

## **SOCIAL MEDIA APPROVAL REQUEST**

\* Mandatory fields

GENERAL INFORMATION	
* Requested by:	* Agent code:
* Agency:	* Agency code:
* Telephone : Fax:	
* Email:	
PROJECT INFORMATION	
* Social media sites used:	
* User name to be displayed:(Your name, your title, e.g., Ja	ane Smith, financial security advisor)
If you are using a presentation text, please include it with th	nis form.
You must use your professional photo.	
If you would like to include a brief description of the compa	any, please contact the Communications Department.
APPROVAL	
Branch Manager's approval	Date

The form must be duly completed. Incomplete requests will be returned to the sender. A minimum of ten (10) business days is required to process approval requests.

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