



Industrial Alliance Insurance and Financial Services Inc.

(hereinafter called the Company)

EMERGENCY OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE

Issued to: MANITOBA SCHOOL BOARDS ASSOCIATION

(hereinafter called the Policyholder)

Policy Number: 100013373

Effective Date: September 1, 2025

Expiry Date: September 1, 2026

IMPORTANT NOTICE - PLEASE READ CAREFULLY BEFORE TRAVELLING

- **If the scheduled trip is more than the allotted number of days, this coverage is null and void for the ENTIRE trip.**
- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that the Insured Person read and understand this policy before travelling as coverage may be subject to certain limitations or exclusions.
- In the event of an Injury or Sickness, the Insured Person's prior medical history may be reviewed when a claim is reported.
- If this policy provides travel assistance, the Insured Person may be required to notify the designated assistance company prior to treatment. This policy will limit benefits should the Insured Person not contact the assistance company within a specified time period.

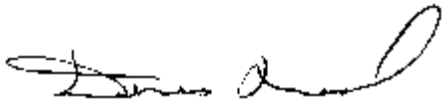
In consideration of the payment in advance of the premium in the amount and in the manner set forth herein, the Company agrees to insure eligible persons of a participating school board of the Policyholder who are named or designated herein for loss resulting from Injury or Sickness to the extent herein provided and subject to all the exclusions, limitations and provisions of this policy.

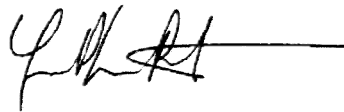
All periods of time under this policy begin and end at 12:01 a.m., Standard Time, at the address of the Policyholder.

This policy may be renewed only with the consent of the Company for further consecutive terms upon payment of the premium at the rate and in the amount determined by the Company at the time of renewal. The first day of each such term will be a premium due date.

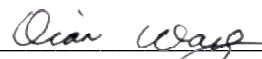
The provisions set forth on the following pages together with this page constitute the policy.

In witness whereof, the Company has caused this policy to be executed by its President and Chief Executive Officer and its Executive Vice-President of Group Benefits and Retirement Solutions, but it will not be binding upon the Company until countersigned by the Company's Registrar.


President and Chief Executive Officer


Executive Vice-President,
Group Benefits and Retirement Solutions

COUNTERSIGNED


REGISTRAR

SCHEDULE

Section 1 - Insured Persons - The following persons or categories of persons are Insured Persons under this policy:

Classification of Insured Persons	Name or Category of Insured Persons
Class 1	Employees, school trustees and school trip chaperones and/or volunteers of participating school boards of the Policyholder who are Canadian residents covered under the health insurance plan of their province of Residence and for whom the applicable premium has been paid.

Section 2 - Benefits

Classification of Insured Persons	Maximum Limit
Class 1	The maximum under this policy per Injury or Sickness per Insured Person is \$1,000,000.00 CDN.

Section 3 - Premium - The premium for the initial term of this policy is \$29,050.00, subject to a minimum retained policy premium of \$10,000.00.

Section 4 - Description of Hazards - The hazards against which insurance is provided under and subject to the provisions of this policy for each classification of Insured Persons are defined as follows:

Class 1	<p>Injury or Sickness sustained by the Insured Person during the course of any bona fide business trip or assignment outside the province of Residence While on the business of a participating school board of the Policyholder made by the Insured Person while this policy is in force.</p> <p>Such trip shall be deemed to have commenced hereunder on the date of each departure of an Insured Person from his province of Residence and terminates on the earliest of the date of return to his province of Residence or the Trip Termination Date. Any person outside of his province of Residence for a scheduled duration in excess of 120 days is not insured under this policy.</p> <p>The benefits offered by this policy cannot be used as an extension, or be extended by any other policy or private hospitalization plan.</p>
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DEFINITIONS

“Accident” whenever used in this policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while this policy is in force and be the basis of claim.

“Applicable Laws” whenever used in this policy means, with respect to the Policyholder, any laws, rules, statutes, regulations, orders, judgments, decrees, treaties or other requirements having the force of law relating or applicable to the Policyholder (including, but not limited to, Privacy Laws), and includes any rules or orders of regulatory or self-regulatory commissions, boards, administrative agencies, or bodies.

“Division Headquarters” whenever used in this policy means iA Special Markets Division Headquarters of Industrial Alliance Insurance and Financial Services Inc. located at 400-988 Broadway West, PO Box 5900, Vancouver, British Columbia, V6B 5H6, toll-free number: 1-800-266-5667.

“Emergency” whenever used in this policy means an event that makes it necessary to receive immediate treatment from a licensed Physician or be immediately hospitalized.

“Hospital” whenever used in this policy means an institution operated pursuant to law for the care and treatment of sick and injured persons with organized facilities for diagnosis, major surgery and 24 hour nursing service. This does not include a convalescent or nursing home, or home for the aged, health spa, a facility for the treatment of alcoholism or drug addiction, or a rehabilitation centre.

“Injury” whenever used in this policy means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

“Insurance Act” whenever used in this policy means the applicable insurance legislation in the applicable provincial jurisdiction.

“Insured Person” whenever used in this policy means persons or categories of persons as designated in Section 1 of the Schedule.

“Member of the Immediate Family” whenever used in this policy means a person at least 18 years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above include natural, adopted or step relationships), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

“Personal Information” whenever used in this policy means any information related to a natural person which allows, directly or indirectly, that person to be identified, as defined by Applicable Laws, including Privacy Laws.

“Physician” whenever used in this policy means a doctor of medicine (other than the Insured Person or a Member of the Immediate Family) who is licensed to practice medicine by (1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing organization, or (2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

DEFINITIONS (Continued...)

“Privacy Laws” whenever used in this policy means the Applicable Laws relating to Personal Information protection, including, if and to the extent applicable: (a) the Personal Information Protection and Electronic Documents Act (Canada) and, as applicable, Canadian provincial statutes governing protection of, or access to, Personal Information, including without limitation, Alberta’s Personal Information Protection Act, British Columbia’s Personal Information Protection Act and Quebec’s Act Respecting the Protection of Personal Information in the Private Sector and (b) any other applicable legislation governing protection of or access to Personal Information in any jurisdiction at the international, country, state, provincial, or local levels, currently in effect and as and when they become effective, that relate in any way to the confidentiality or security of Personal Information, and apply to the Policyholder.

“Residence” whenever used in this policy means the primary dwelling which the Insured Person is an occupant and the premises on which it is situated.

“Sickness” whenever used in this policy means sickness or disease occurring while this policy is in force as to the Insured Person whose sickness is the basis of claim.

“Trip Termination Date” whenever used in this policy means the date which is 120 days following the date of departure.

“While on the business of a participating school board of the Policyholder” whenever used in this policy means while on assignment by or at the direction of a participating school board of the Policyholder for the purpose of furthering the business of a participating school board of the Policyholder, provided that Injury sustained or Sickness contracted during the course of everyday travel to and from work and bona fide leave of absence or vacation shall not be deemed to be sustained while on the business of a participating school board of the Policyholder.

Whenever a reference to the masculine gender appears in this policy, it will also be construed to include the feminine gender.

ACCIDENTAL DENTAL EXPENSE REIMBURSEMENT

When, as the result of Injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and due to a force or blow external to the mouth, the Insured Person requires Emergency treatment or service outside his province of Residence by a legally qualified dentist or dental surgeon, the Company will pay the expenses actually incurred by the Insured Person for such treatment or service. Payments under this part will be made in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the province or territory of the Insured Person's Residence in Canada or its equivalent, as determined by the Company. In no event will benefits exceed \$2,000.00 with respect to any one Accident.

ARTIFICIAL LIMBS, EYES AND OTHER PROSTHETIC APPLIANCES BENEFIT

When Injury or Sickness results in these appliances being prescribed by a Physician, the Company will pay the cost, subject to a maximum of \$2,000.00 per policy year.

ATTENDANT TRANSPORTATION BENEFIT

If, as the result of Injury or Sickness, the attending Physician recommends in writing or the air carrier's rules and regulations require the presence of a medical attendant during the Emergency evacuation of the Insured Person in accordance with the part titled "Evacuation", the Company will pay the reasonable and necessary expenses actually incurred for the round trip airfare by such medical attendant. Expenses may also include one day accommodation and board for that day. The medical attendant must be qualified to work as such in the place where the Insured Person received Emergency medical attention, does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family. All covered expenses incurred by such attendant are subject to a maximum of \$5,000.00.

BOARD, LODGING AND TRAVEL EXPENSES

In the event that an Insured Person is confined to Hospital due to Injury or Sickness for a period of at least five consecutive days and thus prevented from returning to his province of Residence, the Company will pay the reasonable board, lodging and extra travel expenses incurred during the term of said hospitalization by other Insured Persons who remained with the hospitalized Insured Person and are also prevented from returning to his province of Residence.

In the event of the Injury, Sickness or death of an Insured Person, the attendance of a Member of the Immediate Family is certified as medically necessary by the attending Physician, the Company will reimburse the expense incurred by such Member of the Immediate Family, limited to the return economy airfare, \$100.00 per day accommodation and not exceeding a maximum of 20 consecutive days.

The total maximum amount payable under this part by the Company to or on behalf of any Insured Person will not exceed \$5,000.00 as a result of any one Injury or Sickness.

EVACUATION

The Company will pay all expenses, up to a maximum of \$100,000.00, for transportation, medical services and supplies necessarily incurred in connection with the Emergency evacuation of the Insured Person due to Injury sustained or Sickness commencing during the course of a scheduled trip. Such evacuation must be ordered by a Physician who certifies that the severity of the Insured Person's Injury or Sickness warrants the Emergency evacuation of the Insured Person. All arrangements for evacuation must be recommended by the attending Physician, meet the standard regulations of the conveyance transporting the Insured Person and must also be verified and approved by the Company prior to evacuation. The Company will not cover any expenses provided by another party at no cost to the Insured Person or already included in the cost of the scheduled trip.

EXCESS HOSPITAL INSURANCE

If, as the result of Injury or Sickness, an Insured Person is confined during the period this policy is in force in a Hospital as an in-patient, the Company will reimburse the reasonable and necessary Emergency Hospital expenses, up to and including semi-private accommodation, actually incurred during such confinement and payable by the Insured Person.

In the event that an Insured Person is confined to Hospital on or after the Trip Termination Date and thus prevented from returning to his province of Residence, insurance hereunder will continue for the period of such confinement, but in no event for more than 90 days from the date that the first insured expense was incurred hereunder.

In the event that an Insured Person is discharged from Hospital on or after the Trip Termination Date, coverage will be extended for a maximum period of 72 hours immediately following such discharge.

EXCESS MEDICAL INSURANCE

If, as the result of Injury or Sickness, an Insured Person requires treatment or services as follows on an Emergency basis:

- (a) out-patient room charges,
- (b) treatment by a Physician or surgeon,
- (c) x-rays and laboratory examinations which are required for diagnostic purposes,
- (d) rental of crutches or appliances,
- (e) cost of splints, trusses, braces, or
- (f) treatment by a physiotherapist while hospitalized for the duration of any one trip only when recommended in writing by the attending Physician, subject to a maximum of \$1,000.00,
- (g) services of a licensed anaesthetist when recommended by a Physician, subject to the health insurance plan schedule of fees published by the Insured Person's province of Residence,
- (h) services of a licensed private duty nurse while the Insured Person is in hospital (when recommended by the attending Physician), subject to a maximum of \$10,000.00,
- (i) treatment by a licensed chiropractor, osteopath, chiropodist, podiatrist, registered massage therapist (when recommended by a Physician), speech therapist or psychologist, up to a maximum of \$300.00 per practitioner per Injury or Sickness,
- (j) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of \$5,000.00 per Injury or Sickness,
- (k) blood plasma, whole blood or oxygen, including the administration thereof,

the Company will reimburse the reasonable and necessary expenses actually incurred during the period this insurance is in force for such treatment or services.

GROUND AND AIR AMBULANCE EXPENSE

If, as the result of Injury or Sickness, an Insured Person necessitates transportation to the nearest medical facility qualified to provide the necessary Emergency services, the Company will pay the expense for ground ambulance, subject to a maximum of \$1,000.00 per Injury or Sickness, or for air ambulance, subject to a maximum of \$5,000.00 per Injury or Sickness.

HOTEL CONVALESCENCE BENEFIT

If, as the result of Injury or Sickness, the attending Physician certifies in writing that the Insured Person, due to his medical condition, is prohibited from resuming any travel following discharge from the Hospital where the Insured Person was confined for a period not less than seven days, the Company will pay the reasonable and necessary expenses actually incurred for board and accommodation (in the vicinity of the Hospital where the Insured Person was confined), subject to a maximum of \$1,000.00 per Injury or Sickness.

PREMATURE BIRTH BENEFIT

Notwithstanding item (a) under the part titled "Exclusions", in the event an Insured Person has a premature birth While on the business of a participating school board of the Policyholder, all expenses charged to the premature infant will be considered under the Insured Person's purview, subject to a maximum of \$50,000.00 and applicable only to expenses incurred within the first 14 days following birth.

PRESCRIPTION DRUG REIMBURSEMENT

If, as the result of Injury or Sickness, an Insured Person requires drugs or medicines on an Emergency basis and such drugs or medicines are prescribed by the attending Physician (oral contraceptives, patent medicines, vitamins, repeat prescriptions, maintenance and chronic care drugs are excluded), the Company will reimburse the expenses actually incurred for such drugs or medicines.

REPATRIATION BENEFIT

In the event of the death of an Insured Person as the result of Injury or Sickness more than 50 kilometres from the Insured Person's normal place of Residence, the Company will pay the reasonable and necessary expenses actually incurred for the transportation of the body to the province of Residence, including the preparation of the body for such transportation, subject to a maximum of \$15,000.00.

RETURN OF VEHICLE BENEFIT

If, as the result of Injury or Sickness, the attending Physician certifies in writing that the Insured Person has become disabled and is unable to continue the trip by means of driving the owned or rented Motorized Vehicle used as a conveyance during such trip, the Company will pay the reasonable and necessary expenses actually incurred for the return of such vehicle by a commercial agency to the Insured Person's normal place of Residence or the rental agency, as the case may be, up to a maximum of \$500.00.

SPECIAL TRANSPORTATION

If, as the result of Injury or Sickness, an Insured Person requires stretcher accommodation on a regularly scheduled airline for return to his province of Residence during an Emergency evacuation in accordance with the part titled "Evacuation", the Company will pay the necessary expense incurred, subject to a maximum of \$5,000.00.

COORDINATION OF BENEFITS

Amounts payable under this policy will only be for the excess of such expenses over any amounts available or collectable for treatment or services which are insured services or basic health services under the health and hospitalization insurance plan of the province in which the Insured Person is resident, whether or not the Insured Person is covered thereunder.

If an Insured Person has coverage under another plan of insurance which provides similar benefits, claims will be co-ordinated with other policies according to the Canadian Life and Health Insurance Association Inc.'s (CLHIA) "Coordinating Coverage Guidelines for Out-of-Country/Province Health Care Expenses".

EXCLUSIONS

This policy does not cover loss, fatal or non-fatal, caused by or resulting from:

- (a) pregnancy or complications thereof within eight weeks of the expected termination date of pregnancy, or at any time during the pregnancy if the Insured Person has been advised by their Physician they are carrying a higher than normal risk of an early delivery or complications;
- (b) declared or undeclared war or any act thereof;
- (c) any loss as the sole result of the utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined;
- (d) active full-time service in the armed forces of any country;
- (e) suicide or any attempt thereat or intentionally self-inflicted Injury, regardless of any impairment, illness or state of mind;
- (f) the commission or the attempt to commit a criminal act by the Insured Person;
- (g) alcohol related illness or disease, or the abuse of medication, drugs, alcohol or other toxic substances, non-compliance with prescribed medical therapy or treatment. Alcohol abuse is defined as having a blood alcohol level in excess of 80 mg of alcohol per 100 ml of blood;
- (h) mental or emotional disorders, unless hospitalized;
- (i) participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;
- (j) any ailment or condition for which an Insured Person undertakes a journey for the purpose of securing or with the intent of receiving medical attention, prescription drugs or medicine, or Hospital services;
- (k) any elective (non-Emergency) treatment or surgery:
 - (i) not required for the immediate relief of acute pain and suffering;
 - (ii) which medically could be delayed until the Insured Person has returned to his province of Residence;
 - (iii) which the Insured Person elects to have rendered or performed outside his province of Residence following Emergency treatment for, or diagnosis of, a medical condition which on medical evidence would not prevent the Insured Person from returning to his province of Residence prior to such treatment or surgery.

LIMITATIONS

In case of confinement in a Hospital or Emergency surgery, the Company must be notified no later than 48 hours from the date of hospitalization or Emergency surgery. Failure to make such notification may limit coverage to a maximum of \$10,000.00 for all expenses incurred.

EFFECTIVE DATE OF INSURANCE OF AN INSURED PERSON

Each person who is eligible for insurance under this policy shall become an Insured Person on the later of:

- (a) the effective date of this policy;
- (b) the date he becomes an eligible person, as specified in Section 1 of the Schedule.

TERMINATION OF POLICY

This policy may be terminated by the Company or by the Policyholder by one giving to the other 30 days notice in writing of such intention to terminate, delivered personally or sent by registered mail to the latest address of the Company or the Policyholder, as the case may be and thereupon, the policy will cease on the expiration of such 30 days.

This policy may be terminated by the Company forthwith provided such cancellation is given in writing, delivered personally or sent by registered mail to the latest address of the Policyholder in the event of failure by the Policyholder to remit premiums to the Company as and when due.

TERMINATION OF INSURANCE OF AN INSURED PERSON

Insurance with respect to each Insured Person will immediately terminate on the earliest of the following dates:

- (a) the date this policy is terminated;
- (b) on the premium due date if the participating school board of the Policyholder fails to pay the required premium for an Insured Person, except as the result of an inadvertent error;
- (c) on the date an Insured Person reaches 75 years of age;
- (d) on the date an Insured Person ceases to be associated with a participating school board of the Policyholder in a capacity making such person eligible for insurance hereunder.

INADVERTENT ERROR

The insurance of an Insured Person will not be prejudiced by the failure on the part of the Policyholder to transmit reports or comply with any of the provisions of this policy when such failure is due to inadvertent error or clerical mistake. This clause does not apply to claims reporting. Claims must be reported within the time frame specified in "Notice and Proof of Claim" under the part titled "General Provisions".

GENERAL PROVISIONS

THE CONTRACT

This policy, including the endorsements, insertions, riders or attachments, if any, and the application for the contract if attached to the policy, constitutes the entire contract and no agent has authority to change the contract or waive any of its provisions.

PROTECTION OF PERSONAL INFORMATION

The Policyholder confirms that Personal Information disclosed to and used by the Company in connection with an application for insurance or insurance coverage of an Insured Person has been collected and is disclosed in accordance with Applicable Laws, including, without limitation, Privacy Laws.

The Company and the Policyholder will comply with all obligations under the Privacy Laws. The Policyholder acknowledges receipt of the Company's Privacy Policy (the "Privacy Policy") attached as Appendix 1, setting out the Company's standards in dealing with Personal Information and agrees to manage any Personal Information held by it on behalf of the Company in a manner consistent with the Privacy Policy. Additionally, the Policyholder agrees to abide by any privacy procedures relevant to it provided by the Company from time to time. Such procedures are intended to implement the principles set out in the Privacy Policy.

WAIVER

The Company will be deemed not to have waived any conditions of this contract, either in whole or in part, unless the waiver is clearly expressed in writing and signed by a duly authorized officer of the Company.

NOTICE AND PROOF OF CLAIM

The Insured Person or his agent, or a beneficiary entitled to make a claim or his agent, will

- (a) give written notice of claim to the Company:
 - (i) by delivery thereof, or by sending it by registered mail to the Division Headquarters or chief agency of the Company in the province, or
 - (ii) by delivery thereof to an authorized agent of the Company in the province,
not later than 30 days from the date of the Accident;
- (b) within 90 days from the date of the Accident or the commencement of Sickness for which the claim is made, furnish to the Company such proof as is reasonably possible in the circumstances of the happening of the Accident or the commencement of Sickness, and the loss occasioned thereby, and
- (c) if so required by the Company, furnish a satisfactory certificate as to the cause or nature of the Accident or Sickness for which claim may be made under the contract and as to the duration of such disability.

GENERAL PROVISIONS (Continued...)

FAILURE TO GIVE NOTICE OR PROOF

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 12 months from the date of the Accident or commencement of Sickness, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

CLAIM FORMS

The Company, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant will be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

PAYMENT OF CLAIMS

All monies payable under this policy by the Company will be paid in the currency in which premiums are paid.

PHYSICAL EXAMINATION AND AUTOPSY

The Company at its own expense will have the right and opportunity to examine the person of any individual whose Injury is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

INSPECTION OF RECORDS

The Policyholder will, from time to time, whenever requested by the Company during the term of this policy and for 12 months after its expiration, permit the Company to inspect all records of the Policyholder relating to this policy and all persons insured hereunder.

LEGAL ACTION

No action at law or in equity will be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action will be brought after the expiration of 12 months (two years in Alberta and British Columbia, and three years in Quebec) after the time written proof of loss is required to be furnished.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

APPENDIX 1

PRIVACY POLICY FOR iA FINANCIAL GROUP

“PRIVACY POLICY”

iA Financial Group is composed of Industrial Alliance Insurance and Financial Services Inc. and its subsidiaries (“iA”). iA is committed to protecting its clients’, employees’ and representatives’ (the “Individuals”) privacy, and to ensuring the confidentiality of the Personal Information provided to iA in the course of its business.

iA’s Privacy Policy sets out the standards for collecting, using, disclosing and storing Individual’s Personal Information. iA’s Privacy Policy also explains how iA safeguards the Individual’s Personal Information and right to access that information.

PERSONAL INFORMATION

For the purposes of this Privacy Policy, “Personal Information” has the same meaning as defined in the policy.

Personal Information has to be protected regardless of its characteristics or its form, whether written, graphic, audio, visual, computerized or any other form.

PURPOSE OF INFORMATION COLLECTION

Collecting information about an Individual is necessary in order for iA to provide the Individual with high quality services. The nature and sensitivity of the information iA collects about an Individual varies according to the services iA provides the Individual and to legal requirements imposed on iA (such as information required for tax purposes).

The purposes for which iA collects Personal Information about an Individual are identified at or before the time of collection. For example, information may be collected while submitting an application, opening an account, or submitting a claim.

Purposes for collecting information generally include providing products or services requested, confirming the Individual’s identity, protecting against fraud, or dealing with matters concerning the relationship between iA and the Individual.

CONSENT

When iA obtains Personal Information from an Individual, iA initially requires the Individual’s consent to collect, use or disclose the information for the purposes specified. iA will obtain the Individual’s consent for any additional use, disclosure or collection, or if the purpose is changed.

iA generally seeks the Individual’s express written consent in order to collect, use or disclose Personal Information. Where appropriate, iA may accept the Individual’s verbal consent. Occasionally, iA may imply consent where iA can infer consent from the Individual’s action or inaction.

Consent must be given by the Individual or the Individual’s authorized representative such as a legal guardian or a person having a power of attorney.

The Individual may withdraw his consent at any time, subject to legal or contractual restrictions. iA will inform the Individual of the consequences of such withdrawal, including the possibility that iA may not be able to provide a product or process a request. If the Individual chooses to withdraw his consent, iA will record the decision in its file.

APPENDIX 1 (Continued...)

PRIVACY POLICY FOR iA FINANCIAL GROUP (Continued...)

“PRIVACY POLICY” (Continued...)

CONSENT (Continued...)

In limited circumstances, iA may collect, use or disclose Personal Information without the Individual's knowledge and consent. This occurs when legal, medical, or security reasons may make it impossible or impractical to seek consent, or when information is being collected for the investigation of a potential breach of contract, the prevention or detection of fraud, or for law enforcement purposes.

LIMITS TO COLLECTION, USE AND DISCLOSURE

iA only collects the Personal Information iA needs directly from the Individual or from a third party where the Individual allows iA to collect the information. iA cannot use an Individual's Personal Information for other purposes without his consent or disclose the Individual's Personal Information to anyone except with the Individual's consent.

iA may however collect, use or disclose the Individual's Personal Information without the Individual's consent as permitted or required by law.

iA will limit the collection, use and disclosure of the Individual's Personal Information to the purposes iA has identified to the Individual. The Individual's Personal Information is only accessible to certain authorized persons, and only to the extent necessary to perform their duties.

iA will occasionally share the Individual's Personal Information with service providers or agents to ensure the proper administration of products, or to provide the Individual with the services the Individual requires. In certain circumstances, iA may use service providers outside Canada, including the United States. iA is responsible for the service provider's compliance with privacy legislation, and will ensure that the level of protection of Personal Information is comparable to that provided by iA.

The Individual has the right to know, on request, to whom the information was disclosed. Only in rare instances is iA prevented by law from making such disclosure. iA maintains accurate records, recording to whom iA disclosed Personal Information and in what circumstances it was disclosed.

SHARING PERSONAL INFORMATION

iA may establish a list of clients (names, addresses and telephone numbers) and share this list with companies within iA Financial Group. The Individual may request that his name be removed from such a list by writing to the Privacy Officer at the address provided below.

With the Individual's consent, iA may also share the Individual's Personal Information with companies within iA Financial Group in order to know the Individual better, better meet the Individual's needs and offer the best possible service and client experience. If the Individual does not want to receive such offers for products and services, the Individual may choose not to provide consent.

iA does not sell the Individual's Personal Information to third parties.

ACCURACY

iA makes every possible effort to ensure that an Individual's Personal Information is as accurate and complete as necessary for the purposes it is collected, used, or disclosed.

APPENDIX 1 (Continued...)

PRIVACY POLICY FOR iA FINANCIAL GROUP (Continued...)

“PRIVACY POLICY” (Continued...)

RETENTION

iA only retains the Individual's Personal Information for as long as needed for the purposes that it was collected. iA must destroy this information in accordance with the law and iA's file retention guidelines. When iA destroys an Individual's Personal Information, iA makes sure that confidentiality is secured and that no unauthorized person can access the information during the destruction process.

ACCOUNTABILITY

iA is responsible for the Individual's Personal Information in iA's possession or control, including information that may be transferred by iA to third parties for processing. iA requires such third parties to keep Personal Information under strict standards of privacy and protection.

iA adheres to legislated and self-imposed rules, aimed to safeguard the Individual's privacy. iA's Privacy Officer is responsible for the oversight of this Privacy Policy and processes and procedures that iA has, to protect the Individual's Personal Information. Additional rules are established in a code of conduct, market conduct standards as well as insurance industry guidelines and applicable law.

iA's staff is trained on these processes and procedures and is provided with information about privacy laws.

SAFEGUARDS

iA has implemented and continues to implement rigorous safeguards so that the Individual's Personal Information remains strictly confidential and is protected against loss or theft, as well as unauthorized use, disclosure, access, copying, or modification.

Protection methods include organizational measures such as requiring security clearances and limiting access to a "need-to-know" basis, physical measures (e.g. building access cards for employees, visitor registration and identification cards, off-site backups and archiving), and technological measures such as the use of passwords and encryption (e.g. the use of firewalls and routinely changing passwords).

REQUEST FOR ACCESS TO INFORMATION AND AMENDMENTS

An Individual has the right to be informed whether iA holds Personal Information about him and to see that information. The Individual also has the right to enquire as to how iA collected the information, how iA used it and to whom it may have been disclosed.

This information will be provided to the Individual within a reasonable time from the date iA receives the Individual's written request. iA may charge a reasonable fee for processing the Individual's request.

In certain limited and specific circumstances, iA may refuse to provide to the Individual the requested information. Exceptions to the Individual's access right can include information that contains references to other individuals, information that cannot be disclosed for legal, security or commercial proprietary reasons, information that has been obtained in the course of an investigation of a potential breach of contract or fraud, information that is prohibitively costly to provide, and information that is subject to litigation or other privilege.

In cases where iA holds medical information about the Individual, iA may refuse to provide the Individual with direct access to this information and may instead request that a health care professional be designated to provide the information to the Individual.

APPENDIX 1 (Continued...)

PRIVACY POLICY FOR iA FINANCIAL GROUP (Continued...)

“PRIVACY POLICY” (Continued...)

REQUEST FOR ACCESS TO INFORMATION AND AMENDMENTS (Continued...)

The Individual may challenge the accuracy and completeness of his Personal Information. iA will respond to an amendment request within a reasonable time.

Any request for access to information or request for an amendment may be sent to the following address:

Privacy Officer
iA Financial Group
1080 Grande Allée West
PO Box 1907, Station Terminus
Québec (Québec) G1K 7M3
Email: PrivacyOfficer@ia.ca

COMPLAINTS AND CONCERNS

iA's employees and representatives are trained to respond to questions or concerns about Personal Information. Should an Individual be unsatisfied with an iA employee's or representative's response, the Individual may contact the Privacy Officer at the address mentioned above.

In addition, any complaint concerning the protection of Personal Information should be addressed to the Privacy Officer.

REVIEW OF THE POLICY

This Policy shall be reviewed every three years. It shall also be reviewed whenever there are substantive changes to legislative or regulatory requirements.