



INDIVIDUAL SAVINGS AND RETIREMENT
INDIVIDUAL LIFE
LIMITED TRADING AUTHORIZATION

F51-201A

IMPORTANT: Use separate forms for Individual Life Insurance and Individual Savings and Retirement

Part A: Applicant(s) Information

First and last name SIN (Optional, for identification only)

Contract(s) covered by this Limited Trading Authorization

Part B: Types of Transaction and Insurance Company Identification

Through the use of this Limited Trading Authorization (hereinafter the "Trading Authorization") for individual deferred annuity contracts and individual universal life policies, you are authorizing the agent designated at section D (hereinafter "the agent") to instruct Industrial Alliance Insurance and Financial Services Inc. (hereinafter "the Company") to process the following financial transactions on your behalf within the contracts covered by this Trading Authorization:

Table with 2 columns: Annuity contracts, Individual universal life policies. Lists various transaction types like new premiums, renewals, fund switches, etc.

The agent is prohibited from conducting discretionary trading on your behalf, and, for each financial transaction, must obtain your prior specific authorization for each instruction. This form does not give the agent such authority.

Part C: Applicant(s) Authorization

- 1. I, THE UNDERSIGNED, HEREBY AUTHORIZE THE AGENT DESIGNATED IN PART D OF THIS DOCUMENT to provide, in accordance with all specific instructions I will have previously provided in this regard, instructions in writing to the Company with respect to the transactions listed in Part B and to sign any relevant documents thereto.
2. I acknowledge that the Company may rely on this Trading Authorization to carry out the transactions listed in Part B as per the written instructions provided by the agent on my behalf.
3. I acknowledge that this Trading Authorization is valid until it expires or until I advise the Company in writing of its revocation.
4. I acknowledge that this Trading Authorization is not intended to be a continuing power of attorney for property (hereinafter "CPOA") within the meaning of any similar power of attorney legislation in any of the provinces or territories of Canada granted in the event of my mental incapacity.
5. I acknowledge that this Trading Authorization supercedes and replaces any other Trading Authorization or limited power of attorney I have previously granted with respect to the contracts listed in Part A.
6. I acknowledge that the Company may, at its sole discretion, refuse to accept or process transactions under this Trading Authorization.

I acknowledge that I have read and that I understand and accept the above terms and conditions of this Trading Authorization.
Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_
Signature of Applicant Signature of Co-Applicant

If the applicant is a corporation, all authorized signing officers of the corporation must sign this document and indicate their titles.

Part D: Agent Acknowledgement

I acknowledge that I have reviewed the terms of this Trading Authorization with the applicant(s) and have provided any and all information to facilitate understanding thereof. I also acknowledge that I have witnessed the signature of this Trading Authorization by the applicant(s). I agree to abide by and act in compliance with the terms of this Trading Authorization as stated above.

Name of agent X Signature of agent Agent code SU Agency code Date

