

ENROLL IN PLANDIRECT GUARANTEED LIFE INSURANCE PLAN

PLANDIRECT INSURED INFORMATION (please print)

Last Name	First Name	Initial	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker
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Street	Apt. #	City	Province	Postal Code
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Telephone Number (Home)	Telephone Number (Work)	Email
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PLEASE SELECT YOUR BENEFIT AMOUNT (refer to rates in brochure to determine your premium)

I hereby apply for the coverage noted and enclose my sample void cheque and cheque in the amount shown below to cover the first two months premium.

- 1 Unit (\$2,500) 2 Units (\$5,000) 3 Units (\$7,500) 4 Units (\$10,000) 5 Units (\$12,500)
 6 Units (\$15,000) 7 Units (\$17,500) 8 Units (\$20,000) 9 Units (\$22,500) 10 Units (\$25,000)

INSURED SELECTION: Coverage Monthly Premium \$ _____
Plus Provincial Sales Tax (8% for Ontario or 9% in Quebec): \$ _____
Total: \$ _____
Amount of attached Cheque for two months premium: \$ _____

BENEFICIARY DESIGNATION

(I hereby designate/appoint) Full Name _____

Signature: _____ Relationship: _____

Beneficiary Designation: Revocable Irrevocable

The beneficiary designation stated on this application will apply in the event of your death, to benefits payable under this group policy unless specific instructions to the contrary have been received by PlanDirect Insurance Services Inc. You may change your beneficiary at any time without the beneficiary's consent, unless you specifically designate your beneficiary as irrevocable. (Quebec residents, please see * below)

***Quebec Residents:** If you designate your spouse as a beneficiary, this designation is irrevocable unless you specifically designate them as revocable.

If you are naming a beneficiary who is under the age of 18, you should name a trustee to receive the monies in trust for the beneficiary.

Name of Trustee for any minor beneficiary: _____

DECLARATION AND AUTHORIZATION

I confirm that:

- i. I understand that my coverage under this plan is conditional upon acceptance of my application by the Policyholder and will become effective on the 1st of the month following the date my application is approved and PlanDirect Insurance Services Inc. has received my first two month's premium.
- ii. I have read the Notice on Privacy and Confidentiality (attached) and consent to the collection, use and disclosure of my personal information required for enrolment and ongoing administration of the plan.
- iii. If I have applied for Non-Smoker Rates, I confirm that I have not smoked cigarettes, cigars, cigarillos, pipe, marijuana, or used snuff, chewing tobacco or nicotine products (patch, gum etc) within the last 24 months.
- iv. I authorize PlanDirect Insurance Services Inc. to debit my account on or around the 15th day of each month for monthly premiums due the first of the following month. I understand this amount may change at a future date as specified in the Master Group Policy. PlanDirect will, to the best of its ability, advise me in writing of the revised amount in advance of its effective date. The pre-authorized payment plan may be discontinued by me or PlanDirect upon written notice

Date: _____ Signature: _____

NOTICE OF PRIVACY AND CONFIDENTIALITY

At PlanDirect Insurance Services Inc. (PDAdmin group), we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that is kept in the office of PlanDirect or the offices of an organization authorized by PlanDirect Insurance Services Inc. We limit access to personal information in your file to PlanDirect staff or persons authorized by PlanDirect who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We collect, use and disclose the personal information to process this application and, if this application is approved, provide and service the financial product(s) applied for, investigate and process claims, and create and maintain records concerning our relationship.

You may review and correct the information in your file. A request to review or correct your file should be made in writing and may be sent to PlanDirect Insurance Services Inc.

Return completed form to: PD Admin Group, 211 Consumers Road, Suite 200, Willowdale, ON M2J 4G8

Underwritten By: Industrial Alliance Pacific Insurance and Financial Services Inc., Special Markets Group, 2165 Broadway W, P.O. Box 5900, Vancouver, BC V6B 5H6

POLICY AND ADVISOR INFORMATION

Policy No.	Name of Policyholder	Agent / Broker ID
100006642	PlanDirect Insurance Services Inc	