

PURCHASER INFORMATION	DEALER INFORMATION
Purchaser(s) Name and Address	Dealership Name and Address

IAPG POLICY #:

PAYMENT CALCULATION

(A) Total Amount (Excluding Taxes): \$ _____	(C) Downpayment (B x 2 + Tax): \$ _____
(B) Monthly Payment (A divided by ____): \$ _____	(D) Number of Payments: _____

PAYMENT INFORMATION AND WITHDRAWAL DATE

All Payments come out of a Chequing Account on _____ of each Month. Commencing _____ (mm/dd/yr)

All Payment withdrawals are either on the **5th** or the **20th** of each month

Please note: Payments cannot exceed **35 days** from the Purchase Date

ENSURE THAT A **VOID CHEQUE** IS ATTACHED

PLEASE READ PRIOR TO SIGNING

I hereby agree to pay the Mechanical Breakdown Insurance Policy (MBIP) underwritten by Industrial Alliance Pacific General Insurance Corporation (IAPG) that was purchased from the Dealer and the following terms and conditions shall apply:

- (a) this pay plan is managed by Insurance Premium Solutions Corp. (IPS);
- (b) I hereby appoint IPS my attorney in fact and give IPS irrevocable authority to cancel the subject MBIP;
- (c) I agree to make all payments required hereunder in a timely fashion to IPS at its principle office in Edmonton, AB;
- (d) In the event of a defaulted payment IPS will notify IAPG that the payment is in default. IPS will charge a fee of \$30;
- (e) In the event of a defaulted payment and there is a claim, no claim will be authorized unless the defaulted payment(s) is made;
- (f) In the event of an dishonored payment, IPS will proceed with a second payment attempt. If the purchasers payment is on the 5th, the next payment is on the 20th, if the purchasers payment is on the 20th the next attempt is on the 5th;
- (g) Any default on two consecutive payments will automatically terminate the MBIP;
- (h) I agree to and hereby unconditionally remise, release and forever release IPS from liability of any kind of any loss, damage, inconvenience or injury to me resulting from the cancellation of the subject MBIP at the request of IPS;
- (i) No refunds are available after the first 30 days following the Purchase Date;
- (j) I acknowledge that if this Pay Plan is joint purchasers, then the word "I" will read as "we".

SIGNATURE OF PURCHASER(S)

The purchaser(s) acknowledges having read and received a fully completed and executed copy of this contract and acknowledges that the terms and conditions herein. Purchaser(s) warrants that all information is full and complete.

X _____ DATE (DD/MMM/YYYY)

SIGNATURE OF PURCHASER

X _____ DATE (DD/MMM/YYYY)

SIGNATURE OF PURCHASER

X _____ DATE (DD/MMM/YYYY)

WITNESS TO PURCHASER(S)

DEALER ACKNOWLEDGEMENT

The Dealer certifies that the said Contract arises from the sale of MBIP, certifies that the said policies are in force, that all purchasers are parties to this contract, and disclosed terms and conditions to the purchaser(s), and the purchaser(s) has/have received a copy of this contract.

X _____ DATE (DD/MMM/YYYY)

AUTHORIZED SIGNATURE

FAX ALL RELATED DOCUMENTS COMPLETED TO 780-989-0770

1st. Copy: **IPS**

2nd Copy: **DEALER**

3rd Copy: **PURCHASER**

4th Copy: **SAL MARKETING**