

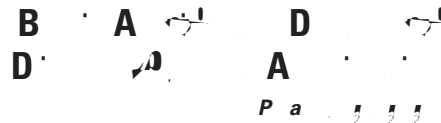
Name of Employer	Employee No.	Issued Effective
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Last Name and Given Name of Employee	Date of Birth
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FORM 4161V (NOV/2002)

™ Industrial-Alliance Pacific Life Insurance Company ("IAP Life"), registered user.



INSURANCE

Name of Employer	Employee No.	Issued Effective
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*I hereby apply for group accident insurance under the terms of the Master Policy issued by Industrial-Alliance Pacific Life Insurance Company and certify that I am a full-time employee of the Policyholder.*

Last Name and Given Name of Employee	Date of Birth
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Signature of Employee

Date of Application (dd/mmm/yyyy)

FORM 4161V (NOV/2002)

™ Industrial-Alliance Pacific Life Insurance Company ("IAP Life"), registered user.