



**IAP/IAA Service Center**  
 Attn: Customer Service  
 P.O. Box 19009  
 Greenville, SC 29602-9009  
 Tel: (866)363-3290 Fax: (866)368-0095

# Allotment Form

**Check One:**

**Please print using dark ink**

- IA American (IAA)
- Industrial Alliance Pacific Insurance and Financial Services Inc. (IAP)  
 (DBA in CA as Industrial-Alliance *Pacific* Life Insurance Company, United States Branch)  
 (DBA in OR as Industrial-Alliance *Pacific* Life insurance Company)

**Employee Information**

Name: \_\_\_\_\_ Last 4 digits of SSN: 

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Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Agent name: \_\_\_\_\_

**Employer Information**

Name of employer: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Premium Allotment Information**

Total Amount of Allotment \$ \_\_\_\_\_

Frequency allotment will be remitted (check one)  Weekly  Biweekly  Monthly Other \_\_\_\_\_

Date allotments will start \_\_\_\_\_

Please indicate the name of the financial institution, your account or policy number, and whether the funds are to be allocated on a fixed dollar amount **or** on a percentage basis. The amounts listed below will be satisfied in the order listed. For example, #1 will be honored first, then #2, etc. with the balance remaining being applied to the last company listed.

**Also note this arrangement is only available to those school districts with one payroll slot.**

Financial Institution Name and Address	Policy Number	Fixed Dollar Amount	Percentage
1. IAP or IAA			%
2.			%
3.			%

I hereby authorize and direct IAP or IAA, hereinafter referred to as the Company, to remit funds to the above listed insurance, financial and/or investment institutions in the amounts or percentages also listed above. These funds will be forwarded by my employer to the Company pursuant to a salary reduction agreement or other such directions provided by me to my employer in accordance with procedures established by my employer.

I hereby agree to and acknowledge the following –

1. The Company is the agent of my employer for the sole purpose of acting as the remitter of the funds.
2. I am permitted to modify the above listed amounts or percentages which are remitted to each insurance, financial and/or investment institution only once per calendar year and such modifications may only be effected by my completing and forwarding to the Company a new Allotment Form.
3. Any changes I make may be subject to limitations by rules or regulations of the insurance, financial and/or investment institutions and I accept all responsibility for compliance with, and all responsibility or liability for noncompliance with, any such rules or regulations and hereby release and hold harmless the Company from any claims or liabilities which arise as a result of my noncompliance with such rules and regulations.
4. Such changes will be made as soon as practical and the Company assumes no responsibility for damages arising out of any delay in implementing these changes so long as the company has not operated in a negligent manner.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_