

If you wish to file a complaint with La Capitale, please fill out this form.  
You will receive acknowledgement within five (5) business days following receipt of your complaint by La Capitale. If additional information is required, we will contact you.

## 1. YOUR CONTACT INFORMATION

Ms.  Mr. \_\_\_\_\_  
Last name First name

Contract No.: \_\_\_\_\_

Home Address \_\_\_\_\_

No., Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (residence) \_\_\_\_\_ Telephone (work) \_\_\_\_\_ Fax \_\_\_\_\_

## 2. IDENTIFICATION OF THE COMPANY

La Capitale Civil Service Insurer Inc.  La Capitale General Insurance Inc.  
 La Capitale Insurance and Financial Services Inc.  La Capitale Financial Services Inc.

Name of the person who processed your file: \_\_\_\_\_

## 3. IDENTIFICATION OF THE PRODUCT ABOUT WHICH THE COMPLAINT IS BEING FILED

<p><b>Individual Life and Health Insurance</b></p> <p><input type="checkbox"/> Life insurance <input type="checkbox"/> Job loss and disability insurance <input type="checkbox"/> Illness and accident insurance</p> <p><input type="checkbox"/> Group Insurance</p>	<p><b>Savings and retirement</b></p> <p><input type="checkbox"/> Investment product (RRSP, TFSA, GIC, Funds) <input type="checkbox"/> Stow and Grow account <input type="checkbox"/> Disbursement product</p> <p><input type="checkbox"/> Mortgage loan</p>	<p><b>Property and casualty insurance</b></p> <p><input type="checkbox"/> Automobile insurance <input type="checkbox"/> Home insurance <input type="checkbox"/> Travel insurance <input type="checkbox"/> Legal Access insurance</p> <p><input type="checkbox"/> Personal loan</p>
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## 4. DESCRIPTION OF YOUR COMPLAINT

Please describe the nature of your complaint, including any harm you believe you have suffered. List in chronological order the facts that led to your complaint. Specify dates and times, as well as the names of people with whom you communicated. (Use an additional sheet, if necessary.)

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By filling out this complaint form, what result or settlement are you expecting? What solution do you suggest?

\_\_\_\_\_

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\_\_\_\_\_

## 5. DATE AND SIGNATURE OF YOUR COMPLAINT

X \_\_\_\_\_  
Plaintiff's Signature Date (YYYY/MM/DD)

Please attach copies of all documents that you consider important for reviewing your complaint, including a copy of your contract(s), application(s), Financial Security Evaluation, Investor Profile, etc. Please keep the originals.