

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

(Full name of investor)

Date of Birth: _____

File Number: _____
(B number)

Visa Office: _____

I authorize and provide consent for disclosure and/or release of personal information regarding my investor application to the following Immigrant Investor Program Facilitator to assist with the processing of my application:

Industrial Alliance Trust Inc.
(Facilitator)

1080 St-Louis Road, Québec City (Sillery), Québec, G1K 7M3
(Full Address)

Tel.: (418) 684-5000 ext. 4705 Fax: (418) 683-8090
(Telephone, Fax, Email)

(Signature of investor)

(Date) dd.mm.yy.

(Signature of Witness)

(Date) dd.mm.yy.