DELIVERY RECEIPT

Date:

Dear

Should contain policy#, client name, provider name, date of issue, and date of delivery, in person or via email.

Congratulations! Your Critical Illness plan with Industrial Alliance has been approved. It gives me great satisfaction that now you are protected with Critical Illness Coverage.

Please find attached in the email I sent to you the following documents, **and sign this document to confirm the delivery and sign amendment document attached below**:

1. Illustration of your plan as per our discussion

2. Contract Summary for your CI plan

3. Product guide about Critical Illness Coverage

4. Instructions to create your Online My Client Space account, to view your account.

5. Agent Disclosure Letter

6. Reason Why Letter

7. FNA Report

Also, please get back to me if there are any changes in the state of health, family history, occupation or insurability of any of the insureds since the signature date of the oldest of the following documents: Application or Declaration of Insurability.

By signing this delivery receipt you are confirming that there has not been any change in the above mentioned areas.

Below is the link for iA client space login portal:

<https://iac.secureweb.inalco.com/eemwpnp1/public/login?TYPE=33554433&REALMOID=06-8d1faca3-560c-4a78-9f4d-77664996ba90&GUID=0&SMAUTHREASON=0&METHOD=GET&SMAGENTNAME=-SM-9DTfP3Puxdh%2f70NuRXE8g2M%2f3VIO3eH4K7rjIHQkl%2bDoer73RjPxF56BQlS2Ig7k&TARGET=-SM-https%3a%2f%2fiac%2esecureweb%2einalco%2ecom%2fwemwpn47>

Please feel free to contact me at 778-345-9418, if you have any questions.

Thank You!

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**Bhupinder Singh Gill Client Name:**

Marketing Director, World Financial Group

**Phone:** 778-345-9418 **Date of Signing:**

**Email:** bgill139szc@wfgmail.ca **Signed at:**