iA Financial Group

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)

Contracts covered by the 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 security contracts and individual universal life policies, you are authorizing the agent designated at section 2 (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:

Annuity contracts	Individual universal life policies
(a) new premiums or deposits	(a) new premiums or deposits
(b) reinvests of guaranteed interest term investments	(b) reinvests of guaranteed interest term accounts
(c) fund switches within the same contract allocation and transfer of monies between accounts	(c) fund switches within the same policy allocation and transfer of monies between accounts
(d) needs and charge for the guarantee maturity date	(d) partial withdrawals (except where the beneficiary is irrevocable)
(e) redemptions (except RRSP contracts or contracts where the beneficiary is irrevocable)	(e) automatic investment instructions
(f) automatic investment term (AIT)	

The agent is prohibited from conducting transactions/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 2 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 therein.
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. I agree to pay any applicable fees or charges payable to the Company as a result of such transactions. I further acknowledge that the Company will not be liable in any way for any claims, demands or actions that might be made by my heirs, beneficiaries, executors and/or administrators or any third party as a result of the Company having acted or relied on instructions provided pursuant to this Trading Authorization.
3. I acknowledge that this Trading Authorization is valid until it expires or until I advise the Company in writing of its revocation.

   This Trading Authorization terminates upon my death, upon receipt by the Company of any evidence of means incapacity or bankruptcy on my part, or further to a change to the agent of record on my contracts.
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 Ontario of my mental incapacity. The execution of this Trading Authorization shall not terminate any such CPOA granted by the previous and shall not be terminated by the execution of a CPOA by me in the future.
5. I acknowledge that this Trading Authorization supersedes and replaces any other Trading Authorization or limited power of attorney I have previously granted with respect to the contracts listed in Part B.
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 _____ (Y) _____

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 reviewed 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.

_____ X _____ _____ _____ _____

Name of agent | Signature of agent | Agent code | NIP | Agency code | Date

iA Financial Group is a business name and trademark of Industrial Alliance Insurance and Financial Services Inc.