



0010058812226

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RECEIPT FOR DELIVERY OF CONTRACT

Agency:	PUNJAB INSURANCE INC.	Contract no.:	00-5881222-6
Agency code:	3C9	Applicant:	PATEL AN,DIVYESHKUMAR A
Service unit:	39	Principal insured:	PATEL AN,DIVYESHKUMAR A
Agent:	LIFE ADVICE INSURANCE INC	Print date:	OCTOBER 27, 2018

CONFIRMATION OF THE INFORMATION PROVIDED DURING THE PROCESS OF APPLYING FOR INSURANCE

Please refer to the document(s) included in your contract.

If any of the information provided during the process of applying for insurance is no longer accurate due to a change of any of the insured's health status, lifestyle or financial situation, please provide a **signed F3A form with the relevant information.**

If any of the information provided during the process of applying for insurance is no longer accurate, the insurance coverage could be declared null and void.

CONTRACT ACCEPTED AND DELIVERED

By signing and dating this delivery receipt, I acknowledge receipt of the contract mentioned above and confirm that my agent and I have covered all features of the contract including exclusion(s) and amendment(s).

CONTRACT ACCEPTED AND RETURNED FOR MODIFICATION (additional requirements may be necessary)

I acknowledge receipt of this contract and I request to proceed with the following modifications:

Applicant's signature

Date of delivery

Agent's signature

F50-277A
(R.16-07)

RESERVED FOR AGENCIES:

☐

Amendment

☐

Illustration

Date: _____



A24AA2

F50-277



CONTRACT REFUSAL NOTICE

Agency:	PUNJAB INSURANCE INC.	Contract no.:	00-5881222-6
Agency code:	3C9	Applicant:	PATEL AN,DIVYESHKUMAR A
Service unit:	39	Principal insured:	PATEL AN,DIVYESHKUMAR A
Agent:	LIFE ADVICE INSURANCE INC	Print date:	OCTOBER 27, 2018

CONTRACT REFUSED BY APPLICANT(S)

(Please return contract along with this form).

Should the applicant and/or agent sign this section within the time allotted, the initial deposit will be returned to the applicant and the contract will be cancelled.

The applicant does not accept delivery of the above named contract.

Reason for refusal :

Agent's signature

Date

Signature of applicant(s)

Date

POLICY DELIVERY INSTRUCTIONS

Agency:	PUNJAB INSURANCE INC.	Contract no.:	00-5881222-6
Agency code:	3C9	Applicant:	PATEL AN,DIVYESHKUMAR A
Service unit:	39	Principal insured:	PATEL AN,DIVYESHKUMAR A
Agent:	LIFE ADVICE INSURANCE INC	Print date:	OCTOBER 27, 2018

Agent's instructions:

Outstanding requirements to consider the policy as "in-force":

- ☐ **SIGNED AMENDMENT AND/OR DECLARATION OF INSURABILITY**
- ☒ **PREMIUMS:** Please refer to the attached Confirmation of issue for any outstanding premiums. **Attention:** If there are no outstanding premiums because the policy has already been placed in effect in PAC mode (providing there is no amendment / Declaration of insurability to be signed on delivery), please inform the client of the upcoming scheduled PAC withdrawal dates and amounts.

In addition, delivery is subject to securing the following requirement(s):

- ☒ **DELIVERY RECEIPT**
- ☐ **ILLUSTRATION**

**THE CONTRACT MUST BE DELIVERED DILIGENTLY WITHOUT DELAY.
INDUSTRIAL ALLIANCE CONSIDERS THAT THE CONTRACT MUST BE DELIVERED
WITHIN THREE WEEKS OF ITS RECEPTION.**

IMPORTANT NOTICE:

1. We would like to remind you that if the outstanding requirements are not received before **DECEMBER 21**, the policy will automatically be considered as "not taken" and a letter will be sent to the client with the refund of the initial deposit if applicable.
2. If the delivery receipt and illustration, if applicable, are not received by **DECEMBER 11**, all the commissions already paid will be reversed. If the policy is in force, the reversal of commission would appear as "DEL-C" on your commission statement. Furthermore, the status of an in force policy would not be affected by the reversal of commission. The reversed commission will be repaid upon receipt of the outstanding delivery requirements.

Should you need more details, please contact your service team.

Confirmation of Issue

Agency : 3C9 - 039
Agent : P24227

PUNJAB INSURANCE INC.
LIFE ADVICE INSURANCE INC.

Policy Number : 00-5881222-6
Principal Insured : DIVYESHKUMAR A PATEL AN

Transaction Details

Policy Effective Date : October 26, 2018 **Paid to Date** : October 26, 2018
Annual Premium at Effective Date : \$804.00

October 26, 2018	Premium due	DEBIT	CREDIT
		\$804.00	
	Premium due after issue	\$804.00	

Please find attached a billing notice after issue.

Remarks

October 27, 2018

DIVYESHKUMAR A PATEL AN

Policy Number : 00-5881222-6
Principal Insured : DIVYESHKUMAR A PATEL AN

Dear Sir or Madam,

We are pleased to provide you with your insurance policy contract. Your agent will be happy to review your contract and answer any questions that you may have.

We ask that you pay special attention to the following premium information:

Policy Effective Date : October 26, 2018
Annual Premium at Effective Date : \$804.00

		DEBIT	CREDIT
October 26, 2018	Premium due	\$804.00	
	Premium due after issue	\$804.00	

Thank you for choosing Industrial Alliance. Should you have any questions about your contract, please contact your agent.



**INDUSTRIAL
ALLIANCE**

INSURANCE AND FINANCIAL SERVICES INC.

1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, Quebec G1K 7M3



NOTICE OF PAYMENT

DUE 26 OCT 2018

NOTICE DATE: 28 OCT 2018

RE: POLICY 00 5881222 6
DIVYESHKUMAR A PATEL AN

DIVYESHKUMAR A PATEL AN
43 SUGAR MAPLE ST
KITCHENER ON N2N 1X4

PREMIUM DUE FOR 12 MO(S) \$804.00

TOTAL PAYABLE \$804.00

TELEPHONE HOME: (226) 750-0665

PLEASE RETURN THIS PART OF THE NOTICE ALONG WITH YOUR PAYMENT.
THANK YOU.

12 3C9 39 P24227 DIR

----- Cut along this line -----



**INDUSTRIAL
ALLIANCE**

INSURANCE AND FINANCIAL SERVICES INC.

1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, Quebec G1K 7M3

NOTICE DATE: 28 OCT 2018
POLICY: 00 5881222 6
DIVYESHKUMAR A PATEL AN

NOTICE OF PAYMENT DUE 26 OCT 2018

PREMIUM DUE FOR 12 MO(S) \$804.00

TOTAL PAYABLE \$804.00

THE PREMIUM OF THIS CONTRACT HAS BEEN DUE SINCE OR WILL BECOME DUE
ON 26 OCT 2018.

Pay the
amount due by
Internet...
See overleaf...

SHOULD YOU REQUIRE MORE INFORMATION, PLEASE CONTACT :
AGENT : LIFE ADVICE INSURANCE INC.
AGENCY: PUNJAB INSURANCE INC.

(416) 996-6464

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Paying by Internet... so convenient !

Simply follow these steps...

- ① Register with your financial institution if you haven't already done so.
- ② From the list of payees offered by your banking institution, please select or enter the partial or full name:

Industrial All. Insur and Fin Serv OR
Industrial Alliance Insurance and Financial Services

- ③ When paying this Notice, you must enter the following reference number in the space provided for this purpose:

VI0058812226

| |
2 letters, 10 numbers

- ④ Please note that if you enter instructions on your bank Web site they will not be relayed to us. For special instructions regarding your payment, please contact our Customer Service at 1-844-4iA INFO (1-844-442-4636).

Please do not combine the payments for multiple insurance policies. Every payment must include the reference number that is specific to the policy.

Thank you for using payment by Internet.

AMENDMENT PAGE

PLEASE READ CAREFULLY

POLICY NUMBER: 00-5881222-6

DATE OF ISSUE: OCTOBER 25, 2018

IT IS AGREED THAT THE FOLLOWING FORMS PART OF THE APPLICATION SUBMITTED
FOR THE ISSUE OF THIS POLICY.

THIS ELECTRONIC APPLICATION IS DEEMED TO HAVE BEEN SIGNED BY THE
APPLICANT(S) AND PROPOSED INSURED(S) ON THE SIGNATURE DATE OF THE
SIGNATURES FORM BEARING THE NUMBER 95Z8W5

THE NAME OF THE INSURED IS DIVYESHKUMAR A PATEL AN.

THE ACCEPTANCE OF THIS POLICY CONSTITUTES AN APPROVAL OF THE PRESENT CLAUSE.

ISS 3C9-39
VI022



C O N T R A C T S P E C I F I C A T I O N S

DATE OF ISSUE : OCTOBER 25, 2018
 CONTRACT EFFECTIVE DATE: OCTOBER 26, 2018
 PREMIUM PAYABLE : ANNUALLY
 POLICY NUMBER : 00-5881222-6
 APPLICANT : PATEL AN,DIVYESHKUMAR A

FORM NUMBER	DESCRIPTION OF BENEFITS	ANNUAL AMOUNT	PREMIUM PAYABLE FOR
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INSURED 1 : PATEL AN,DIVYESHKUMAR A
 BIRTH: FEBRUARY 8, 1982
 AGE: 37 SEX: M

TOTAL INITIAL FACE AMOUNT
 -LIFE : \$300,000.00

5111,5129	T20 RC (OCT 26 2018) RATE: SMOKER	\$744.00	20 YRS
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-20-YEAR TERM INSURANCE
 -FACE AMOUNT OF \$300,000.00
 . RENEWABLE
 . CONVERTIBLE

BENEFICIARY OF THE DEATH BENEFIT
 • PATEL,ALPABEN 100% REVOCABLE

ANNUAL POLICY FEE	\$60.00
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MODIFICATIONS - SEE AMENDMENT PAGE INCLUDED IN THE POLICY

ANNUALLY	SEMI-ANNUALLY	TOTAL INITIAL PREMIUM QUARTERLY	PAC
\$804.00	\$418.08	\$211.05	\$72.36

F. 5555

25.10.2018 ISS

