

INFORMATION BOX NATIONAL BANK PLATINUM, WORLD AND WORLD ELITE MASTERCARD CREDIT CARD FOR NURSES, REGISTERED PRACTICAL NURSES AND STUDENTS

<p>Annual interest rates</p>	<p>Regular Rates (in effect at the issuance of the card unless a promotional rate applies). Purchases: 19.99% Balance transfers and cash advances: 22.99%</p> <p>Promotional Rate For Balance Transfers and Cash Advances A promotional rate of 3.9% is available for the first 6 billing cycles (subject to a separate credit approval). The card could be issued without the promotional rate. At the end of the promotional period, the interest rates indicated above will apply to balance transfers and cash advances on your next statement.</p> <p>Increased Rates The interest rates will increase when the minimum payment is not made by the due date indicated on the monthly statement twice during any 12 month period. Any missed payment during a 12 month period is counted, even if the missed payment has already been counted to increase the rates in the past or has occurred during such a period. The interest rates will increase to 24.99% for purchases and to 27.99% for balance transfers and cash advances. The increased rates will take effect on the 3rd statement period following the 2nd missed payment and will apply to the account balance until the minimum payment is made by the due date indicated on the monthly statement during 9 consecutive months. After this period, the regular rates will apply, regardless of whether a promotional or reduced rate was in effect prior to the rate increase.</p>																	
<p>Interest-free/grace period</p>	<p>At least 21 days on purchases if you pay your full balance by the due date indicated on your monthly statement (no grace period applies to balance transfers and cash advances).</p>																	
<p>Minimum payment</p>	<p>Your minimum payment will correspond to 3% of your account balance plus any amount already due or \$10, whichever amount is higher. If your account balance is lower than \$10, you must pay the entire balance. If you exceed your credit limit, the amount of the minimum payment will be the highest of the following amounts: (a) 3% of the account balance or (b) the amount of the overlimit.</p>																	
<p>Foreign currency conversion</p>	<ul style="list-style-type: none"> - A foreign currency transaction appears on your statement in Canadian dollars. - A transaction in US dollars is first converted in Canadian dollars at the exchange rate set by <i>Mastercard Worldwide</i>. A fee of 2.5% will then be charged on the amount converted in Canadian dollars. - A foreign currency transaction (other than in US dollars) is first converted in US dollars at the exchange rate set by <i>Mastercard Worldwide</i>. This amount is then converted to Canadian dollars at the exchange rate set by <i>Mastercard Worldwide</i>. A fee of 2.5% will then be charged on the amount converted in Canadian dollars. - The applicable exchange rate is the rate in effect at the time the transaction is posted to your statement, whether it consists of a debit or a credit. The exchange rate posted to your statement may be different from the rate in effect on the day of the transaction. 																	
<p>Annual fees</p>	<table border="1"> <thead> <tr> <th>Cards</th> <th>Main card</th> <th>Additional card</th> </tr> </thead> <tbody> <tr> <td>Platinum</td> <td>\$125</td> <td>\$0</td> </tr> <tr> <td>Platinum card for students</td> <td>\$0 for the first two years, then \$125</td> <td>\$0</td> </tr> <tr> <td><i>World</i></td> <td>\$125</td> <td>\$0</td> </tr> <tr> <td><i>World Elite</i></td> <td>\$150</td> <td>\$50</td> </tr> </tbody> </table>	Cards	Main card	Additional card	Platinum	\$125	\$0	Platinum card for students	\$0 for the first two years, then \$125	\$0	<i>World</i>	\$125	\$0	<i>World Elite</i>	\$150	\$50		
Cards	Main card	Additional card																
Platinum	\$125	\$0																
Platinum card for students	\$0 for the first two years, then \$125	\$0																
<i>World</i>	\$125	\$0																
<i>World Elite</i>	\$150	\$50																
	<p>Annual fees will appear on the 2nd statement following the issuance of the card, and once a year thereafter, on the anniversary of this 2nd statement, whether the card is activated or not. For the Platinum card for students, fees will appear on the monthly statement on the anniversary of the account in 2 years, and once a year thereafter, on the anniversary of the account.</p>																	
<p>Other fees</p>	<p>Posted to your account on the day of the transaction: Additional copy of sales slip or monthly statement: \$5.00 (1) Cheque issued for a credit balance: \$5.00 Fee for dishonoured account payment: \$42.50</p> <p>Fees for balance transfers:</p> <ul style="list-style-type: none"> › Requested when the credit card account is opened: 1% of the amount of the transaction › Requested after the opening of the credit card account: 3% of the amount of the transaction (2) <p>Fee for use of Mastercard cheques: 3% of the amount of the transaction (2)</p> <p>Overlimit fee: \$29 (fee charged once each statement period if the balance exceeds the credit limit on the billing date) (3)</p> <p>Fees for cash advances (per transaction):</p> <ul style="list-style-type: none"> › National Bank ATMs and tellers: \$3.50 › Other financial institutions in Canada*: \$3.50 › Other financial institutions outside Canada***: \$3.50 																	

(1) No fee will be charged for a transaction carried out within **30** days following the issuance of the monthly statement.

(2) Fee may be reduced if a promotional offer is available and will be disclosed at the time the offer is made.

(3) Not applicable for the *World Elite* card.

* Part of the Mastercard Network** or Interac Network** or THE EXCHANGE Network**.

** Trademarks of Interac Inc., Mastercard International Inc., Cirrus System Inc. and Fiserv EFT.

Authorized user: National Bank of Canada.

*** Part of the Mastercard Network** or Cirrus Network**.

Credit Card Application¹

201707

Promotional code

Mastercard credit card — Financial Package for Nurses, Registered Practical Nurses and students

IMPORTANT: Please return this form to a National Bank financial advisor so that your professional status can be confirmed.²

1. Please Select Your Card

Correspondence: E F

Please print in black ink

Platinum card (OI86N) <input type="checkbox"/> Main card <input type="checkbox"/> Additional card	Platinum card for students (EI86N) <input type="checkbox"/> Main card <input type="checkbox"/> Additional card	Select your specialty <input type="checkbox"/> Nurses (MACO) <input type="checkbox"/> Registered practical nurses (MACP)
World Mastercard credit card (WI02N) <input type="checkbox"/> Main card <input type="checkbox"/> Additional card Minimum required annual income: › Primary cardholder's gross annual income: \$60,000 and above; OR › Combined gross annual household income: \$100,000 and above.	World Elite Mastercard credit card (EI92N) <input type="checkbox"/> Main card <input type="checkbox"/> Additional card Minimum required annual income: › Primary cardholder's gross annual income: \$80,000 and above; OR › Combined gross annual household income: \$150,000 and above.	

Primary cardholder's existing National Bank credit card number: 5258 _____

I wish to keep my current card if I am eligible for an additional card. Yes No
 If not, my current credit card balance will be transferred to my new credit card account and my current account will be cancelled upon activation of my new card.

2. Personal Information of Primary Cardholder

All fields are mandatory unless otherwise indicated

<input type="checkbox"/> Mr. First name and last name	Date of birth	Social insurance number ³ (optional)	
<input type="checkbox"/> Mrs.	____ M ____ D ____ Y	_____ _____ _____	
Telephone number at home	Telephone account in the name of: <input type="checkbox"/> Primary cardholder <input type="checkbox"/> Other (specify):	E-mail	Maiden name of Primary cardholder's mother (for identification and security purposes)
_____ _____ _____			
Address (civic number and street)	Apt. City	Province	Postal code
			_____ _____
At current address since	<input type="checkbox"/> Owner <input type="checkbox"/> Living with parent/relative <input type="checkbox"/> Tenant <input type="checkbox"/> Other	Previous address (if less than 2 years)	Apt. City Province From To
			_____ _____ _____ _____ _____ _____
Name of closest relative not living with Primary cardholder (optional)	Address of closest relative not living with Primary cardholder (optional)		Telephone number (optional)
			_____ _____ _____
Employer (if self-employed, state name of company or if student, name of institution)	<input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	Occupation	If student <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Address of employer	Since	Telephone number	Total gross monthly income
	____ M ____ Y	_____ _____ _____	\$
Type of bank account <input type="checkbox"/> Chequing account <input type="checkbox"/> Savings account	Name of financial institution	Investable assets under management (optional) Reserved for <i>World</i> and <i>World Elite</i>	Other gross monthly household income
		\$	\$

3. Personal Information of Authorized User

<input type="checkbox"/> Mr. First name and last name	Date of birth
<input type="checkbox"/> Mrs.	____ M ____ D ____ Y
Address (civic number and street)	Apt. City Province Postal code
	_____ _____ _____ _____ _____
Relationship with Primary cardholder	Telephone number at home Telephone number (work/other)
	_____ _____ _____ _____ _____ _____

4. Credit Card Payment Protection Plan

The primary cardholder wishes to sign up for the Credit Card Payment Protection Plan on his credit card account. This optional insurance makes sure that the account balance is paid, in whole or in part, according to what is stipulated in the insurance certificate.⁴

Distinction Plan Regular Plan Autonomy Plan 65 + Plan

Primary cardholder's signature

5. Balance Transfers

I request the transfer of the credit card balances listed below to my National Bank credit card account. I understand that a fee of 1% of the amount transferred will be charged to my credit card account with the bank.⁵
 This section only applies to credit cards not issued by the bank. Each amount indicated below cannot be less than \$250.

Name of the issuer	\$ Amount	Card number
_____	_____	_____
Name of the issuer	\$ Amount	Card number
_____	_____	_____

6. Important • Mandatory Signature

I request that a credit card account be opened and that a card be issued in my name and in the name of any authorized user identified in this credit application and who has authorized me to request a card on his behalf. I acknowledge having read the general conditions of this credit application and I accept them. I understand that I will be the only person responsible for the repayment of all amounts due to the bank resulting from the use of the credit card account, including transactions made by an authorized user.

I confirm the accuracy of the information provided in this credit application. I give my consent regarding the collection, use and disclosure of my personal information as described in the general conditions, subject to my right of withdrawal. **In particular, I accept that the bank obtain credit records from credit bureaus.** I also confirm having informed the authorized user of the collection, use and disclosure of his personal information as described in the general conditions and having obtained his consent.

If I applied for a *World* or *World Elite* card and I do not qualify based on the bank's credit granting requirements, I hereby request that this application be considered for a *Platinum* or *World* card.

I acknowledge having received a copy of the brochure which sets out the characteristics and eligibility requirements of the Nurses, Registered Practical Nurses and Students Financial Package.

I understand that merchants may incur higher acceptance fees for the *World* and *World Elite* cards.

Primary cardholder's signature _____ Date _____

Reserved for the Bank:

Employee number: _____ Transit: _____ CIS client number: _____

Advisor's name: _____ Advisor's signature: _____

Please send the application to: Credit Card Services, 600 De La Gauchetière Street West, Suite 1569-1, Montreal, Quebec H3B 9Z9.

- Subject to credit approval by the bank.
- Proof of status: Recent membership card or attestation from a provincial association related to the profession, proof of employment. Attestation of studies: student card with photo, notice of registration, proof of attendance, course schedule, or course transcript.
- Disclosure of the social insurance number is optional. For information on its use by the bank, read the section entitled "Collection, Use and Communication of Personal Information" on the next page.
- One month after signing up for this insurance, the monthly insurance premium indicated in the general conditions will be applied according to the plan chosen. This premium will be charged to the account and will appear on the monthly statement. If the balance is at zero when the statement is issued, the cardholder will have no premium to pay but coverage will remain in effect. To be eligible for this insurance, the cardholder must be between the ages of 18 and 80 years old (depending on the plan) and be a resident of Canada when applying for the insurance.
- Balance transfers are treated as cash advances and are subject to the cardholder agreement. In particular, interest on the cash advance amounts begins to accrue as of the cash advance date, until full payment is received. The bank reserves the right to refuse any balance transfer.



General Conditions

Responsibility of the Primary Cardholder

As the primary cardholder of the credit card account, I understand that I am responsible to the bank for all the obligations under the cardholder agreement. In particular, I am responsible for the repayment of any amount charged to my credit card account, including transactions resulting from the use of the account by an authorized user.

Cardholder Agreement

The cardholder agreement will be sent to me with my credit card. I understand that the first use of the credit card account after receipt of the agreement, a notice of modification or a notice of renewal will confirm my acceptance of the terms and conditions of the cardholder agreement.

Collection, Use and Communication of Personal Information

Collection

To offer me products and services, the bank must collect my personal information as well as the personal information of authorized users. The bank collects this information from me, from credit reporting and assessment agencies and, when needed, from other sources. These sources include other financial institutions, public registries, regulatory authorities and organizations, insurers, employers, professionals and persons given as reference.

Use

The personal information the bank collects is used primarily:

- to identify me, namely with my social insurance number if provided, to identify the authorized user and to keep our information updated
- to evaluate my financial situation and my continuing eligibility to the card, including with credit bureaus
- to provide me and the authorized user with the services related to the card on a continuing basis
- to conduct investigations and verifications necessary to protect the bank, the authorized user and myself against errors and fraud, including with respect to merchants
- to manage its risks and to respect its legal and regulatory obligations
- to preserve the integrity of the credit granting process

Disclosure

To use my personal information and, to a lesser extent, the personal information of the authorized user, for the purposes described above, the bank may communicate such information to:

- the bank's subsidiaries (to update the information, to manage risks, to ensure compliance)
- the organizations and persons identified as other sources above (identification purposes, assessment of my financial situation,

investigations, to ensure compliance and preserve the integrity of the credit granting process)

Processing and storage of personal information outside of Canada

My personal information and that of the authorized user can be processed or stored outside of Canada and could be subject to the laws and rights of access of the authorities of foreign countries, including the United States.

Marketing

Unless I instruct otherwise, the bank may use my personal information to offer me other products and services of the bank and those of its subsidiaries and select business partners*, either by mail, by phone or by electronic means (such as email) to the addresses and numbers provided by me. The bank may also disclose this information to its subsidiaries and select business partners, where legislation permits, so that they too may offer me their own products and services in the same manner. I will have the opportunity to withdraw my consent to receiving such promotional offers when I activate my card or at any time in the future. To withdraw my consent, I may call at **514-394-1427** in the Montreal area, or toll free at **1-888-622-2783**, or visit one of the bank's branches.

Additional information

I acknowledge that the cardholder agreement which will be sent to me includes additional information on the scope of my consent and the authorized user's consent as well as my rights and those of the authorized user to access and correct personal information. I undertake to communicate this information to the authorized user.

Examples of Credit Charges Calculated Over a Period of 30 Days

Annual interest rate	Average balance	
	\$500	\$3,000
19.99%	\$8.22	\$49.29
22.99%	\$9.45	\$56.69
24.99%	\$10.27	\$61.62
27.99%	\$11.50	\$69.02

Language

The parties have requested that this document be drawn up in English.
Les parties confirment leur volonté que le présent document soit rédigé en anglais.

Credit Card Payment Protection Plan (CCPPP)

This optional insurance is subject to the terms and conditions of the certificate of insurance. As the primary cardholder of the credit card account, I understand that I am the insured under the insurance policy. This insurance may guarantee, among other things, minimum monthly payments or repay the credit card account balance, as described here:

	Distinction Plan	Regular Plan	Autonomy Plan	65 + Plan
Age - Eligibility at enrollment	18 to 64 years old	18 to 64 years old	18 to 64 years old	65 years old and older
Premium rate for every \$100 of outstanding balance on the account, as at the monthly statement date	\$1.20 plus applic. taxes	\$0.99 plus applic. taxes	\$0.79 plus applic. taxes	\$0.69 plus applic. taxes
Protections and benefits payable				
Death (cardholder and spouse) End of protection according to age	Max. \$25,000 Up to 71 years old	Max. \$10,000 From 71 to 80 years old	Max. \$10,000 71 years old	Max. \$10,000 80 years old
Accidental death (cardholder and spouse) End of protection according to age	Max. \$50,000 Up to 71 years old	Max. \$10,000 Regardless of age	Max. \$50,000 71 years old	Max. \$10,000 Regardless of age
Critical illness diagnosis (cardholder and spouse) (cancer, stroke, heart attack) End of protection according to age	Max. \$25,000 71 years old	Not covered	Not covered	Not covered
1 st diagnosis of cancer (cardholder and spouse) End of protection according to age	Not covered	Max. \$10,000 71 years old	Max. \$10,000 71 years old	Not covered
Accidental dismemberment (cardholder and spouse) End of protection according to age	Max. \$25,000 71 years old	Max. \$10,000 71 years old	Max. \$10,000 71 years old	Not covered
Disability (cardholder only) Monthly payment: the greater of \$10 or: End of protection according to age	10% of sum insured Max. \$25,000 71 years old	5% of sum insured Max. \$10,000 71 years old	5% of sum insured Max. \$10,000 71 years old	Not covered
Involuntary job loss (cardholder only) End of protection according to age	10% of sum insured Max. \$25,000 65 years old	5% of sum insured Max. \$10,000 65 years old	Not covered	Not covered
Life events (cardholder and spouse or (cardholder only), according to event) End of protection according to age	\$100 by event Max. 1 event / year 71 years old	Not covered	Not covered	Not covered

I may cancel this coverage at any time by calling the insurer at the number indicated below or by sending the insurer a notice. For more information or to make a claim, I can call **1-877-871-7500**. This protection is subject to **restrictions and exclusions**. The provisions of the plan are described in full in the certificate of insurance which will be sent to me upon enrolment. For residents of Quebec, the distribution guide is given to me and is also available at all times at <https://www.nbc.ca/en/personal/credit-cards/options-and-advantages.html>. Insurer: National Bank Life Insurance Company.

© Mastercard is a registered trademark owned by Mastercard International Corporation. Authorized user: National Bank of Canada

* Our select business partners are well established and carefully selected firms. The list of our select business partners and subsidiaries is available online at nbc.ca or by calling, toll free, at **1-888-622-2783**.

