

SERFF Tracking Number: APLE-126160292 State: Arkansas
 Filing Company: Industrial Alliance Pacific Insurance and Financial Services Inc. State Tracking Number: 42434
 Company Tracking Number: SPDA102
 TOI: A021 Individual Annuities- Deferred Non- Variable Sub-TOI: A021.003 Single Premium
 Product Name: Select 5
 Project Name/Number: Select 5/SPDA102

Filing at a Glance

Company: Industrial Alliance Pacific Insurance and Financial Services Inc.

Product Name: Select 5 SERFF Tr Num: APLE-126160292 State: Arkansas
 TOI: A021 Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 42434
 Sub-TOI: A021.003 Single Premium Co Tr Num: SPDA102 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Disposition Date: 05/22/2009
 Date Submitted: 05/20/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Select 5 Status of Filing in Domicile: Pending
 Project Number: SPDA102 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 05/22/2009 Explanation for Other Group Market Type:
 State Status Changed: 05/22/2009
 Deemer Date: Created By: Lucille McGowan
 Submitted By: Lucille McGowan Corresponding Filing Tracking Number:
 Filing Description:
 This filing is a new policy that does not replace any existing policy forms currently in use. The policy contains no unusual or controversial features or language that deviate from normal insurance industry standards. The policy will be illustrated and offered to individuals in the general public through licensed agents.

This policy is a Single Premium Deferred Annuity with a maturity date of age 92. The issue age limits are 0-80, and will be issued on a unisex basis. The minimum face amount is \$10,000. The annuity offers a death benefit of the full policy value upon the death of the owner. The owner also has access to their funds through a yearly 10% free withdrawal or

SERFF Tracking Number: APLE-126160292 State: Arkansas
 Filing Company: Industrial Alliance Pacific Insurance and Financial Services Inc. State Tracking Number: 42434
 Company Tracking Number: SPDA102
 TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium
 Product Name: Select 5
 Project Name/Number: Select 5/SPDA102

systematic withdrawal option. The policy may also be surrendered with Early Withdrawal Charges.

Also included in this filing are two endorsements that will be available if this annuity is issued as a tax-qualified 403(b), 457 or IRA plan using previously-approved endorsements.

Additionally, included for your approval is form 9762.

Company and Contact

Filing Contact Information

Lucille McGowan, Compliance Assistant lucille.mcgown@iaplife.com
 17550 N Perimeter Drive 888-473-5540 [Phone] 2232 [Ext]
 Suite 210 480-502-5088 [FAX]
 Scottsdale, AZ 85255

Filing Company Information

Industrial Alliance Pacific Insurance and Financial Services Inc. CoCode: 84514 State of Domicile: Washington
 Box 8118 Group Code: Company Type: Stock
 Blaine, WA 98231-8118 Group Name: State ID Number:
 (888) 681-9201 ext. [Phone] FEIN Number: 98-0018913

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 major form w/attachments = 1 x 50 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Industrial Alliance Pacific Insurance and Financial Services Inc.	\$50.00	05/20/2009	28018588

SERFF Tracking Number: APLE-126160292 State: Arkansas
Filing Company: Industrial Alliance Pacific Insurance and State Tracking Number: 42434
Financial Services Inc.
Company Tracking Number: SPDA102
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: Select 5
Project Name/Number: Select 5/SPDA102

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/22/2009	05/22/2009

SERFF Tracking Number: *APLE-126160292* State: *Arkansas*
 Filing Company: *Industrial Alliance Pacific Insurance and* State Tracking Number: *42434*
Financial Services Inc.
 Company Tracking Number: *SPDA102*
 TOI: *A02I Individual Annuities- Deferred Non-* Sub-TOI: *A02I.003 Single Premium*
Variable
 Product Name: *Select 5*
 Project Name/Number: *Select 5/SPDA102*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Single Premium Deferred Annuity		Yes
Form	Early Annuitization Benefit Endorsement		Yes
Form	Waiver of Early Withdrawal Charge		Yes
	Endorsement		
Form	Application for a Fixed Annuity		Yes

SERFF Tracking Number: APLE-126160292 State: Arkansas
 Filing Company: Industrial Alliance Pacific Insurance and State Tracking Number: 42434
 Financial Services Inc.
 Company Tracking Number: SPDA102
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
 Variable
 Product Name: Select 5
 Project Name/Number: Select 5/SPDA102

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SPDA102	Policy/Cont Single Premium ract/Fratern Deferred Annuity al Certificate	Initial		50.500	SPDA102.pdf
	EAB402	Policy/Cont Early Annuitization ract/Fratern Benefit Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.100	EAB402.pdf
	ERB402	Policy/Cont Waiver of Early ract/Fratern Withdrawal Charge al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47.900	ERB402.pdf
	Form 9762	Application/ Application for a Enrollment Fixed Annuity Form	Initial		40.000	Form 9762.pdf



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a stock company

[2165 West Broadway
Vancouver, British Columbia, V6B 5H6, Canada
888-681-9201
www.iaplif.com]

SINGLE PREMIUM DEFERRED ANNUITY

This Policy is issued in consideration of the application and the payment of Premium.

We will pay to the Owner, if living on the Maturity Date, a monthly annuity as provided in the Annuity Provision, or We will pay the Death Benefit of the Policy to the Beneficiary upon receipt of Due Proof of Death prior to the Maturity Date. Payment is subject to the terms of this Policy.

READ YOUR POLICY CAREFULLY

This is a legal contract between You and the Company. This Policy sets forth, in detail, the rights and obligations of both You and Us. If You have any questions about this Policy, please contact Us at the address, telephone number or through the website listed above.

RIGHT TO EXAMINE AND CANCEL POLICY

You may cancel this Policy within 30 days after You receive it by returning it to the Company at its Home Office or to the agent through whom You purchased it. Within 10 days after We receive notice of cancellation and the Policy is returned, We will refund all monies received from You and the Policy will be void from the beginning.

Signed for the Company.

Secretary

President

Single Premium Deferred Annuity
Annuity Payable at Maturity
Death Benefit Payable at Death Before Maturity
NONPARTICIPATING (not eligible for dividends)

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POLICY DATA PAGE

Policy Number: [12345]
Issue Date: [January 1, 2009]
Effective Date: [January 1, 2009]
Maturity Date [January 2, 2066]
Owner: [John Doe]
Annuitant: [Jane Doe]
Annuitant's Age: [35]
Initial Premium paid: \$ [10,000.00]
Initial Premium Bonus \$ [500.00]
Initial Current Interest Rate: [3.0]%
Guaranteed Minimum Interest Rate: [2.00]%

Early Withdrawal Charge Table

Policy Year	Percentage
1	10.0
2	9.0
3	8.0
4	7.0
5	6.0
6	5.0
7	4.0
8	3.0
9	2.0
10	1.0
11+	0.0

TABLE OF GUARANTEED VALUES

End of Policy Year	Premiums Paid	Policy Value	Early Withdrawal Value
1	\$10,000.00	\$10,815.00	\$9,733.50
2	\$0.00	\$11,031.30	\$10,137.76
3	\$0.00	\$11,251.93	\$10,441.79
4	\$0.00	\$11,476.96	\$10,753.92
5	\$0.00	\$11,706.50	\$11,074.35
6	\$0.00	\$11,940.63	\$11,403.31
7	\$0.00	\$12,179.45	\$11,740.99
8	\$0.00	\$12,423.04	\$12,087.61
9	\$0.00	\$12,671.50	\$12,443.41
10	\$0.00	\$12,924.93	\$12,808.60
11	\$0.00	\$13,183.42	\$13,183.42
12	\$0.00	\$13,447.09	\$13,447.09
13	\$0.00	\$13,716.04	\$13,716.04
14	\$0.00	\$13,990.36	\$13,990.36
15	\$0.00	\$14,270.16	\$14,270.16
16	\$0.00	\$14,555.57	\$14,555.57
17	\$0.00	\$14,846.68	\$14,846.68
18	\$0.00	\$15,143.61	\$15,143.61
19	\$0.00	\$15,446.48	\$15,446.48
20	\$0.00	\$15,755.41	\$15,755.41

The values shown above are illustrative and are based on the following assumptions:

- a) values are based on the Initial Premium paid and the Initial Premium Bonus; and
- b) there are no Early Withdrawals, Partial Withdrawals or Systematic Withdrawals; and
- c) the Guaranteed Minimum Interest Rate is applied after the first Policy Year; and
- d) the Early Withdrawal Values include the applicable Early Withdrawal Charges in all Policy Years, except on 10% of the Policy Value after the first Policy Year.

The actual values and rates for the Policy will differ from those shown depending on actual Early Withdrawals, Partial Withdrawals, Systematic Withdrawals and interest credited.

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1. DEFINITIONS

Annuitant is the natural person named as such and whose age is used in determining any annuity payments made under this Policy. The Annuitant at application is named on the Policy Data Page.

Beneficiary is the person(s) named as such and entitled to the Death Benefit under the Death Benefit provisions of this Policy.

Company is Industrial Alliance Pacific Insurance and Financial Services Inc.

Current Interest Rate is the interest rate to be applied to determine the Policy Value at a given time.

Due Proof of Death is a certified copy of a death certificate issued by a governmental agency, a certified copy of a decree of a court of competent jurisdiction as to a finding of death or another proof acceptable to Us.

Early Withdrawal Charge is the percentage or dollar amount of the Policy Value that is deducted from any amount withdrawn, as shown on the Policy Data Page.

Early Withdrawal Value is the Policy Value minus the Early Withdrawal Charge, if any, as shown on the Policy Data Pages.

Effective Date is the date that coverage becomes effective, as shown on the Policy Data Page.

Guaranteed Minimum Interest Rate is the lowest Current Interest Rate We will pay on this Policy, as shown on the Policy Data Page.

Home Office is our office located at [2165 West Broadway, Vancouver, British Columbia, V6B 5H6, Canada.]

Maturity Date is the date the Policy annuitizes as described under the provisions of the Annuitization section.

Owner is the Person named as such, who is entitled to exercise all ownership rights under this Policy.

Policy is this document and attachments as described in Entire Policy provision.

Policy Anniversary is the yearly anniversary of the Effective Date, as shown on the Policy Data Page.

Policy Data Page is the pages entitled Policy Data Page included in this Policy.

Policy Year is the 12 month period between each Policy Anniversary.

Policy Value is the value of this Policy at any time on or before the Maturity Date.

Request is a written document asking that some action be taken by Us, signed and dated by the Owner, and received and acknowledged by Us.

We, Us, or Our means Industrial Alliance Pacific Insurance and Financial Services Inc.

You or Your means the person identified in the Policy Data Page as the Owner.

In this Policy, the singular includes the plural and each gender includes all genders, and vice versa as the context requires.

2. GENERAL PROVISIONS

Entire Contract

The entire contract between You and Us is comprised of:

- a) this Policy, including the Policy Data Page;
- b) the Application; and
- c) any endorsements, riders or other attachments listed on the Policy Data Page and attached to this Policy;

together with any amendments or endorsements added to the above-listed documents from time to time pursuant to the terms of the Policy.

Incontestability

This Policy is incontestable after its Effective Date.

Changes or Modifications

Except as stated in this Policy, any changes or modifications to the terms of this Policy must be in writing and must be mutually agreed upon. Only Our President or Secretary can change or modify the provisions of this Policy on our behalf. No other representative of the Company or any agent can agree to or cause any changes or modifications to this Policy. We reserve the right to modify this Policy to conform with any Internal Revenue Code changes to maintain its status as an annuity.

Non-participating

This Policy does not entitle You to participate in any distribution of surplus or profits that may be declared by Us.

Tax Withholding

We will withhold taxes from any payment made to You or on Your behalf when requested by You or required by law.

Misstatement of Age

If the Annuitant's or Beneficiary's age is misstated under a life income Annuity Option, We will adjust the amount payable under the Annuity Option selected to that based on proof of the correct age. If the misstatement causes Us to make (a) an overpayment, We will deduct the total amount of the overpayment from future payment(s), or (b) an underpayment, We will add the total amount of the underpayment to the next payment. Any underpayment or overpayment amount will include interest at a rate not to exceed 6% per annum, compounded annually.

State Compliance

The values and benefits under this Policy will always be at least as beneficial as that required by the laws of the state where the Policy is delivered at issue.

Annual Statements

We will send You a report at least once each Policy Year at Your last known address. This report will show Policy Values and any other information required by law.

Termination

This Policy will terminate immediately upon the occurrence of any of the following:

- a) the withdrawal of the Early Withdrawal Value; or
- b) benefits have been fully paid; or
- c) the Policy Value is less than the applicable Early Withdrawal Charges.

3. PARTIES

Owner

As Owner, You may exercise all rights and options allowed by this Policy. The use of these rights may be subject to the consent of any assignee, irrevocable Beneficiary or Your spouse in a community or marital property state.

Change of Owner

You may name a new Owner of this Policy by Request, and all rights of ownership will pass to the new Owner. We may require that the change be endorsed in the Policy. The change will take effect on the date You sign the Request, but such change will not affect any payment made or action taken before We received Your Request.

Assignment

Prior to the Maturity Date, You may assign Your ownership interest in this Policy to another person by Request. We will not be liable for any payments made or action taken before We received Your Request. Please consult Your tax advisor regarding the tax consequences of an assignment. We are not responsible for the validity, tax effects or other consequences of any assignment.

Annuitant

Payments under an Annuity Option are based on the age and life expectancy of the Annuitant. The Annuitant is shown on the Policy Data Page.

Change of Annuitant

Upon the death of the Annuitant, You may name a new Annuitant by Request. We may require that the change be endorsed in the policy. The change will take effect on the date You sign the Request, but such change will not affect any payment made or action taken before We received Your Request.

Beneficiary

The Beneficiary is the person entitled to the Death Benefit under this Policy. Any payments made to more than one Beneficiary will be paid in equal shares, unless otherwise provided for by You. If a Beneficiary dies before, at the same time as the Owner, or within 15 days after the Owner's death, We will pay the Death Benefit as if the Beneficiary died before the Owner. Any payments will be made to the surviving named Primary Beneficiary, or if none, to the surviving named Contingent Beneficiary, or if none, to the estate of the Owner.

Change of Beneficiary

During Your lifetime, You may Request a change of the Primary Beneficiary and/or Contingent Beneficiary by Request. A Request to change an irrevocable Beneficiary must include the written consent of that Beneficiary, except as otherwise required by law and Us. The change will take effect on the date You sign the Request but such change will not affect any payment made or action taken before We received Your Request.

4. PREMIUM AND VALUES

Premium and Premium Bonus

The required minimum premium amount is \$10,000. Premium received during the first Policy Year will be increased by [5] %. The Premium Bonus is immediately vested and included in the Policy Value.

Current Interest Rate

The Current Interest Rate is declared by Us at the beginning of each calendar year. The Current Interest Rate for the first calendar year is shown on the Policy Data Page. The Current Interest Rate will never be less than the Guaranteed Minimum Interest Rate, as shown on the Policy Data Page.

Policy Value

The Policy Value on or before the Maturity Date is equal to:

- a) the Premium received; plus
- b) any Premium Bonus; plus
- c) interest credited to the Policy; less
- d) Partial Withdrawals and Early Withdrawal Charges, if any; less
- e) any rider fees, if any; less
- f) any indebtedness under the Policy, less
- g) Premium taxes, if any.

Basis of Values

Interest will be credited to the Policy at the Current Interest Rate. Interest accrues on a daily basis and is credited to the Policy monthly. Upon any termination of the Policy, interest shall be accrued and credited up to the date of termination.

5. ACCESS TO FUNDS

Partial Withdrawals

In any Policy Year after the first Policy Year and prior to the Maturity Date, You may Request a Partial Withdrawal only once each Policy Year of an amount up to 10% of the current Policy Value per year without an Early Withdrawal Charge. Any Partial Withdrawals taken in the first Policy Year or above 10% of the current Policy Value per year will incur an Early Withdrawal Charge according to the Early Withdrawal Charge Table on the Policy Data Page. Consult Your tax advisor regarding the tax consequences of any Partial Withdrawal from Your Policy.

A Partial Withdrawal with Early Withdrawal Charges, if any, must not:

- a) be less than \$100.00; or
- b) reduce the remaining Policy Value below the greater of \$500.00 or the Early Withdrawal Charge.

Systematic Withdrawal Option

Prior to the Maturity Date, You may Request that the Early Withdrawal Value be applied to provide withdrawals under one of the following Systematic Withdrawal Options:

- a) Fixed Amount: Withdrawals will be made monthly or annually in equal amounts specified by the Owner.
- b) Fixed Period: Withdrawals will be made monthly or annually for a fixed period. The amount to be withdrawn each year is calculated at the beginning of the year by dividing the unpaid balance of the Early Withdrawal Value at the time by the number of years remaining in the fixed period at that time.
- c) Interest Only: Withdrawals of interest only will be made monthly or annually.
- d) Age Recalculation: Withdrawals will be made monthly or annually for a period based on the life expectancy of the Annuitant. The amount to be withdrawn each year is calculated at the beginning of the year by dividing the unpaid balance of the Early Withdrawal Value at the time by the Annuitant's life expectancy at that time.

Withdrawals under a Systematic Withdrawal Option will continue to be made until the earlier of:

- a) the date the Owner informs Us in writing to cease making withdrawals under the Systematic Withdrawal Option or elects Withdrawals to be made under a different Systematic Withdrawal Option; or
- b) the death of an Owner if the Owner is a natural person, or the death of an Annuitant if the Owner is a non-natural person; or
- c) the Maturity Date; or
- d) the Early Withdrawal Value is fully paid.

Consult Your tax advisor regarding the tax consequences of electing, modifying, and discontinuing distributions under a Systematic Withdrawal Option.

Early Withdrawal

Prior to the Maturity Date, You may surrender this Policy by Request, and receive the entire current Early Withdrawal Value. You will incur an Early Withdrawal Charge according to the Early Withdrawal Charge Table on the Policy Data Page. Consult Your tax advisor regarding the tax consequences of any Early Withdrawal of Your Policy.

Deferrals

We have the right to defer payment of Partial Withdrawals or Early Withdrawal Requests for up to 6 months from the date that Your Request is received, with written approval from the state Department of Insurance.

6. DEATH BENEFIT

Death Benefit

Upon receipt of Due Proof of Death of the Owner, We will pay the Death Benefit equal to the Policy Value to the Beneficiary, as described below. Any Death Benefit paid as a lump sum will include interest at a rate not less than that required by the state law where this Policy was delivered at issue.

Death of the Owner

If the death of the Owner who is also the Annuitant occurs prior to the Maturity Date, the Beneficiary may take payment in one of the following methods:

- a) as a lump sum; or
- b) elect to take payment under an Annuity Option, provided that the Annuity Option is chosen within 60 days of the date We received Due Proof of Death.

If the death of the Owner who is not the Annuitant occurs prior to the Maturity Date, the Beneficiary may elect to receive the Death Benefit in one of the following methods:

- a) as a lump sum, or
- b) defer receiving the Death Benefit for a period no longer than 5 years, during which the Death Benefit continues to accrue interest, or
- c) within 1 year of the date of death, elect to receive payments under an Annuity Option.

If the death of the Owner occurs on or after the Maturity Date and before the entire policy value remaining in the annuity has been distributed, if the spouse is the sole Beneficiary, the distribution will continue as the spouse as the Owner.

If the death of the Owner occurs on or after the Maturity Date and before the entire policy value remaining in the annuity has not been distributed and the surviving spouse is not the sole beneficiary, payments will:

- a) continue to the Beneficiary according to the Annuity Option previously chosen; or
- b) be distributed over the life of the beneficiary or over a period not extending beyond the life expectancy of such beneficiary, if such distribution begins no later than one year after the date of death or such later date as IRS regulations may prescribe.

Death of the Annuitant

If the death of the Annuitant occurs after the Maturity Date, payments will continue to be made to the Owner according to the Annuity Option previously chosen. If the death of the Annuitant who is not the Owner occurs prior to the Maturity Date, the Owner may:

- a) choose to become the Annuitant; or
- b) choose to name a new Annuitant; or
- c) take an Early Withdrawal.

7. ANNUITIZATION

Maturity Date

The Maturity Date is the first day of the month following the Annuitant's 92nd birthday. The Policy Value on the Maturity Date is the amount to be applied by Us to the Annuity Option selected by the Owner. On the Maturity Date, payments begin to the Owner under the selected Annuity Option.

Selection of Annuity Option

Prior to the Maturity Date, the Owner may select an Annuity Option from the Annuity Options listed below, or any other option mutually agreed upon in writing, by Request at least 30 days prior to the Maturity Date. If the Owner has not chosen an Annuity Option, We will begin making annuity payments in accordance with the Annuity Option – Life with Minimum Guarantee. The Owner may not change the Annuity Option after the Maturity Date.

Annuity Options

Life Only: Under this option, annuity payments will be made monthly as long as the Annuitant is living.

Life with Minimum Guarantee: Under this option, annuity payments will be made monthly as long as the Annuitant is living. If the Annuitant dies before 120 payments have been made, we will continue payments until 120 payments in total have been made. Alternatively, you may select a term of 60 months to 240 months.

Term Certain Plan: Under this option, annuity payments will be made monthly for a number of years chosen by You. The period selected must be at least 5 but no more than 30 years. If an Owner dies before the term certain period ends, we will continue making payments to the Beneficiary until the end of the selected term.

The Owner may also select any other Annuity Option currently available at the Maturity Date.

Payments under the Annuity Options

The first annuity payment is due on the Maturity Date. Subsequent monthly payments will be payable on the same day in each of the following months.

The amount of each annuity payment will be based on the Annuitant's age on the birthday nearest to the date that the first payment becomes due. We have the right to require proof of the Annuitant's age before We make a payment. If payment depends on the Annuitant being alive on a certain date, We may require proof of such fact on such date before any payment will be made.

If the monthly payment amount is less than \$50.00, We may change the payment interval so that payments will be at least \$50.00. If any annual payment amount is less than \$50.00, We have the right to pay the Annuity Value in one single amount.

Annuity Option Tables

Tables for the Annuity Option show the monthly annuity payments for \$1,000.00 of Policy Value, after deduction of premium taxes, if any. Amounts are shown for illustrative purposes only and derived from the 2000 Annuity Mortality Table, with an interest rate of 3% per annum. At the time of annuitization, the annuity payments will be based on the greater of (a) Our current payment options and (b) the payment amounts derived from the 2000 Annuity Mortality Table, with an interest rate at least equal to the Guaranteed Minimum Interest Rate shown on the Policy Data Pages. The figures for all ages, including ages not shown, with the Guaranteed Minimum Interest Rate may be requested from Us. We will pay any other form of fixed annuity that is acceptable to Us. The same actuarial basis for the table will be used to determine monthly payments for ages or durations not shown.

ANNUITY OPTION TABLES

UNISEX TABLES

LIFE ANNUITY – Life Only

<u>AGE OF PAYEE</u>	<u>AMOUNT</u>
50	\$3.99
55	\$4.36
60	\$4.84
65	\$5.51
70	\$6.44
75	\$7.77
80	\$9.69
85	\$12.48
90	\$16.41

LIFE ANNUITY – Life with Minimum Guarantee (120 payments)

<u>AGE OF PAYEE</u>	<u>AMOUNT</u>
50	\$3.97
55	\$4.32
60	\$4.77
65	\$5.35
70	\$6.09
75	\$6.97
80	\$7.91
85	\$8.71
90	\$9.24

TERM CERTAIN

<u>NUMBER OF MONTHLY PAYMENTS</u>	<u>AMOUNT</u>	<u>NUMBER OF MONTHLY PAYMENTS</u>	<u>AMOUNT</u>
60	\$17.91	180	\$6.87
120	\$9.61	240	\$5.51

Single Premium Deferred Annuity
Annuity Payable at Maturity
Death Benefit Payable at Death Before Maturity
NONPARTICIPATING (not eligible for dividends)



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EARLY ANNUITIZATION BENEFIT ENDORSEMENT

This Endorsement is part of the Policy to which it is attached. Except as stated in this Endorsement, all other Policy provisions apply.

If this Policy is endorsed to qualify as an annuity as described in Section 403(b) of the Internal Revenue Code of 1986, as amended, or endorsed to qualify it to fund a deferred compensation plan within the meaning of Section 457(b) with the exclusive benefit requirements of Section 457(g), of the Internal Revenue Code of 1986, or a Traditional Individual Retirement Account (IRA), You may be eligible for an Early Annuitiation of the Policy Value.

PROVISION

Effective Date

This rider becomes effective on the effective date of the policy to which it is attached.

Early Annuitization

After five (5) years from the Effective Date of this Policy, You may annuitize this Policy by Request with a payout period of a minimum of five (5) years, and the Early Withdrawal Charges will be waived. Consult Your tax advisor regarding the tax consequences of an Early Annuitization of Your Policy.

Early Annuitization may be taken under any of the annuity options or the Systematic Withdrawal Option provided under the Policy.

Termination

This rider will terminate when the policy to which it is attached terminates.

Signed for the Company.

President

Secretary



WAIVER OF EARLY WITHDRAWAL CHARGE ENDORSEMENT

INDUSTRIAL ALLIANCE PACIFIC
INSURANCE AND FINANCIAL SERVICES™
a stock company

[2165 West Broadway
Vancouver, British Columbia, V6B 5H6, Canada
888-681-9201
www.iaplif.com]

This Endorsement is part of the Policy to which it is attached. Except as stated in this Endorsement, all other Policy provisions apply.

If this Policy is endorsed to qualify as an annuity as described in Section 403(b) of the Internal Revenue Code of 1986, as amended, or endorsed to qualify it to fund a deferred compensation plan within the meaning of Section 457(b) with the exclusive benefit requirements of Section 457(g), of the Internal Revenue Code of 1986, or a Traditional Individual Retirement Account (IRA), You may be eligible for a waiver of Early Withdrawal Charges.

PROVISION

Effective Date

This rider becomes effective on the effective date of the policy to which it is attached.

Early Withdrawal Charge Waiver

The Early Withdrawal Charges may be waived if You retire after the Effective Date of the Policy and:

1. Your age as stated on the Policy Data Page is 64 or less; and
2. You have been employed for a period of five (5) years or more since the Effective Date of this Policy; and
3. You had attained the age of 55 by the time of your retirement; and
4. You provide proof of retirement to Us.

Or,

1. Your age as stated on the Policy Data Page is 65 or more; and
2. it has been at least five (5) years since the Effective Date of this Policy; and
3. You provide proof of retirement to Us.

Conditions of Waiver

We may require written documentation that the Insured has retired. Documentation may include a letter from the policyholder's employer stating that the policyholder has retired. This letter must indicate the date of retirement.

Termination

This rider will terminate when the policy to which it is attached terminates.

Signed for the Company.

President

Secretary



INDUSTRIAL ALLIANCE *PACIFIC*[™]
INSURANCE AND FINANCIAL SERVICES

Box 8118, Blaine, WA 98231-8118

APPLICATION FOR A FIXED ANNUITY



Notice: Upon written request, we will provide reasonable factual information regarding benefits & provisions of this contract to the owner, who may return it within 30 days for a full refund if not satisfied.

APPLICATION for a FIXED ANNUITY

Print using dark ink

PROPOSED ANNUITANT

First Name: _____ Middle Initials: _____ Last Name: _____
Sex: Male Female Date of Birth: _____ Age: _____ State of Birth: _____
Home Address, City, State: _____ ZIP: _____ How long: _____
Tel. No: _____ Driver's License No: _____ Issue State: _____
SSN: _____ Employer: _____ Occupation: _____
Employer's Address, City, State: _____ ZIP: _____ How long: _____

JOINT ANNUITANT

First Name: _____ Middle Initials: _____ Last Name: _____
Sex: Male Female Date of Birth: _____ Age: _____ State of Birth: _____
Home Address, City, State: _____ ZIP: _____ How long: _____
Tel. No: _____ Driver's License No: _____ Issue State: _____
SSN: _____ Employer: _____ Occupation: _____
Employer's Address, City, State: _____ ZIP: _____ How long: _____

BENEFICIARY

Primary _____ %
Full Name: _____ Relation to Proposed Annuitant: _____ Date of Birth: _____
Street Address, City, State: _____ ZIP: _____ Tel. No: _____

Primary _____ % **Contingent**
Full Name: _____ Relation to Proposed Annuitant: _____ Date of Birth: _____
Street Address, City, State: _____ ZIP: _____ Tel. No: _____

Primary _____ % **Contingent**
Full Name: _____ Relation to Proposed Annuitant: _____ Date of Birth: _____
Street Address, City, State: _____ ZIP: _____ Tel. No: _____

Primary _____ % **Contingent**
Full Name: _____ Relation to Proposed Annuitant: _____ Date of Birth: _____
Street Address, City, State: _____ ZIP: _____ Tel. No: _____

OWNER

Same as the Proposed Annuitant, or
Owner's Full Name / Trustee: _____
Tax ID or SSN: _____ Relationship to Proposed Annuitant: _____
Address, City, State: _____ ZIP: _____

JOINT OWNER

Same as the Proposed Annuitant, or
First Name: _____ Middle Initials: _____ Last Name: _____
Tax ID or SSN: _____ Relationship to Proposed Annuitant: _____
Address, City, State: _____ ZIP: _____

PAYOR

Same as the Proposed Annuitant, or
First Name: _____ Middle Initials: _____ Last Name: _____
Tax ID or SSN: _____ Date of Birth: _____ Relationship to Proposed Annuitant: _____
Address, City, State: _____ ZIP: _____ Tel. No: _____

SIGNATURES

All states except as noted below: WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Georgia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud and may be subject to civil fines and criminal penalties.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Washington and Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

We, the undersigned, hereby declare that the statements on this Application shall form the basis of any Annuity Contract issued. All statements made in this application form are accurate to the best of our knowledge and belief. We agree that our acceptance of the Annuity Contract will constitute ratification and confirmation of any additions and Amendments made by Industrial Alliance Pacific Insurance and Financial Services Inc. in the amendments section of this Application.

Also, where this application is for a contract to be issued under section 403(b), by signing below, we are hereby authorizing Industrial Alliance Pacific Insurance and Financial Services Inc. to provide the employer maintaining the section 403(b) plan (or an agent of the employer) with information necessary for the administration of the 403(b) plan.

We believe that the purchase of this Annuity Contract is suitable given our particular legal, financial, tax investment, estate planning or other goals or circumstances.

Signed at _____ this _____ day of _____ 20____
(City, State)

Signature of Proposed Annuitant

Signature of Owner (If Different than Proposed Annuitant)

Signature of Proposed Joint Annuitant

Signature of Joint Owner

AGENT DATA

Are you aware of any life insurance or annuity policy in force on the proposed annuitant, except as noted in this application? Yes* No

Are you aware if this Annuity Contract will replace any existing insurance policies or annuity contracts with this or any other Company? Yes* No

*Provide an explanation in the "Details" box on previous page and attach applicable replacement forms.

Signature of Licensed Agent (Witness)

Print Agent Name

Agent # / %

Signature of Licensed Agent (Witness)

Print Agent Name

Agent # / %

SERFF Tracking Number: APLE-126160292 State: Arkansas
Filing Company: Industrial Alliance Pacific Insurance and State Tracking Number: 42434
Financial Services Inc.
Company Tracking Number: SPDA102
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: Select 5
Project Name/Number: Select 5/SPDA102

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: ReadCertwApp.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The application to be used with this product is included under the Forms tab.		

CERTIFICATION OF READABILITY

Industrial Alliance Pacific Insurance and Financial Services Inc. hereby certifies that the following forms comply with state requirements for readability as follows:

SPDA102	Single Premium Deferred Annuity	50.5
EAB402	Early Annuitization Benefit Endorsement	50.1
ERB402	Waiver of Early Withdrawal Charge Endorsement	47.9
9762	Application for a Fixed Annuity	40.0



Michael L. Stickney
Executive Vice President

March 10, 2009