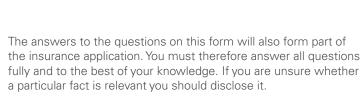
IA LARGE CASE SOLUTIONS

All the expertise. All the products. All our attention.

PRE-QUALIFICATION QUESTIONNAIRE



This questionnaire is a tool to assess complex risks and complex sales concept(s) that may or may not be required for each case. Additional information may also be required to provide you with

All information will be treated as strictly confidential.

a preliminary assessment.

When referring to Financial Statements they should include:

- Tax returns and assessment notices
- Balance Sheet / Profit and Loss Accounts
- Cashflow Statements / Notes on the Accounts
- Auditor Reports (when available)

Financial statements for the last two years are required and should be for a period ending no longer than three years prior to the date of application.

FILE PROCESSING

Please send this duly completed form and any other related documents (e.g., financial statements, company organization chart, etc.) to your **iA Financial Group regional sales manager by email**.





1. Advisor Information					
Application / Policy Number:		Application Date:			
Client First Name:		Client Last Name:			
MGA / Career Office / Administrator Contact Details :					
Name of Client Relationship Manager:					
Advisor Name:		Advisor iA Code:			
Email:		Cell:			
Did you contact our Advanced Financial Sales	Team prior to submitting application?	□ No □ Yes			
Was financial planning completed by client's a		P □ No □ Yes			
If Yes, please forward financial plan					
2. Occupation Information of the Pro	oposed Insured				
3. Coverage Information					
3. Coverage Information Details of ANY other concurrent OR pendi	ing applications				
	ing applications TYPE OF COVERAGE	FACE AMOUNT	PURPOSE OF COVERAGE		
Details of ANY other concurrent OR pendi		FACE AMOUNT	PURPOSE OF COVERAGE		
Details of ANY other concurrent OR pendi		\$	PURPOSE OF COVERAGE		
Details of ANY other concurrent OR pendi			PURPOSE OF COVERAGE		
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Details of ANY other concurrent OR pendi		\$ \$ \$	PURPOSE OF COVERAGE		
COMPANY COMPANY	TYPE OF COVERAGE	\$ \$ \$ \$ \$	PURPOSE OF COVERAGE		
COMPANY *For more space, use the additional table available avail	TYPE OF COVERAGE	\$ \$ \$ \$ \$	PURPOSE OF COVERAGE		
*For more space, use the additional table avai	TYPE OF COVERAGE	\$ \$ \$ \$ \$	PURPOSE OF COVERAGE		
COMPANY *For more space, use the additional table available avail	lable in the addendum at the end of thi	\$ \$ \$ \$ \$	PURPOSE OF COVERAGE		
*For more space, use the additional table avai Are we in competition? No Yes Is it all to place? No Yes	lable in the addendum at the end of thi	\$ \$ \$ \$ \$	PURPOSE OF COVERAGE		

Details of ALL existing In-Force policies *

\$ \$ \$ \$ \$		No Yes No Yes No Yes No Yes No Yes
\$		□ No □ Yes
\$		□ No □ Yes
\$		□ No □ Yes
details (if public):		
, , , ,		
alue (BV):		
	alue (BV):	

7. Lifestyle Information
Do you use any type of nicotine products (incl. betel nuts, paan, vaping, marijuana, cannabis, etc.)?
Details:
Do you consume alcohol? No Yes
If Yes, provide type, quantity and frequency of use:
Do you consume any type of recreational drugs?
If Yes, provide type, quantity and frequency of use:
Have you had more than four driving violations, a licence suspension or a DUI in the last five years?
If Yes, provide details
Aviation:
Have you flown in an aircraft as a pilot or student or do you have future plans to do so? \Bigcup No \Bigcup Yes
If Yes, provide purpose of flights, annual hours, type of aircraft, information on any accidents:
Travel:
Will you be travelling? No Yes
If Yes, provide: name of each country/city you will be travelling to, length of trip, purpose of travel, any travel outside urban centres, etc.:
Avocation:
Do you participate in ANY hazardous sport including but NOT limited to: backcountry skiing/snowboarding/skidooing, heli-skiing, CAT skiing, scuba diving, auto racing,
motorcycle racing, mountaineering, skydiving, recreational aviation activities, etc.? No Yes
If Yes, provide: frequency of activity, how many days per year, level of experience, location, tour operators used, safety precautions taken, equipment used, etc.:
8. Medical Information
Name and contact details of doctor:
Date and reason doctor last consulted:
Are you currently being treated for any condition?
If Yes, provide diagnosis and treatment:
Name all prescribed medications you are currently taking?
Have you ever consulted a doctor for, been diagnosed/treated for or had any symptoms of:
Heart Disease Liver Disease
☐ Stroke ☐ Lung Disease
☐ Diabetes ☐ Kidney Disease
☐ Cancer OR Tumours
If Yes, provide diagnosis date, treatment received and last follow up (including results):
Do you have any pending tests or consultations? No Yes
If Yes, provide test name and date to complete, name of doctor and contact details, etc.:



Coverage Information – Supplement to Section 3 (if required)

Details of ANY other concurrent OR pending applications

COMPANY	TYPE OF COVERAGE	FACE AMOUNT	PURPOSE OF COVERAGE
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Details of ALL existing In-Force policies

COMPANY	EFFECTIVE DATE	TYPE OF COVERAGE	FACE AMOUNT	PURPOSE OF COVERAGE	REPLACING
	Y Y Y Y M M D D		\$		□ No □ Yes
	Y Y Y M M D D		\$		□ No □ Yes
	Y Y Y M M D D		\$		□ No □ Yes
	Y Y Y M M D D		\$		□ No □ Yes
	Y Y Y M M D D		\$		□ No □ Yes
	Y Y Y M M D D		\$		□ No □ Yes
	Y Y Y M M D D		\$		□ No □ Yes
	Y Y Y M M D D		\$		□ No □ Yes
	Y Y Y M M D D		\$		□ No □ Yes
	Y Y Y Y M M D D		\$		□ No □ Yes

Purpose of Coverage – Supplement to Section 5

Purpose of Coverage:

- Personal / Income Replacement / Family Protection / Retirement Income
- Key Person
 - 10 x income (max.) For any amounts exceeding this maximum, you must provide additional information including:
 - Letter from the board of directors explaining the need for coverage
 - Business plan including projections of revenue/net profit with an explanation of how business would be affected on death, disablement or critical illness of key person
 - Details of company's succession plan
 - Key person CV and explanation of why they are key to operations
- Loan
 - Purpose of loan
 - Name of lender, amount of loan and terms of loan
 - Business plan or presentation to the lender (if available)
 - Copy of final loan agreement
 - If loan was used to purchase an asset, a copy of the asset valuation certificate will be required
- Share Purchase / Partnership Protection
 - Copy of Buy/Sell Agreement
 - Business valuation Details of how the partnership has been valued
 - If a valuation certificate from an accountant or registered valuer is available, it should be included
 - Name of all shareholders and ownership percentage for each
 - How business value was calculated (include FMV)
- Estate Planning / Insurance Retirement Program (IRP)
 - Source of premiums and any additional deposits
 - Coverage amount should be based on insurance need presented