

SUMMARY OF THE TERMS AND CONDITIONS OF THE CREDIT CARD (information box)

Annual interest rates	Regular interest rates:		
	Cards	Purchases	Cash advances and balance transfers
	mycredit, Allure, Edition, MC1, ECHO Cashback, Escapade, Ovation Gold, Platinum, World and World Elite	20.99%	22.49%
	Syncro	Prime rate + 4% (minimum rate: 8.90%)	Prime rate + 8% (minimum rate: 12.90%)
	The prime rate is the annual variable interest rate that we announce publicly from time to time, which is used to determine the interest rate on demand loans we grant in Canadian dollars. It can be found on our website at www.nbc.ca . Minimum rates are the interest rates in effect as at May 28, 2022 .		
	Reduced rates:	Purchases	Cash advances and balance transfers
	Allure, Edition	14.50%	14.50%
	Transactions charged to your account accrue interest at the annual interest rate. Regular rates apply as of the day the card is issued, unless a promotional or reduced rate applies.		
	Increased rates:		
	Cards	Purchases	Cash advances and balance transfers
mycredit, Allure, Edition, MC1, ECHO Cashback, Escapade, Ovation Gold, Platinum, World and World Elite	25.99%	27.49%	
Syncro	Increased rates correspond to the interest rate in effect at the time of the 2nd missed payment, increased by 9.00% .		
Your interest rates will rise to the increased rates if you do not make your minimum payment by the due date twice over a 12-month period. The increased rates will take effect on the 3rd statement period following the 2nd missed payment. The increased rates will apply to your account balance until the minimum payment is made by the due date indicated on the monthly statement for 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. Any missed payment during a 12-month period is counted. A missed payment that has already resulted in an increase in your rates may therefore be counted twice if another missed payment occurs in the next 12 months.			
Interest-free period (grace period)	Purchases You have a grace period of 21 days following the end of each statement period to reimburse the purchases made during this statement period. The grace period ends on the due date shown on each statement. If you pay off your purchases in full before this date, you will not owe any interest. If you do not pay off your total balance before the due date, interests on these purchases will be charged on your next statement. Interest will be calculated from the date the purchases were charged to the account until the balance is paid in full.		
	Cash advances There is no grace period for cash advances. Interests begin to accrue the day the cash advance is made.		
Minimum payment	If you reside in the province of Quebec, your minimum payment corresponds to 5% of your account balance. If you reside in a province other than Quebec or a territory, your minimum payment corresponds to 2.5% of your account balance. Special conditions to the minimum payment: - Any late payment is added to the minimum payment amount. - If the minimum payment calculation is less than \$10 , the minimum payment will be \$10 . - If the total balance of your account is less than \$10 , the total balance represents the minimum payment.		
Foreign currency transactions	A transaction made in a foreign currency will appear on your statement in Canadian dollars. To convert the amount of a transaction in a foreign currency to Canadian dollars, we use the Mastercard daily exchange rate. The conversion takes place at the latest of the date the transaction is made or, the date the transaction is posted to your account. A 2.5% fee will then be charged on the amount converted in Canadian dollars. A transaction includes a debit or a credit to your account. The applicable exchange rate may therefore be different depending on the date and time of the transaction.		

Annual fees	Cards	Main card	Additional card
	mycredit, MC1, Edition and Allure with Cashback, regular interest rate	\$0.00	\$0.00
	ECHO Cashback, Edition and Allure with Cashback, reduced interest rate	\$30.00	\$0.00
	Escapade, Edition and Allure with the À la carte Rewards Plan, regular interest rate	\$30.00	\$0.00
	Edition and Allure with the À la carte Rewards Plan, reduced interest rate	\$60.00	\$0.00
	Syncro	\$35.00	\$0.00
	Ovation Gold	\$115.00	\$35.00
	Platinum	\$89.00	\$35.00
	World	\$115.00	\$35.00
	World Elite	\$150.00	\$50.00
	Annual fees will appear on the 2nd rstatement after the card is issued, whether the card is activated or not. Afterwards, they will be charged annually on the anniversary of the 2nd statement.		
Other fees	Overlimit fees:		
	- Residents of a province other than Quebec or a territory	\$29.00	(charged once per statement period, when the balance exceeds the credit limit on the date of the statement) (1)
	- Residents of Quebec	\$0.00	
(1) Not applicable for the World Elite card.			

Credit Card Application¹

202205

LTAA

Promotional code

Request for an additional card on existing account

Correspondence: E F

Please print in black ink

Primary cardholder's existing National Bank credit card number: 5 2 5 8 _____

1. 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 ² (optional)
<input type="checkbox"/> Miss	_____ M _____ D _____ Y _____	_____ _____ _____ _____ _____
<input type="checkbox"/> Mrs.	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Telephone number at home	Telephone account in the name of:	Occupation
_____ _____ _____ _____ _____ _____	<input type="checkbox"/> Primary cardholder <input type="checkbox"/> Other (specify): _____	_____ _____ _____ _____ _____

Address (Civic number and Street) Apt. City Province Postal code
_____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____

2. Personal Information of Authorized User

<input type="checkbox"/> Mr. First name and last name	Date of birth
<input type="checkbox"/> Miss	_____ M _____ D _____ Y _____
<input type="checkbox"/> Mrs.	_____ _____ _____ _____ _____
Address (Civic number and Street)	Province
Apt. City	Postal code
_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____

Relationship with Primary cardholder Telephone number at home Telephone number (work/other)
_____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____

3. Credit Card Payment Protection Plan

To enroll in Credit Card Payment Protection Plan and protect my credit card balance, I must complete the enrollment form on pages 4 and 5.

4. Balance Transfers

- I request the transfer of the credit card balances listed below to my National Bank credit card account.³
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
_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____

5. Important • Mandatory Signature

By signing this application, I confirm that:

- I request that an additional card be issued in the name of the authorized user identified in section 2.
- I have read and taken note of the different credit cards available at the Bank. I have been informed of the different rates, fees, benefits, loyalty programs and protections offered. I chose the card that best suits my situation and financial needs.
- I acknowledge having read and accepted the general conditions, and the box on the collection, use and communication of my personal information and the Bank's Privacy Policy.
- I authorize the Bank to do surveys about my solvency with credit reporting and assessment agencies when required.
- 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: _____ Advisor's name: _____
Transit: _____ CIS client number: _____

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.
- Disclosure of the social insurance number is optional. For information on its use by the Bank, read the section entitled "Collection, Use and Disclosure of My Personal Information" on the next page.
- 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.



COLLECTION USE AND DISCLOSURE OF MY PERSONAL INFORMATION

The Bank and its subsidiaries collect, use and communicate my personal information, in particular to:

- verify my identity and creditworthiness
- provide me with the requested products and services and manage my account
- understand my financial needs, to select products and services that suit me and to improve my interactions with the Bank (unless I refuse)
- prevent fraud, manage risks and comply with laws
- allow the Bank to improve and develop products and services and better understand its customers
- allow the Bank to present offers and other promotional communications or those of their business partners (unless I refuse)
- for any other purpose set out in the Bank's Privacy Policy available at www.nbc.ca.

The Bank and its subsidiaries will keep my personal information for a reasonable period of time following the end of the business relationship in order to comply with their legal obligations.

The Privacy Policy mentions, among other things:

- What information the Bank collects, with whom they communicate it and how they use and store it
- My options and rights
- How to manage my consents

For any question, I can contact my branch or the Privacy Officer at confidentiality@nbc.ca.

GENERAL CONDITIONS

1. Responsibility of the primary cardholder

As the primary cardholder of the credit card account, I am solely responsible towards the Bank for all obligations under the credit card agreement. For example, I am solely responsible of the payment of the credit card account balance.

2. Applicable conditions to the authorized user

I confirm that the authorized user:

- has authorized me to submit this application on his behalf, and
- consents to the collection, use and disclosure of his personal information as set out in the Privacy Policy available at nbc.ca.

3. Examples of credit charges calculated over a period of 30 days

Annual interest rate	Average balance	
	\$500	\$3 000
8.9%	\$3.66	\$21.95
12.9%	\$5.30	\$31.81
14.5%	\$5.96	\$35.75
20.99%	\$8.63	\$51.76
22.49%	\$9.24	\$55.45
25.99%	\$10.68	\$64.08
27.49%	\$11.30	\$67.78

4. Additional information

For more information, you can contact us at **514-394-1427** or toll free at **1-888-622-2783** or visit our website at nbc.ca/Mastercard.

ENROLLMENT FORM - NEW APPLICATION

Credit Card Payment Protection Plan (CCPPP)

Please complete in block letters and in black ink

1. Personal Information of Primary Cardholder

Mr. Miss Mrs.

First name and last name _____

Date of birth _____

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

2. Eligibility

I am eligible for CCPPP if, at the time the policy takes effect, I am:

Distinction, Regular and Autonomy Plans: between 18 and 64 years of age; and
living in Canada; and
a primary cardholder of a credit card account in good standing.

65 + Plan: 65 years of age or older; and
living in Canada; and
a primary cardholder of a credit card account in good standing.

3. Enrollment

I select the following insurance plan (check a plan):

Protections for each plan are detailed on page 5.

Plans for clients between 18 and 64 years of age:

Distinction Plan \$1.20 per 100 \$ Regular Plan \$0.99 per \$100 Autonomy Plan \$0.79 per \$100

Plans for clients of 65 years of age or older:

65 + Plan
\$0.69 per \$100

If this CCPPP enrollment form is signed but no plan is chosen, the Regular plan or the 65 + plan will apply.

4. General Conditions

4.1 Insurance coverage

I apply to enroll in the in the CCPPP coverage plan selected in section 3. The CCPPP benefits may, for example, totally or partially reimburse my minimum monthly payments owing on the credit card account or the account balance, depending on the selected plan, and subject to the terms and conditions set out on the following page.

The CCPPP is optional. The insurance coverage under the CCPPP is described in detail in the insurance certificate. As the primary cardholder of the credit card account, I understand that I am the group person insured under this insurance.

The insurance coverage is provided by the insurer: National Bank Life Insurance Company. Premiums are imposed by the insurer.

4.2 Information shared with the insurer

I authorize the Bank to share with the insurer the information it has about me that is relevant to:

- this application,
- my insurance coverage, and
- the administration of my insurance coverage.

4.3 Effective date of the insurance and payment of the premium

The CCPPP will be effective on the first day of the month following enrollment. The first premium will be charged on the monthly credit card statement that follows the effective date and calculated according to the terms and conditions of the selected plan.

I authorize the insurer to charge the amount of my insurance premium to my credit card account each month. If I have no account balance, my insurance coverage will remain active but no premium will be payable.

4.4 Cancellation of CCPPP

4.4.1 Within 30 days of enrollment

If I cancel the CCPPP within 30 days of signing this enrollment form, any premium charged to my account will be reimbursed. The insurance will then be considered never to have been in effect.

4.4.2 At any time

The events that may end my insurance coverage are described in the summary and in the insurance certificate.

I may also cancel the CCPPP at any time by contacting the insurer at 1-877-871-7500 or by sending the insurer a cancellation request as described in the summary and in the insurance certificate. Cancellation will take effect on the first day of the month following the receipt of my cancellation request, but no premium will be charged for the statement period during which I requested cancellation.

For example: I have enrolled to the CCPPP and my first premium was charged to my statement for the period of January 10th to February 9th. If I request the cancellation of the CCPPP on the 15th of May, I will be covered until the 31st of May, but no premium will be charged to my statement for the period of the month of May.

4.5 Additional information

For more information or to file a claim, I can contact the insurer at 1-877-871-7500. The CCPPP is subject to restrictions and exclusions provided in the insurance certificate. Full terms and conditions of the insurance coverage are described in the certificate of insurance which will be sent to me for review and is available at all times at <https://www.nbc.ca/personal/mastercard-credit-cards/insurance.html>.

Important: The AMF fact sheet (Qc only) and the summary, must be handed to me at the same time as I'm offered CCPPP coverage, and is available at all times at <https://www.nbc.ca/personal/mastercard-credit-cards/insurance.html>. I will also receive a copy by mail.

5. Signature

By signing this form, I:

- declare that I wish to enroll in the CCPPP insurance plan selected in section 3;
- acknowledge having read and understood the information set out in this enrollment form, in the summary that corresponds to the coverage plan I selected and in the AMF fact sheet (if I am in the province of Quebec) that I was handed out;
- choose the CCPPP that best meets my situation and financial needs;
- confirm that all information I have provided is true and correct.

X

Primary Cardholder signature _____

Date _____

6. Plans Details

	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 applicable taxes		\$0.99 plus applicable taxes		\$0.79 plus applicable taxes		\$0.69 plus applicable taxes
Protections and benefits payable							
Death	Max \$25,000	Max. \$10,000	Max. \$10,000	Max. \$10,000	Max. \$10,000	Max. \$10,000	Max. \$10,000
End of protection according to age	Up to 71 years old	From 71 to 80 years old	Up to 71 years old	From 71 to 80 years old	Up to 71 years old	From 71 to 80 years old	80 years old
Accidental death	Max. the lesser of \$50,000 or the authorized credit card limit	Max. \$10,000	Max. the lesser of \$50,000 or the authorized credit card limit	Max. \$10,000	Max. the lesser of \$50,000 or the authorized credit card limit	Max. \$10,000	Max. \$10,000
End of protection according to age	Up to 71 years old	Regardless of age	Up to 71 years old	Regardless of age	Up to 71 years old	Regardless of age	Regardless of age
Critical illness diagnosis End of protection according to age	Max. \$25,000 71 years old		Not covered		Not covered		Not covered
1st diagnosis of cancer End of protection according to age	Not covered		Max. \$10,000 71 years old		Max. \$10,000 71 years old		Not covered
Accidental dismemberment 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 Monthly payment: the greater of \$10 or: End of protection according to age	20% of sum insured Max. \$25,000 71 years old		10% of sum insured Max. \$10,000 71 years old		10% of sum insured Max. \$10,000 71 years old		Not covered
Involuntary job loss Monthly payment: the greater of \$10 or: End of protection according to age	20% of sum insured Max. \$25,000 65 years old		10% of sum insured Max. \$10,000 65 years old		Not covered		Not covered
Life events End of protection according to age	\$100 by event Max. 1 event / year 71 years old		Not covered		Not covered		Not covered

7. Reserved for the Bank

I certify that I have given the client the summary according to their province of residence and the AMF fact sheet (Quebec only), in accordance with the choice of coverage.

Employee number

Advisor's name

Transit