

Max4Advisors Financial Services Inc.

Transmittal Memo

3500 Main Street — Suite 210 — Montreal — QC — H7E 2T6

Tel: 514-258-5896 — Fax: 514-258-6985

QUEBEC MEDICAL ASSOCIATION
1000 Sherbrooke St. West
Suite 1210
Montreal, QC H3A 3A3

2008.03.22
Fax: 514-878-1111

We hereby confirm transmittal instructions for the following policy:

Insured	Joseph Aliment	Primary Phone	450-555-8899 (Bus)
Address	2007 Route 835-D St-Timothée, QC J0Q 3T9	Alternate Phone	450-555-8891 (Fax)
		Date of Birth	1947.09.20
		Sex	Male
Owner	Joseph Aliment		
Beneficiary	Joseph Aliment		

Policy Information

Policy Number	9-5532
Policy Category	DISABILITY
Plan	LONG TERM DISABILITY
Coverage Type	SINGLE
Face Value	6,000.00
Issue Date	1986.03.01
Annual Premium	3,609.09
Modal Premium	332.04
Premium Mode	Monthly PAC
Amount with App.	0.00

PAC — Bank Information

Bank	_____
Account #	_____
Address	_____
Enclosed	
Cheque	_____
PAC Card	[]
Void Cheque	[]
Policy Invoice	[]
Amendment Form	[]

Benefits

<i>Benefit Description</i>	<i>Waiting Period</i>	<i>Benefit Period</i>	<i>Amount</i>	<i>Premium</i>
Base Plan 1	30 days	Age 65	4,500.00	2,811.75
Base Plan 2	90 days	Age 65	1,500.00	797.34
Reduced Disability Rider			0.00	0.00

Remarks

Thank you for your cooperation. Please contact us if there are any questions.

John Marrett
Partner, Max4Advisors Financial Services
Agency QMA005
Agent QMA1210