

CONSENT FORM

1080 Grande Allée West PO Box 1907, Station Terminus Quebec City, Quebec G1K 7M3 Toll-free: 1-800-463-4396 Email: mortgageloans@ia.ca

Fax: 1-866-683-8090

-	t for iA Financial Group to relea	ase confidential information to the party designat	ed below.
Please check:			
☐ I AUTHORIZE the release of the following	information to the party designation	ed below.	
☐ I CANCEL the existing authorization for th	e party identified below.		
CLIENT (BORROWER) IDENTIFICATION			
Name of client(s):			
Mortgage loan number:	Telephone:		
DESIGNATED PARTY IDENTIFICATION			
Name:	Relations	hip to client:	
Address:			
Telephone:	Emaii:		
CLIENT AUTHORIZATION			
This concent becomes valid the day it is recei	ived by it Financial Group		
This consent becomes valid the day it is recei			
The client acknowledges that this consent will		en received in writing.	
iA Financial Group reserves the right to cont	act the clients for confirmation.		
Signed at	on		20
Client's name (printed letters)		Client's signature	
Gilen a name (printed letters)		One It 3 Signature	
Client's name (printed letters)		Client's signature	

IMPORTANT: This form will not be accepted unless all the clients sign it.

Client's/Guarantor's name (printed letters)

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Client's/Guarantor's signature