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INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.

PACIFIC™

INDIVIDUAL SAVINGS AND RETIREMENT
INDIVIDUAL LIFE

LIMITED TRADING AUTHORIZATION

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

Part A: Policyholder(s)*/Applicant(s) Information and Identification
*The term Policyholder also refers to Policyowner for Individual Universal Life policies

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

Contract(s)/Policy(ies) covered by this Limited Trading Authorization

Company

Industrial Alliance Insurance and Financial Services Inc. ("the Company")/Industrial Alliance Pacific Insurance and Financial Services Inc.

Part B: Type of Transactions and Identification of the Insurance Company

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

Deferred Annuity contracts	**Individual Universal Life policies**
a) new premiums/deposits	a) new premiums/deposits
b) renewals of guaranteed interest term investments	b) renewals of guaranteed interest term accounts
c) fund switches within the same contract, allocating & transferring monies between accounts	c) fund switches within the same policy, allocating & transferring monies between accounts
d) resets	d) partial withdrawals
e) redemptions (except RESP)	e) automatic investment instructions
f) automatic investment term (AIT)	

However, the agent is prohibited from conducting discretionary trading on your behalf, that is, providing the Company any such instructions without in each case obtaining your prior specific authorization, and nothing in this form gives the agent that authority. You are required to read the Policyholder(s)/Applicant(s) Authorization section of this Trading Authorization and sign the acknowledgement where indicated. Without such signed acknowledgement, this Trading Authorization may not be acted upon.

Part C: Policyholder(s)/Applicant(s) Authorization

1. I, THE UNDERSIGNED POLICYHOLDER(S)/APPLICANT(S), HEREBY AUTHORIZE_____
   ("the agent") to provide instructions in writing to the Company on my behalf and to sign any relevant documents associated with the permitted transactions (a) through (e) listed in Part B of this form in accordance with my specific instructions for each transaction.
2. I acknowledge that upon receipt by the Company of the original copy of this Trading Authorization, the Company may rely on this Trading Authorization to carry out any authorized transaction requested on my behalf. I will pay any applicable fees or charges payable to the Company as a result of such transactions. I further acknowledge that in providing instructions to the agent and the Company pursuant to this Trading Authorization, I have the same rights and obligations as I would have had if I directly provided written instructions to the agent or the Company. I hereby agree that the Company will not be liable in any way for any claims, demands or actions that might be made by me or my heirs, beneficiaries, executors and/or administrators or any third party as a result of the Company having acted or relying on instructions provided pursuant to this Trading Authorization.
3. This Trading Authorization is valid until it expires or until I address a written revocation to the Company Head Office. This Trading Authorization will expire on my death, upon the Company receiving evidence of my mental incapacity or bankruptcy, or following a change to the agent of record on my contract(s)/policy(ies).
4. This Trading Authorization is not intended to be a continuing Power of Attorney for property within the meaning of any similar Power of Attorney legislation in any of the provinces or territories of Canada (hereafter called a "CPOA") granted in the event of my mental incapacity. The execution of this Trading Authorization shall not terminate any such CPOA granted by me previously and shall not be terminated by the execution of a CPOA by me in the future.
5. This Trading Authorization supersedes and replaces any other Trading Authorization or Limited Power of Attorney I have previously granted with respect to my contract(s)/policy(ies) with the Company.
6. 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.

Dated this _____ day of _____ 20 _____

Policyholder(s)/Applicant(s)	Joint Owner and/or Irrevocable Beneficiary	Witness

If the policyholder(s)/applicant(s) is a corporation, all authorizing signing officers of the corporation must sign this document and indicate their titles.

Part D: Agent Acknowledgement

I acknowledge that I have reviewed this Trading Authorization with the policyholder(s)/applicant(s). I agree to abide by and act in compliance with the terms of this Trading Authorization as stated above.

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

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