

Yes! I (we) want to enroll in **ProActive, Personal Injury Insurance**

1 PERSONAL INFORMATION

YOU

YOUR SPOUSE

(IF ENROLLING)

First Name _____
 Last Name _____
 Address Street Apt. _____
 City Province Postal Code _____
 Date of Birth DD / MM / YYYY Male Female
 () () _____
 Telephone (Home) Telephone (Work)
 E-mail address (optional) _____

First Name _____
 Last Name _____
 Date of Birth DD / MM / YYYY
 Male Female
 () () _____
 Telephone (Home) Telephone (Work)
 E-mail address (optional) _____

2 CHOOSE THE LEVEL OF PROTECTION YOU PREFER

Check one option for each insured.

YOU

YOUR SPOUSE

(IF ENROLLING)

<input type="checkbox"/> Level 1	\$ 8.95/month
<input type="checkbox"/> Level 2	\$ 16.95/month
<input type="checkbox"/> Level 3	\$ 23.95/month

<input type="checkbox"/> Level 1	\$ 8.95/month
<input type="checkbox"/> Level 2	\$ 16.95/month
<input type="checkbox"/> Level 3	\$ 23.95/month

3 DECLARATIONS AND AUTHORIZATIONS - Please complete and sign

By signing on page 2, I will enjoy the benefits of *ProActive*, Personal Injury Insurance. The plan is issued by National Bank Life Insurance Company. **I understand** that my coverage becomes effective the day the company receives this completed Enrollment Form and that the first premium will be withdrawn from my account 10 days after this date. I have 30 days to review my policy and if I am not completely satisfied, I can cancel my coverage during this period and receive a refund of any premiums paid. **I acknowledge** that I have read and understood the terms of the plan coverage, including the exclusions and the explanation of the pre-existing conditions.

I declare that I am between the ages of 50 and 75 and that the information provided by me on this Enrollment Form and in respect to any insurance issued is true and complete.

I acknowledge having read the notice "Access to Personal Information" on page 2 of this Enrollment Form. **I understand** that my policy contract, confirming the protection I have selected, will be sent to me shortly.

I agree to be bound by all the provisions of the insurance policy.

I authorize the insurer to include my name, address and telephone number in its list of clients for business or charitable prospecting by the insurer or any person to whom it agrees to release this list, and I reserve the right to terminate this authorization at any time by verbal or written request to the insurer.

I undertake to inform you immediately, in writing, of any change to my name, address and telephone number so that you can update your files.

I request that my policy contract, including this application, be concluded in English. / **Je demande que le libellé de ma police, y compris la présente proposition, soient établis en anglais.**

I hereby authorize the Insurer to deduct from my account indicated on page 2, each month, all amounts required for the insurance premium under this application.

Pre-authorized Debit Application - Payor's PAD Agreement **Personal** **Business**

Withdrawal authorization (frequency and amount of debits): I, the undersigned, authorize the Insurer, its successors, potential transferees or assigns, to carry out, effective immediately, personal pre-authorized debits (PADs) on my account held at the financial institution designated on page 2, on a monthly basis starting with the payment of the initial premium. The date of payment of the initial premium will be indicated in the Summary of Coverage which I will receive when the insurance policy is mailed, subject to approval of my application by the Insurer.

Each withdrawal corresponds to a fixed amount which can be modified, in particular should the withdrawal of the initial premium not be accepted, provided the Insurer sends me a written notice at least 10 days before the deadline of the modified withdrawal.

Waiver: I waive any other confirmation before the first payment. I waive my right to receive notification should the amount of the withdrawal change.

Change or cancellation: I agree to notify the Insurer, at least five days before the next scheduled withdrawal, of any changes to the bank account information or to the date of payment. **I also authorize** the Insurer to make withdrawals on another account, following my verbal or written instructions. In the case of a joint account, the expression "I" used in this agreement refers to all signatories.

This authorization remains in effect until the Insurer receives notification of any changes or cancellation by me. **I may revoke** my authorization at any time, subject to providing 30 days notice. I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or by visiting the Canadian Payments Association website at www.cdnpay.ca. **I release** the financial institution from any liability if the revocation is not respected, except in the case of gross negligence on its part.

