall be a continuing guarantee, and shall cover all the liabilities and it shall apply to and secure any ultimate balance due or remaining unpaid to the Company. This Guarantee is in addition to any other guarantee, by whomsoever given, including the undersigned, at any time held by the Company.
- 3) The Company shall not be bound to exhaust its recourse against the Agent or others or any securities the Company may at any time hold before being entitled to payment from the undersigned of the liabilities. The undersigned renounces all benefits of discussion and division.
- 4) This Guarantee shall not be considered as wholly or partially satisfied and the undersigned shall not have any right to be subrogated in any rights of the Company until the Company shall have received payment in full of the liabilities.
- 5) The undersigned shall be liable to the Company, even though the obtaining of such monies, advances, renewals and credits shall not be within the authorized power of the Agent or the directors, shareholders, employees, or Agents thereof or shall be in any way defective or otherwise irregular, and any sum which may not be recoverable from the undersigned on the basis of this Guarantee shall be recoverable from the undersigned as a sole or principal debtor and shall be paid to the Company upon demand by it with interest as provided herein.
- 6) The amount of any account stated by the Company shall be accepted by the undersigned as conclusive evidence of the amount which, at the date of the account so stated, is due by the Agent to or remains unpaid by the Agent to the Company.
- 7) This Guarantee shall be binding upon the undersigned notwithstanding the non-execution by any other proposed signatory or signatories and possession of this instrument by the Company shall be conclusive evidence against the undersigned that this instrument was delivered unconditionally.
- 8) All present and future debts of the Agent to the undersigned are hereby assigned to the Company and postponed to the indebtedness of the Agent to the Company. All monies received from the Agent (or his agent or assigns) shall be received in trust for the Company and forthwith upon receipt paid over to the Company until the Agent's indebtedness and liability to the Company is fully paid and satisfied, without lessening the undersigned's liability under this Guarantee.
- 9) No suit based on this Guarantee shall be instituted until demand of payment has been made and demand of payment shall be deemed to have been effectually made upon any guarantor if and when an envelope containing such demand, addressed to such guarantor at the address of such guarantor last known to the Company is posted, postage prepaid, in the post office, and in the event of the death of any guarantor, demand of payment addressed to any such guarantor's heirs, executors, administrators or legal representatives at the address of the addressee last known to the Company and posted as aforesaid shall be deemed to have been effectually made upon all of them. All payments hereunder shall be made to the Company.
- 10) This Guarantee shall extend to and enure to the benefit of the Company, its successors, designates and assigns, and shall extend to and be binding upon the successors and assigns of the undersigned. The undersigned specifically acknowledges that this Guarantee may be assigned by the Company to any other party, for any purpose whatsoever, including the satisfaction of any obligation to another party pursuant to the Contract. Any reference to the singular in this Guarantee shall include the plural.

20. GUARANTEE AND POSTPONEMENT

11) The undersigned understands the nature and effect of this Guarantee, and acknowledges both having been advised to seek independent legal advice before executing it, and having been given the opportunity to do so.

IN WITNESS WHEREOF the undersigned have executed this document on _____ day of _____, 20_____.

SIGNED in the presence of:

Signature of Witness

Print name of Witness

Address of Witness

Signature of Guarantor / Undersigned

Print name of Guarantor / Undersigned

Signature of Witness

Print name of Witness

Address of Witness

Signature of Guarantor / Undersigned

Print name of Guarantor / Undersigned

Signature of Witness

Print name of Witness

Address of Witness

Signature of Guarantor / Undersigned

Print name of Guarantor / Undersigned

FOR ALBERTA RESIDENTS ONLY THE GUARANTEES ACKNOWLEDGEMENT ACT CERTIFICATE OF NOTARY PUBLIC

I HEREBY CERTIFY THAT:

1) _____ of _____, the guarantor in
(Guarantor's name)
this Guarantee appeared in person before me and acknowledged that he had executed the Guarantee.

2) I satisfied myself by examination of him/her that he/she is aware of the contents of the Guarantee and understands it.

GIVEN AT _____ this ____ day of _____, 20_____ under my hand and seal of office.

A Notary Public in and for the Province of _____.

STATEMENT OF GUARANTOR

I am the person named in this certificate.

Signature of Guarantor / Undersigned

21. DIRECT DEPOSIT OF COMPENSATION

Affiliate contract applicants for whom no compensation is paid by the Company are not required to complete this section.

Name of financial institution _____

Address _____

City _____ Province _____ Postal code _____

Telephone no. _____

All agents contracting with the Company are required to have their compensation deposited/EFT to their bank account.

BANKING INFORMATION

Attach a personal cheque marked "void" for direct deposit information purposes. It is your responsibility to ensure that the banking information is accurate. If your banking information changes, you must provide the Company with current information promptly to ensure compensation is not delayed.

The direct deposit request will take effect the week following contract approval.

It is understood that:

- on exception, the Company reserves the right to pay your compensation by cheque;
- you are responsible for any changes to the banking information transmitted by this form;
- the direct deposit may automatically terminate if your contract terminates.

ATTACH VOIDED CHEQUE

FOR COMPANY USE ONLY

APPLICANT: _____

AGENCY: _____ DISTRICT: _____ SERVICE UNIT: _____ CODE: _____

☐ SCPR

☐ AMMA

PROCESSED BY: _____
Initials

DATE: _____
dd/mm/yyyy

22. FILE AND PERSONAL INFORMATION, DECLARATION, CONSENT AND AUTHORIZATION

- a) In order to ensure the confidentiality of your personal information, the Company will establish an agent file in which information submitted to the Company about you will be kept. Your agent file will be kept in the Company's offices. Only the employees, or representatives who are responsible for underwriting, administration, investigations and claims, or any other person whom you authorize, will have access to this file. You are entitled to consult the personal information contained in your file and, if applicable, to have it corrected by making a written request to the Company at the following addresses:

Industrial Alliance
1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3

Industrial Alliance
522 University Avenue
Toronto, ON
M5G 1Y7

Industrial Alliance Pacific
2165 Broadway West
PO Box 5900
Vancouver, BC V6B 5H6

For further information, please contact the Privacy officer/Information Access Officer at one of the addresses above or refer to the Company's website.

- b) I hereby declare that the information I have provided in this application form is complete and accurate in every respect, as of the date of signing.

In making this application, I acknowledge and consent to the Company conducting routine inquiries during initial processing or subsequent administration of my contract which will provide applicable information concerning my credit rating, character, general reputation, personal characteristics and lifestyle. This information may be obtained from or exchanged with one or more of the commercial reporting agencies offering this service as well as from any company or Managing General Agent I currently represent or have represented in the past. Upon written request from the Applicant, additional information as to the nature and scope of the inquiry, if one is made, will be provided by the Company.

I agree to notify and provide updated information to the Company within 5 business days, should there be any change in the information provided herein or in my ability to legally continue to sell life insurance.

I understand the Company may decline my application with or without cause and that a false statement or material omission, including failure to provide updated information, may disqualify me from consideration for a contract to sell life insurance for the Company or result in the subsequent termination of my contract with the Company.

In making this application I agree to conduct myself in accordance with the provisions of the Company's Agent Market Conduct Standards.

I acknowledge that I have received and read the Contract and documents outlined therein and agree to be bound by them. I also acknowledge that I have received all the necessary explanations regarding the Contract and documents.

Date

Applicant's signature

23. MGA'S RECOMMENDATION (AND INDEMNIFICATION IF APPLICANT AFFILIATE)**a.) TO BE COMPLETED ONLY IF APPLICANT IS AFFILIATE**

Name of Agent receiving compensation	Agent Code	District

The MGA or Agent named above shall be solely responsible for payment of compensation due, if any, to the Affiliate Agent for the execution of his/her responsibilities under the Contract. In the event the Company is required to pay compensation to the Affiliate by law or otherwise, the MGA agrees to indemnify the Company for all applicable amounts.

Dated (DD/MM/YYYY)

Receiving Agent Acceptance if other than MGA

b.) MGA'S RECOMMENDATION AND SIGNATURE

Name of MGA making the recommendation	Agency
Name of District (if applicable)	District

Applicant's name to be included in Company publications? ☐ YES ☐ NO

The Applicant's qualifications and record have been investigated and all statements and answers in the foregoing application are true and correct to the best of my knowledge, information and belief. I recommend that the Applicant be granted a contract with the Company.

Dated (DD/MM/YYYY)

Signature of MGA recommending the Applicant (and Indemnification if Applicant Affiliate)

THIS APPLICATION IS SUBJECT TO APPROVAL BY THE COMPANY**24. THIS SECTION MUST BE COMPLETED BY THE COMPANY'S DESIGNATE**

I have examined this Applicant's file on behalf of the Company:

Name of the Company's Designate	Date

☐ Application declined

☐ Application approved

Contract effective date:

(D)	(D)	(M)	(M)	(Y)	(Y)	(Y)	(Y)

Agency

District

SU

Agent code

Approved by:

Date:

Signature for the Company