

Disclosure Notice - Medical Information Bureau

Please Read Carefully, and Keep a Duplicate Copy With Your Records

Information regarding your insurability will be treated as confidential. Industrial Alliance Pacific Life Insurance Company ("IA Pacific Life") or its reinsurers may, however, make a brief report to the Medical Information Bureau, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to a member company, the Bureau, upon request, will supply that company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction. The address of the Bureau's Information office is 330 University Avenue, Suite 102, Toronto, Ontario, Canada M5G 1R7, telephone number (416) 597-0590.

IA Pacific Life or its reinsurers may also release information in the file to other life insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits is submitted.

Request for Further Information

As part of our procedure to assess your eligibility for insurance you may receive a telephone call from a member of our staff. This interview, if required, will be of short duration and will take place at a time convenient to you. If you are not available when we call, we will try and arrange that you return our call at no expense to you.

This information will be held in strictest confidence. Inquiries concerning this notice should be directed to the Underwriting Department of IA Pacific Life.

Money Back Guarantee

You have thirty days after you receive your Certificate to decide if it meets your needs. If it does not, return it to our Head Office or to the Mortgage Broker from whom you bought it. We will cancel your coverage from the Effective Date of Insurance and will refund any premium paid by you.

App. No. : _____

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Initials: _____ Date: _____

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