NATIONAL BANK INSURANCE

800 Saint-Jacques Street, office 16701, Montreal, Quebec H3C 1A3

INSURANCE APPLICATION FOR CONSUMER LOAN – PERSONAL LOAN

Life, critical illness and accidental dismemberment, disability

Nº 70003-23 (2024-01-22)

REASON FOR INSURANCE APPLICATION

☐ New application ☐ Refinancing of a National Bank loan: Previous loan No. _____ ☐ Adding new coverage ☐ Adding an insured

YOUR PERSONAL INFORMATION

Applicant 1

Client No. (CIS) _____ Date of birth (YYYY MM DD) _____ Sex: ☐ M ☐ F

Last name _____ First name _____

Complete address, including postal code

Email _____

Applicant 2

Client No. (CIS) _____ Date of birth (YYYY MM DD) _____ Sex: ☐ M ☐ F

Last name _____ First name _____

Complete address, including postal code

Email _____

LOAN INFORMATION

Reference No. _____ Authorized amount or loan balance* _____ Date of disbursement (YYYY MM DD) _____

Transit _____

*This amount (or balance) represents the amount of insurance requested and may not exceed the maximum amounts indicated in the certificate of insurance.

ELIGIBILITY

You can apply for life insurance if:

- you are between the ages of 18 and 64; and
- you are living in Canada or in the United States; and
- you are a borrower, co-borrower, guarantor or endorser of the National Bank loan.

You can apply for critical illness and accidental dismemberment insurance if:

- you meet the eligibility criteria for life insurance; and
- you have signed up for life insurance.

You can apply for disability insurance if:

- you meet the eligibility criteria for life insurance; and
- you have signed up for life insurance; and
- you can answer "**Yes**" to the following 2 questions:
  - You have worked 60 or more remunerated hours over the past 4 weeks or, if you are self-employed, you generated a gross employment income of 10,000 or more over the last fiscal year; and
  - You can confirm that you **are not** on unemployement, a leave of absence or unemployed, and that **you are not** receiving income replacement benefits (e.g., benefits as a result of a work-related accident or parental leave).

Applicant 1

Current employer's name _____ Employed since (YYYY MM DD) _____

Applicant 2

Current employer's name _____ Employed since (YYYY MM DD) _____

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APPLICATION – WAIVER – INELIGIBILITY – MANDATORY SIGNATURE

Applicant 1	I request	I waive	I am not eligible for
Life insurance	☐	☐	☐
Critical illness and accidental dismemberment insurance	☐	☐	☐
Disability insurance	☐	☐	☐

Date (YYYY MM DD) _____ X _____ Signature of Applicant 1 *(ID :16330P21)*

Applicant 2	I request	I waive	I am not eligible for
Life insurance	☐	☐	☐
Critical illness and accidental dismemberment insurance	☐	☐	☐
Disability insurance	☐	☐	☐

Date (YYYY MM DD) _____ X _____ Signature of Applicant 2 *(ID :16330P22)*

INSURABILITY - SIGNATURE REQUIRED

IMPORTANT

Answer honestly and accurately

Answering "Yes" to one of the questions does not mean coverage will automatically be declined.

Any false statement, whether intentional or not, could result in the denial of a claim or cancellation of your insurance.

If you are unsure how to answer, it is better to answer "Yes." One of our representatives will then contact you to complete a detailed questionnaire in order to clarify the information.

Identify the category to which you belong using this table:

AMOUNT	AGE	PROCESS
From $0 to $25,000	55 to 64	**YOU ARE INSURED without having to provide additional proof of insurability.**
From $0 to $50,000	18 to 54	**Go to section C) ADDITIONAL INFORMATION.**
From $25,001 to $50,000	55 to 64	Answer the questions in section **A) SIMPLIFIED QUESTION** **If at least one of the situations applies to you or in case of doubt:** **> answer "Yes", and** **> complete the C) ADDITIONAL INFORMATION section.** One of our representatives will contact you to complet a detailed questionnaire. **If you answered "No", YOU ARE INSURED based on the accuracy of the information you provided. You don't need to provide additional proof of insurability.**
From $50,001 to $500,000	18 to 64	Answer the questions in the **B) HEALTH DECLARATION** section. **In case of doubt:** **> tick "Yes," and** **> complete section C) ADDITIONAL INFORMATION**; One of our representatives will contact you to complete a detailed questionnaire. **If you answered "No" to all the questions in the HEALTH DECLARATION, YOU ARE INSURED based on the accuracy of the information you provided. You don't need to provide additional proof of insurability.**

A) SIMPLIFIED QUESTION	Applicant 1		Applicant 2	
Answer the following questions. **Answer "Yes" if at least one of the situations applies to you:**	Yes	No	Yes	No
In the past 3 years, have you ever submitted a life, critical illness or disability insurance application that was: **> refused, deferred (postponed) or cancelled; or** **> issued with an exclusion, additional premium or modification?**	☐	☐	☐	☐

B) HEALTH DECLARATION				
Answer the following questions. **Answer "Yes" if at least one of the situations applies to you:**				
a) **In the past 3 years:** • **Have you consulted, had a follow-up or been treated by a physician or another health care professional for any of the following conditions, or have you taken medication for or had symptoms related to or do you suffer from any of the following health problems?**	☐	☐	☐	☐
- heart or circulatory disorders - stroke - chest pains or angina - blood disorders including cholesterol - blood pressure disorders - muscular dystrophy - multiple sclerosis - Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or any other disease or disorder of the immune system - tumour or cancer - digestive problems - liver disorders - intestinal disorders - kidney disorders - urinary tract disorders - lung or respiratory disorders (including sleep apnea) - genital, prostate or breast disorders - neurological disorders - diabetes or glucose intolerance - psychological or psychiatric disorders (including depression, anxiety, adjustment disorder, etc.)				

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and for any of the following problems, only if you are applying for disability insurance: - fibromyalgia or chronic fatigue syndrome - carpal tunnel - muscle, joint or bone disorders(including sprains, tendonitis, bursitis, epicondylitis, osteoarthritis, arthritis, etc.) - neck, back or spinal column problems				
• **Have you used drugs (including marijuana)? Have you used narcotics exceeding the recommended dosage? Have you ever received treatment or joined a rehabilitation program because of your alcohol consumption? Have you been advised by a health care professional to reduce your consumption of alcohol? Do you drink more than 4 glasses of alcohol per day (28/week)?**	☐	☐	☐	☐
b) In the past 3 years, have you been hospitalized due to an accident or illness for more than 48 consecutive hours?	☐	☐	☐	☐
c) In the past 3 years, have you applied for life, disability or critical illness insurance that was subject to additional premiums or refused or issued with a restriction?	☐	☐	☐	☐
d) If you are only applying for critical illness insurance, please also complete questionsa), b) and c). Has one or more members of your biological family (father, mother, brothers or sisters) suffered from diabetes, cancer, a stroke or heart disease before the age of 60?	☐	☐	☐	☐

I acknowledge that I have read and answered the questions in the Health Declaration.

Applicant 1

Date (YYYY MM DD) _____ **X** _____ Signature of Applicant 1 *(ID :16330P31)*

Applicant 2

Date (YYYY MM DD) _____ **X** _____ Signature of Applicant 2 *(ID :16330P32)*

C) ADDITIONAL INFORMATION (To be completed by all clients)

A representative of National Bank Life Insurance Company may contact you. Please indicate the best time and telephone number at which to reach you.

Applicant 1 If a detailed questionnaire is required, you may choose the desired language.

Please indicate your preference: _____

☐ Day _____ Telephone No. _____ Ext. ☐ Evening _____ Telephone No. _____ Ext.

Applicant 2 If a detailed questionnaire is required, you may choose the desired language.

Please indicate your preference: _____

☐ Day _____ Telephone No. _____ Ext. ☐ Evening _____ Telephone No. _____ Ext.

COLLECTION, USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION

The insurer collects, uses and discloses your personal information to:

- Confirm your identity
- Provide the loan insurance requested
- Prevent fraud, manage risk and comply with laws
- Help the insurer improve and develop its products and services and better understand its clients
- Enable the insurer, National Bank of Canada or its subsidiaries, to present offers and other promotional material from business partners, unless you choose not to receive them
- Any other purpose set out in the Privacy Policy of National Bank and its subsidiaries available at **https://www.nbc.ca/privacy-policy.html**

The policy mentions, among others, which information the Insurer collects, to whom it is communicated, and how it is used and stored, what your options and rights are, and how to manage your consent.

In order to verify your insurability for loan insurance, the Insurer may also collect information from any doctor, hospital, clinic, paramedical firm, service provider, agent, insurance company, or any other organization that holds information on you or your health status, including MIB, LLC, an organization that maintains a database of applicant information that insurers may consult as part of their underwriting insurance or a claim (see Notice concerning MIB, LLC).

In addition, the Insurer may also disclose any information about your health or other relevant information about you to MIB, LLC or its reinsurers.

Your personal information will be kept by the Insurer and its subsidiaries for a reasonable period of time following the end of the business relationship to comply with their legal obligations.

If you have any questions, please contact:

National Bank Life Insurance
Access to Personal Information Officer
800 Saint-Jacques Street, office 16701
Montreal, Quebec H3C 1A3

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YOUR DECLARATION AND AUTHORIZATION - MANDATORY SIGNATURE ON THIS PAGE

Information that you must read and understand

- I can cancel the insurance within 30 days of signing the application. If I do so, the insurer will refund all the premiums paid, if any, and the insurance will be considered void.
- Insurance is optional and I can cancel it at any time.
- I am bound by all the provisions of the group insurance policy.
- I CONFIRM it is my wish that this insurance application and the insurance certificate as well as all related documents be drawn up in English. JE CONFIRME ma volonté que cette proposition d'assurance et le certificat d'assurance ainsi que tous les documents s'y rattachant soient rédigés en anglais.
- **(Quebec only) The French version of this insurance application and the insurance certificate is available here: assurances-bnc.ca/documentation.html, under the Personal Loan, Auto Loan Insurances section. I CONFIRM having received this version.**

  (Québec seulement) La version française de cette proposition d'assurance et du certificat d'assurance est disponible ici : assurances-bnc.ca/documentation.html sous la section Assurance prêt personnel et prêt auto. JE CONFIRME avoir reçu cette version.

Authorization for your personal information

- The information that I provided to the insurer as part of this application are correct and I hereby undertake to advise the Insurer immediately in writing of any change in my personal information so that it can keep my file up to date.
- I hereby authorize the Insurer to use any information it has about me.
- I authorize the Insurer and National Bank of Canada to use my Social Insurance Number for administrative purposes. I may revoke my authorization at any time by contacting the insurer.
- I have read the conditions set out in the "Collection, use and disclosure of your personal information" section in this application and I accept them.
- I have read the Insurer's Privacy Policy.
- I understand that signing up for loan insurance means that I accept the conditions of this Policy.
- I understand that I can limit the collection, use and disclosure of my personal information as set out in this Policy.
- If I have provided personal information about another person, I confirm that I am authorized to do so.
- I authorize the insurer and its reinsurers to collect information pertaining to me from any physician, hospital, clinic, paramedical firm, service provider, agent, insurance company, MIB, LLC or any other organization or institution.
- I authorize the Insurer or its reinsurers to disclose any information pertaining to me to the MIB, LLC.
- I authorize the Insurer to disclose my contact information and any changes to it that I may subsequently provide, as well as my personal and financial information to National Bank of Canada and its subsidiaries so that they may send me offers, information or invitations likely to be of interest to me.
- I authorize the Insurer to disclose my information to its service providers when insurance-related services are available.

Pre-authorized debit application (PAD Agreement)

☒ Personal ☐ Business

Frequency and amount of debits

- I authorize the Insurer to debit the insurance premiums each month from the bank account indicated below.
- Each debit corresponds to a fixed amount, except if you make changes to the loan conditions.
- If no account number is indicated in the space provided, I understand that the insurance premiums will be debited without notice from the account for the collection of my personal loan payment.

Payment authorization and information about the bank account

Name and address of the financial institution where the account is held

Account No. | Institution No. | Transit

Payee

National Bank Life Insurance Company
800 Saint-Jacques Street, office 16701, Montreal, Quebec H3C 1A3
Telephone: 1-877-7500 Fax: 514-394-6604

- I can change the account for the collection of my insurance premiums by contacting the Insurer at 1-877-871-7500.
- Each debit corresponds to a fixed amount based on a determined premium rate.

Waiver, changes and recourse

- **I waive any other confirmation before the first payment.**
- **I waive my right to receive notification should the amount of the debit change.**
- I will notify the Insurer at least 5 days before the next scheduled debit of any changes to the bank account information or to the date of the debit.

  I may revoke my authorization at any time, subject to providing 30 days' notice. If I need additional information on the cancellation process, I may contact National Bank, the Insurer or go to www.payments.ca.
- I have certain rights of recourse if a debit is not in compliance with this agreement. For example, I am entitled to reimbursement of any debit that is not authorized or is not consistent with this current agreement. If I need additional information on my recourse rights, I may contact National Bank, the insurer or go to www.payments.ca.

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YOUR COMMITMENT TO ACCURACY OF INFORMATION - SIGNATURE REQUIRED

- **I confirm that the answers and information provided in this application, including the "Eligibility" and "Health Declaration" sections are accurate and complete.**
- **I understand that any omission or misrepresentation may result in the cancellation of my insurance.**
- I have received details on the coverage and the procedure to be followed to submit a claim.
- I have read all the information in this insurance application and the certificate of insurance.
- I confirm that I have received the summary and (in Quebec only) the fact sheet.
- I understand that this insurance is optional. I choose the coverage(s) under this insurance that best suits my situation and financial needs.

Date (YYYY MM DD)	X Signature Applicant 1 *(ID :16330P51)*	Date (YYYY MM DD)	X Signature Applicant 2 *(ID :16330P52)*

DECLARATION OF WITNESS

I declare that I was present when this application was completed and witnessed all signatures thereon. For enrolment via phone or using an electronic signature: I have provided clear instructions on how to complete and sign this application. I have submitted the certificate of insurance and (in Quebec only) the fact sheet.

Date (YYYY MM DD)	Employee's first and last name	Transit

No employee of National Bank of Canada or any other person may amend the provisions of this insurance application or the certificate of insurance.
All amended or incomplete forms shall be considered null and void.

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TABLE OF CONTENTS

1.	Before we get started	3
1.1	Keep the following 6 rules in mind as you read this document:	3
1.2	Your insurance contract includes 2 documents:	3
1.3	Insurance is optional	3
1.4	You cannot designate a beneficiary	3
2.	Conditions to be insured	4
2.1	You must meet specific criteria (eligibility conditions)	4
2.2	We will ask you questions about your health and lifestyle (insurability)	4
2.2.1	Any false statement about your medical history could result in the cancellation of your insurance	4
2.2.2	You are covered against certain accidents while your file is under review	5
3.	Coverage offered and maximum amount we pay for each type of coverage	5
4.	Life insurance	6
4.1	Amount we pay in case of death	6
4.2	CAUTION – EXCLUSION in the event of suicide within 2 years of the signature of the insurance application	6
5.	Critical illness insurance	6
5.1	What we mean by cancer (life threatening)	6
5.1.1	CAUTION – EXCLUSIONS regarding cancer	7
5.2	What we mean by heart attack	7
5.2.1	CAUTION – Exclusions regarding heart attacks	8
5.3	What we mean by stroke	8
5.3.1	CAUTION – EXCLUSIONS regarding strokes	8
5.4	Amount we pay if one of the critical illnesses covered is diagnosed	8
6.	Accidental dismemberment insurance	9
6.1	What we mean by accidental dismemberment	9
6.2	Amount we pay in case of accidental dismemberment	9
	Percentages based on the loss suffered	10
7.	Disability insurance	10
7.1	What we mean by disability	10
	Conditions to be entitled to disability benefits	10
7.2	CAUTION – EXCLUSIONS specific to disability	11
7.3	Amount we pay in case of disability	11
7.4	We maintain benefits if you refinance your loan during a disability	11
7.5	We pay benefits during a limited period	11
7.6	We cease paying disability insurance benefits in certain situations	12
7.7	We can resume payment of disability insurance benefits if you once again become disabled (recurrent disability)	12
7.8	We can terminate your disability coverage if you receive a permanent disability diagnosis	13
8.	CAUTION– General EXCLUSIONS	13
9.	Duration of insurance	14
9.1	Start	14
9.2	End	14
10.	Cost of insurance and payment of premiums	14
10.1	The cost of your insurance depends on several factors	14

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10.2 Your insurance premiums are collected separately from your personal loan payments 14
10.3 Monthly premium rates for personal loans 14
10.3.1 Sample premium calculation 15
10.4 We reimburse the premiums collected in certain situations 15
11. You must sign a new insurance application for a refinancing 15
11.1 During a refinancing, we may recognize your previous insurance if you are not insurable or not eligible 15
11.1.1 Recognized insurance amount 16
12. You have the right to terminate your loan insurance at any time 16
12.1 You can call or write to us 16
12.2 We will not reimburse any premiums if you terminate your insurance more than 30 days after enrolment 16
13. How do I make a claim and what happens then? 16
13.1 Timeframe to make a claim 16
13.2 We process and pay the benefits to National Bank within 30 days 17
13.3 We pay one set of benefits at a time 17
13.4 We adjust the premium rate in cases of incorrect declaration of age 17
13.5 What you can do if you disagree with our decision about a claim 17
14. Additional information 18
14.1 You or the Bank can obtain a copy of the documents that make up your insurance file 18
14.2 No dividends from surplus or profits 18
14.3 Designation of beneficiary 18
14.4 Limitation of actions – Specifics based on your province of residence 18
14.5 Notice concerning MIB, LLC 18
14.6 Collection, use and disclosure of your personal information 19
15. Complaint handling 19
16. Autorité des marchés financiers contact information (province of Quebec only) 19

Who we are

National Bank Life Insurance Company, a subsidiary of National Bank of Canada. We are friendly and dedicated, and here to help.

What we do

We create insurance products for the different types of loans offered by National Bank and to meet your coverage needs.

Why we do it

For you! So that you can enjoy life with peace of mind, knowing we are here for you if an unfortunate event happens.

1. Before we get started

1.1 Keep the following 6 rules in mind as you read this document:

> "We," "us" and "our" designate the insurer: National Bank Life Insurance Company.

TO CONTACT US
National Bank Life Insurance Company
800 Saint-Jacques Street, office 16701
Montreal, Quebec H3C 1A3
Montreal: 514-871-7500
Elsewhere: 1-877-871-7500
insurance@nbc.ca
nbc-insurance.ca

> "You" and "your" designate the insured, i.e., the person who applied for loan insurance, meets the eligibility and insurability criteria, and received a copy of this certificate.

> We only insure loans granted by National Bank of Canada. This is the institution we are referring to when we mention "the Bank" or "National Bank."

> In this certificate, the word "loan" refers to your personal loan.

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- For ease of reading, the singular includes the plural, and the masculine includes the feminine, and vice versa.
- Words that are defined in an information box have the same meaning in the entire certificate.

1.2 Your insurance contract includes 2 documents:

- Your copy of the insurance application: the form you completed and signed to apply for insurance, regardless of the method used – (handwritten signature à la main, voice signature, e-signature).

  With this document, you can confirm the information that you gave us and we used, as applicable, to review your application and render a decision (the Bank also has a copy); and
- Your insurance certificate, which sets out the details of your coverage as well as your rights and obligations.

These two documents should be kept in a safe place to refer to them as needed!

Note: The Summary also provides valuable information about your loan insurance!

1.3 Insurance is optional

You are not required to enrol in loan insurance.

- If you decide to do so, you can cancel the insurance at any time.
- If you cancel within 30 days of signing the insurance application, we will reimburse you all the premiums paid and the insurance will be considered never having been in effect.

1.4 You cannot designate a beneficiary

Any benefits we provide are first paid to the Bank to be applied in full to the insured portion of your loan. The payment terms and conditions are explained to you in the “Amount we pay...” section of each type of coverage.

2. Conditions to be insured

2.1 You must meet specific criteria (eligibility conditions)

When signing the insurance application, you must:

For life insurance

- be between the ages of 18 and 64,
- be living in Canada or the United States, and
- be a borrower, co-borrower, guarantor or endorser of the loan covered by the insurance application.

For critical illness and accidental dismemberment insurance

- meet the eligibility criteria for life insurance, and
- have enrolled in life insurance.

For disability insurance

- meet the eligibility criteria for life insurance, and
- have enrolled in life insurance; and
- be a salaried employee and have worked 60 or more remunerated hours over the previous 4 weeks; or
- If you are self-employed, have generated a gross employment income of $10,000 or more in the previous fiscal year.

You CANNOT apply for disability insurance if you:

- **are unemployed;**
- **are on leave of absence;**
- **do not have a job; or**
- **receive income replacement benefits (disability benefits, parental leave, work accident, etc.).**

However, you could apply to add this coverage once you meet the eligibility criteria above.

2.2 We will ask you questions about your health and lifestyle (insurability)

Depending on your age and the insurance amount requested, you may have completed the health declaration. If we need more information on your health and lifestyle, we could ask you to meet these requirements or undergo the following tests:

- Detailed questionnaire completed by phone
- Paramedical examination conducted by a nurse

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- Physical examination
- Electrocardiogram
- X-ray
- Blood test
- Urine test
- Any other test, including screening for HIV (AIDS) or certain drugs or medication

The information collected through these various means enables us to determine whether we can accept your insurance application. **It is therefore important to answer honestly and to the best of your knowledge.**

2.2.1 Any false statement about your medical history could result in the cancellation of your insurance

When making a claim, certain conditions can lead us to check the information you provided at enrolment about your health, family and medical history as well as your lifestyle.

If the information collected as part of the claim is different from the information you provided at enrolment and on which we based ourselves to accept your insurance application, we could cancel your insurance retroactive to its effective date. Any claim would then be impossible.

IMPORTANT TO KNOW

- We pay for any examination we require. If you decide to undergo a medical examination we have not requested, you will be responsible for the cost.
- If we do not obtain the information required to review the application, we will terminate the analysis of your application.
- Your application will be refused if the information about your health or lifestyle prevents us from insuring you. In that case, we would reimburse you any premiums you may have paid.
- In any case (acceptance or refusal), we will notify you in writing of our decision within 30 days of receiving all your insurability information.

2.2.2 You are covered against certain accidents while your file is under review

We offer you coverage in case of an accident while we are in the process of analyzing your application, until such time as we render a decision or close your file.

This accident coverage is provided at no additional charge and is based on the coverage you have chosen.

Benefits are only payable if the accident causing the death, disability or dismemberment occurs after the date on which the insurance application is signed.

See subsection 9.1.

However, if a non-accidental event occurs, we will finalize the review of the insurance application. If it is accepted, we will process the claim.

In this certificate:

By "**accident**," we mean an event that arises exclusively from causes external to the body. It occurs in a violent, unexpected and involuntary way, and causes bodily injury. A physician must establish that the accident is truly the source of the bodily injury, not an illness or other cause.

By "**illness**," we mean a deterioration in health requiring regular, ongoing and curative medical care actively provided by a physician or other practitioner belonging to a health profession order. Such care must be considered satisfactory by the insurer.

3. Coverage offered and maximum amount we pay for each type of coverage

The loan insurance provided by National Bank Life Insurance includes 3 types of coverage:

- Life insurance
- Critical illness and accidental dismemberment insurance
- Disability insurance

Maximum amount we pay for each type of coverage

Coverage	Maximum amount
Life insurance	$500,000
Critical illness and accidental dismemberment insurance	$150,000
Disability insurance	$2,000/month

The maximum amount indicated corresponds to the maximum payable through coverage for all insureds on the loan.

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IMPORTANT TO KNOW

The maximum insurance amount you can have with National Bank Life Insurance is $5,000,000 for all insurance products.

If you are paying premiums for an amount higher than the maximum amount per type of coverage, we will reimburse you the difference in premiums.

When a claim is made, we will reimburse you the insurance premiums you pay, as well as your insured payment, even if the maximum stipulated amount has been reached. See subsection 7.3.

4. Life insurance

Life insurance covers both natural death and accidental death.

4.1 Amount we pay in case of death

In case of death, we pay the Bank the insured balance as of the date of death, plus any interest accrued since that date.

If premium payments are overdue on the date of death, these premiums are deducted from the amount we pay.

For life insurance, the insured balance is the unpaid balance of the loan on the date of death.

The insured balance:

- cannot exceed $500,000; and
- does not include principal, interest or overdue premiums, under any circumstances.

Mark and Louise have had a personal loan for a few years. Fortunately, they decided to cover their debt with loan insurance so Mark is relieved not to have to bear the financial burden alone when Louise dies.

The amount we pay after accepting the claim is calculated as follows:

Total loan amount at insurance enrolment	$28,000
Amount insured with life insurance	$28,000
Loan balance at the time of death	$19,300
Balance insured with life insurance on the date of death	$19,300
Amount we pay	**$19,300**

4.2 CAUTION– EXCLUSION in the event of suicide within 2 years of the signature of the insurance application

We will not pay any amount if your death is a result of suicide occurring within 2 years of the date your insurance took effect (see subsection 9.1).

Our liability will therefore be limited to reimbursing all the premiums paid. In that case, the insurance is cancelled retroactive to its effective date.

Consult section 8 to read about the other life insurance exclusions.

5. Critical illness insurance

We cover 3 types of critical illness:

- Cancer (life threatening);
- Heart attack; and
- Stroke.

NOTE: The critical illness diagnosis must match the definition set out below.

5.1 What we mean by cancer (life threatening)

To be covered by this certificate, the cancer diagnosed must be a danger to your life and meet the following definition: definite diagnosis of a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

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Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma.

This definition does not include the following:

- Carcinoma in situ
- Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion)
- Any non-melanoma skin cancer that has not metastasized
- Stage A (T1a or T1b) prostate cancer

The diagnosis of cancer must be made by a specialist.

In this certificate, by "**specialist**," we mean a medical practitioner licensed in Canada or the United States who has been trained in the specific area of medicine relevant to the covered critical illness or accidental dismemberment condition for which benefit is being claimed. They must be certified by a specialty examining board.

In the absence or unavailability of a specialist, and as approved by the insurer, a condition may be diagnosed by a qualified medical practitioner practising in Canada or the United States.

The term specialist includes, but is not limited to: cardiologist, neurologist, oncologist, ophthalmologist, burn specialist and internist.

The specialist must not be the insured, the spouse or a relative of the insured or a business associate of the insured or of the insured's spouse.

5.1.1 CAUTION – EXCLUSIONS regarding cancer

We will not pay any benefits for cancer if, within 90 days of the insurance effective date, you have:

- **Presented signs, symptoms or been subject to investigations that lead to a diagnosis of cancer (covered or excluded by the insurance certificate), regardless of the date the diagnosis is made; or**
- **Received a diagnosis of cancer (covered or excluded by the insurance certificate).**

Furthermore, we will not pay any benefits in the following cases:

- **Lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumours classified as Ta**
- **Malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis**
- **Any non-melanoma skin cancer, without lymph node or distant metastasis**
- **Prostate cancer classified as T1a or T1b, without lymph node or distant metastasis**
- **Papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis**
- **Chronic lymphocytic leukemia classified less than Rai stage 1**
- **Malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than American Joint Committee on Cancer (AJCC) Stage 2**

For the purposes of this certificate, the terms "Tis, Ta, T1a, T1b, T1 and AJCC Stage 2" are to be applied as defined in the American Joint Committee on Cancer (AJCC) Cancer Staging Manual (7th edition, 2010).

For the purposes of this certificate, the term "Rai staging" is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: "Clinical staging of chronic lymphocytic leukemia", Blood 46:219, 1975.

Consult section 8 to read about the other critical illness insurance exclusions.

5.2 What we mean by heart attack

To be covered by this certificate, a heart attack must meet the following definition: definite diagnosis of a heart attack resulting from the death of a segment of the heart muscle due to obstruction of blood flow, that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart attack symptoms
- New electrocardiogram (ECG) changes consistent with a heart attack
- Development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty

The diagnosis of heart attack must be made by a specialist (see the definition of "specialist" in subsection 5.1).

SPECIMEN

5.2.1 CAUTION- Exclusions regarding heart attacks

We will not pay any benefits in the following cases:

- **Elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;**
- **ECG changes suggesting a prior myocardial infarction, which do not meet the criteria for a heart attack as set out in this certificate.**

Consult section 8 to read about the other critical illness insurance exclusions.

5.3 What we mean by stroke

To be covered by this certificate, the stroke must meet the following definition: definite diagnosis of an acute cerebrovascular accident (CVA) caused by intra-cranial thrombosis or haemorrhage, or embolism, with:

- Acute onset of new neurological symptoms; and
- New objective neurological deficits on clinical examination.

persisting for more than 30 consecutive days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing showing changes that, by their characteristics, location and timing, correspond to new neurological deficits.

The diagnosis of stroke must be made by a specialist (see the definition of “specialist” in subsection 5.1).

For the purposes of the certificate, neurological deficits must be detectable by a specialist and may include, but are not limited to, measurable hearing loss, measurable vision loss, measurable decline in neurocognitive function, objective loss of sensitivity, paralysis, localized weakness, dysarthria (pronunciation difficulties), dysphasia (language difficulties), dysphagia (difficulty swallowing), abnormal gait (difficulty walking), lack of balance, lack of coordination, or the appearance of seizures that are being treated. Headache and fatigue will not be considered neurological deficits.

5.3.1 CAUTION – EXCLUSIONS regarding strokes

We will not pay any benefits in the following cases:

- Transient ischaemic attacks
- Intracerebral vascular events due to trauma
- Ischaemic disorders of the vestibular system
- Tissue death of the optic nerve or retina without total loss of sight in the eye involved, or
- Lacunar infarcts which do not meet the definition of stroke as set out above

Consult section 8 to read about the other critical illness insurance exclusions.

5.4 Amount we pay if one of the critical illnesses covered is diagnosed

In the event of critical illness, we pay the Bank the insured balance as of the date on which the critical illness was diagnosed, plus any interest accrued since that date.

For critical illness insurance, the insured amount is the unpaid balance of the loan on the date on which one of the critical illnesses covered was diagnosed.

The insured balance does not include principal, interest or overdue premiums, under any circumstances.

The insured balance cannot be higher than the lesser of the following amounts:

- the life insurance amount chosen at enrolment; or
- the maximum amount set out for critical illness and accidental dismemberment insurance coverage ($150,000).

SPECIMEN

On a beautiful fall morning, Michael collapses while he is raking leaves in his backyard: he has had a stroke. He is quickly taken to the hospital and receives appropriate care. Fortunately, Michael survives! His physician prescribes a few months of convalescence so that he can recover as much as possible before resuming his regular activities. Since Michael made the right decision to sign up for critical illness insurance when his advisor raised the issue with him, he contacts us after being discharged from the hospital to make a claim.

How we determine the amount to pay for this claim:

Total loan amount at insurance enrolment	$28,000
Amount insured for critical illness and accidental dismemberment	$28,000
Loan balance on the date of the critical illness diagnosis	$24,000
Balance insured with critical illness insurance on the date of diagnosis	$24,000
Amount we pay	**$24,000**

IMPORTANT TO KNOW

Payment of the critical illness benefits terminates the critical illness and accidental dismemberment insurance for all insureds.

However, if the amount paid for critical illness does not pay back the entire amount insured with life insurance, the life insurance remains in effect for all insureds on the balance insured with life insurance on the date of diagnosis less the amount paid for critical illness and accidental dismemberment insurance.

If the payment of premiums is late on the date the critical illness is diagnosed, they are deducted from the amount we pay.

6. Accidental dismemberment insurance

6.1 What we mean by accidental dismemberment

Accidental dismemberment means to lose a limb or use of a limb, or to lose an eye or vision in one eye **further to an accident**. (See the definition of “accident” in subsection 5).

By “loss of a limb,” we mean:

- Total amputation at or above the wrist or loss of use of a hand or an arm
- Total amputation at or above the wrist or loss of use of a foot or leg
- Total and irrecoverable loss of sight in one eye

By “loss of the use of a limb”, we mean the total and irrecoverable loss of the limb in question, provided the loss continues for 12 consecutive months and is considered permanent.

The accident at the source of the dismemberment must occur while the insurance is in effect.

The loss or loss of use of a limb or an eye must be diagnosed by a specialist (see the definition of “specialist” in subsection 5.1).

6.2 Amount we pay in case of accidental dismemberment

In case of accidental dismemberment, we pay the Bank an amount equal to the percentage of the insured loan balance calculated on the date of the accidental dismemberment diagnosis. The percentage is determined based on the loss suffered (see the table below).

For critical illness and accidental dismemberment insurance, the insured balance is the loan balance calculated on the date of the accidental dismemberment diagnosis.

It cannot be higher than the lesser of the following amounts:

- the life insurance amount selected at enrolment (the authorized amount or the loan balance), or
- the maximum amount set out for critical illness and accidental dismemberment insurance coverage ($150,000).

SPECIMEN

Percentages based on the loss suffered

Loss or loss of use	Percentage of insured balance
For each limb lost (including an eye)	25% (maximum 100%)
Both eyes	100%
Hemiplegia, quadriplegia or paraplegia	100%

Max loses an arm further to a work accident. Since Max has critical illness and accidental dismemberment insurance, he contacts us to make a claim. We will pay the following amount:

Total loan amount at insurance enrolment	$28,000
Amount insured for critical illness and accidental dismemberment	$28,000
Loan balance on the date of the accidental dismemberment diagnosis	$19,000
Balance with critical illness and accidental dismemberment coverage at the time of the diagnosis	$19,000
Amount we pay	**$4,750**
(Insured balance X 25%)	**($19,000 X 25%)**
Remaining insured balance with life insurance	**$14,250**

IMPORTANT TO KNOW

In certain situations, we can pay the accidental dismemberment benefits AND the disability benefits for the same event (e.g., if the accidental dismemberment leads to the disability).

If the amount paid for the accidental dismemberment does not pay back the entire amount insured with life insurance, the life insurance remains in effect for all insureds on the insured balance on the life insurance less the amount paid for accidental dismemberment. (see example in subsection 6.2).

The total amounts paid for dismemberments resulting from one or several accidents and for a critical illness cannot exceed the maximum amount payable of $150,000, nor the amount insured with life insurance.

7. Disability insurance

7.1 What we mean by disability

“Being disabled” or “being on disability” means that you are unable to perform the usual duties of your job for medical reasons. If you are unemployed, you are disabled if your physical or psychological health prevents you from doing normal activities for someone your age.

The disability must:

- be certified by a physician practicing in Canada or the United States;
- result from an illness or an accident suffered while the insurance is in effect, and
- require ongoing medical care deemed satisfactory by the insurer.

(See the definition of an accident and an illness in subsection 2.2.2.)

Conditions to be entitled to disability benefits

- Your disability must continue for at least 60 consecutive days. We will not pay any benefits during this period, which is the waiting period.

Note: An attempted return to work of a day or less during this period does not lead to a new waiting period.

- During your disability, you cannot engage in any activity for which you receive financial compensation, regardless of how much it may be. Otherwise, we will refuse your claim and terminate benefits.
- You will have to reimburse any surplus benefits paid to you if you return to work before the end of the period covered by the amount paid.

SPECIMEN

7.2 CAUTION– EXCLUSIONS specific to disability

In addition to the exclusions indicated in section 8, we do not pay any benefits for a disability that results directly or indirectly from the following conditions:

- **Alcoholism or drug addiction, unless these conditions are treated with a closed treatment program**
- **Exclusions specific to the insured (if applicable), if we accept to insure you despite your medical history, medical condition, or travel to certain countries, by adding an exclusion with a rider.**
- **Pregnancy: normal pregnancy.**
- **Back problems: back pain (dorsalgia), neck pain, or lower back pain (lumbago), which is only evidenced by the pain you feel and for which no objective diagnosis is possible, other than a diagnosis of normal arthrosis due to your age**
- **Cosmetic care: Cosmetic treatment or surgery**

Consult section 8 to read about the other disability insurance exclusions.

7.3 Amount we pay in case of disability

In case of disability, we pay the Bank an amount equivalent to the insured loan payment on the disability start date, including the insurance premium.

For disability insurance, “insured payment” means the loan payment amount at the time your disability begins. This amount includes the repayment of principal and interest. Although insurance premiums are not part of the insured payment, we reimburse them to you in the event of a claim. However, they are not taken into account when calculating the maximum insured amount for disability insurance.

Payment amount	$445/month
Insured payment	$445/month

The insured payment cannot be higher than the stipulated maximum of $2,000 per month.

If a disability period is not as long as the period covered by a payment, we calculate the amount to be paid based on the number of days of disability.

Omar works in construction. He developed tendinitis in one of his shoulders and had to stop working for 3 months and 18 days. We calculated the amount to be paid for Omar's disability as follows, taking into account the 60-day waiting period.

Loan payment	$445/month
Insured payment	$445/month
Amount for the number of days of disability not part of a period covered by a payment (18 days)	($445/30) x 18 = $267
Total for 1 month and 18 days	$445 + $267 = $712
Amount we pay	**$712**

7.4 We maintain benefits if you refinance your loan during a disability

In the case of a refinancing (i.e., when you increase your loan amount) while you are on disability, we will pay the payment that was insured before the refinancing (without exceeding the maximum disability coverage amount stipulated in the new certificate and without exceeding the amount of the new loan payment). The benefits paid before the refinancing are calculated for the maximum benefit payment period related to the new insurance.

See subsection 7.5 for the maximum benefit payment period and section 11 for refinancing details.

7.5 We pay benefits during a limited period

For the full term of the loan and all insureds, we pay up to a maximum of 48 months of cumulative payments.

For a single disability, we pay up to a maximum of 24 months of consecutive payments.

SPECIMEN

7.6 We cease paying disability insurance benefits in certain situations

Benefits cease when the earliest of the following events occurs:

Activities with financial compensation: When you engage in an activity for which you receive financial compensation, except if it is an attempted return to work of one day during the waiting period.

Maximum age: The last day of the month in which you turn 70.

Death: If you die or if we reimburse the insured loan balance due to the death of another insured.

End of disability: The date on which you are no longer disabled, based on the definition set out in this certificate.

Loan expiry: The date on which the loan is closed.

Critical illness or accidental dismemberment: We reimburse the amount insured with life insurance in full in case of a critical illness diagnosis or accidental dismemberment.

Maximum period: When we reimburse your insured loan payment for 24 months for a single disability, or 48 months for all insureds for the entire term of the loan.

Medical evidence not provided: If we do not receive the supporting documents we request within a reasonable timeframe (maximum of 1 year starting when the disability starts or our last communication, as applicable), and whether this is during the disability or at the beginning, or that you refuse to undergo a medical examination or assessment by a rehabilitation consultant as we requested.

Return to work: The date on which you return to work part-time, full-time or gradually, or on temporary assignment, whether to carry out your normal duties for your job or any other job, including light work, unless it is an attempted return to work of one day during the waiting period.

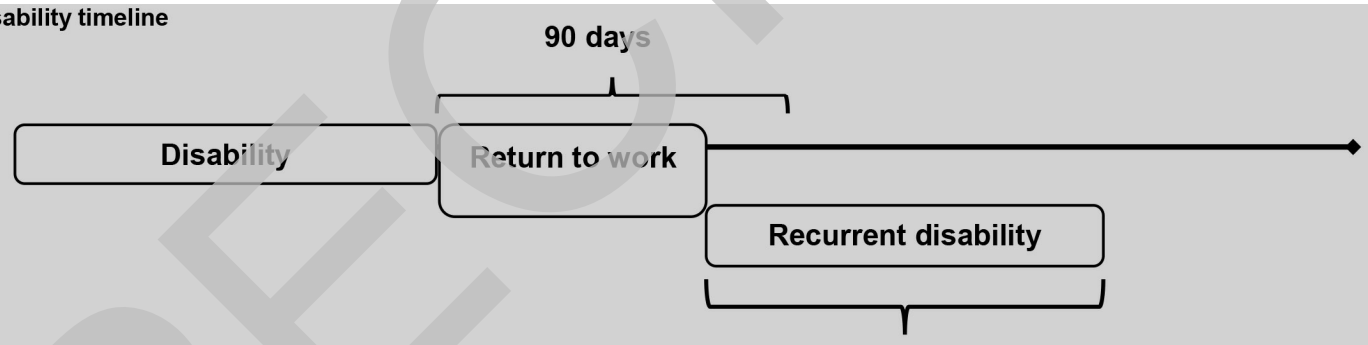
7.7 We can resume payment of disability insurance benefits if you once again become disabled (recurrent disability)

The following 3 conditions must be met for us to resume repaying your insured loan payment:

1. The recurrent disability must occur within 90 days of your return to work or of normal activities for a person your age;
2. The relapse of this recurrent disability must be due to the same cause; and
3. You must be on leave of absence for at least 7 consecutive days.

Furthermore, you must provide us with medical evidence (e.g., a form completed by your attending physician). Claim requests for recurrent disability are subject to the same process as new claims.

Recurrent disability timeline



If your recurrent disability meets all the criteria, we will start reimbursing your insured loan payment as we did before your return to work or to normal activities for a person your age.

Because it is the same disability, the duration of the recurrent disability is added to the previous disability to calculate the maximum period of 24 months and there is no waiting period.

You must present a new claim request if:

- over 90 days have elapsed since your return to work or to normal activities for a person your age; or
- if your new disability occurs less than 90 days after your return to work and is attributable to another cause.

This new disability must continue for 60 days for us to assess the request and consider benefits (waiting period).

SPECIMEN

7.8 We can terminate your disability coverage if you receive a permanent disability diagnosis

This avoids you having to pay premiums for coverage that no longer provides benefits. If this situation occurs, your life insurance and, if applicable, your critical illness and accidental dismemberment insurance, remain in effect.

8. CAUTION – General EXCLUSIONS

Specific exclusions for each type of coverage are set out in subsections 4.2, 5.1.1, 5.2.1, 5.3.1 and 7.2.

The following exclusions concern life insurance, critical illness and accidental dismemberment insurance as well as disability insurance.

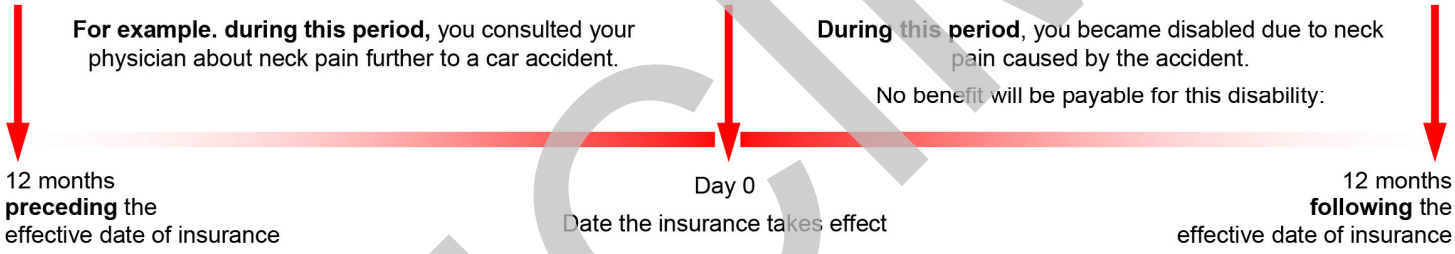
Pre-existing conditions

We do not pay any benefits if the death, critical illness or disability occurs within 12 months of the insurance effective date, and that you have shown signs or experienced symptoms, contracted an illness, suffered an injury or from any other related cause, and that for this reason you have:

- **consulted or received treatment from a physician or other professional who is a member of a health care association or organization, or were referred for consultation or treatment purposes;**
- **were subject to an examination or referred for an examination;**
- **took medication or had medication prescribed to you; or**
- **were hospitalized.**

Over the 12 months preceding the insurance effective date, whether there is a direct or indirect link between this pre-existing condition or illness and death, critical illness or disability.

Example of pre-existing condition clause timeline



In addition, we do not pay any benefits when death, critical illness, accidental dismemberment or disability occurs under one of the following circumstances or if it is directly or indirectly related to one of the following circumstances:

> **Criminal offence: If you participate in a criminal offence or attempt to commit such an offence.**

> **Air travel: If you actively participate in a flight in any type of craft which can climb and fly such as, but not limited to: an airplane, helicopter, glider or hot air balloon, whether as pilot, crew member, instructor or student.**

> **Riot: If you actively participate in a civil uprising, riot or insurrection.**

> **Exclusion specific to the insured issued upon enrolment (if applicable):** further to examining your insurance application and based on the answers you provided, we may offer to insure you while excluding:
>
> - certain medical conditions (back problems, neurological or musculoskeletal disorders);
> - events that may arise during foreign travel; or
> - any other condition deemed overly risky.

> **War: During a war or any act of war, whether or not you participated in it, unless you were acting as a member of the Canadian Forces or Canadian Forces Reserve.**

> **Drugs: If you use narcotics or other medication, and exceed the dosage recommended by a physician or use drugs without a medical prescription.**

> **Attempted suicide or self-inflicted injury: If you attempt suicide or injure yourself deliberately, regardless of your mental state at the time.**

Terrorism: If you commit or attempt to commit an act of terrorism.

SPECIMEN

9. Duration of insurance

9.1 Start

The insurance will take effect on the later of the following dates:

> the date the insurance application was signed; or

> the date the loan was disbursed.

9.2 End

In addition to the situations terminating the insurance which are described in this certificate, the insurance is terminated by one of the following events:

> **Maximum age:** The last day of the month in which you turn 70.

> **Cancellation**: The date on which you request cancellation of your insurance by phone, or the date on which the cancellation request is received at our offices.

> **Death**: If we reimburse the insured loan balance further to a life insurance claim.

> **Loan expiry:** The date the loan was closed.

> **Critical illness or accidental dismemberment**: If we pay insurance benefits for a critical illness or accidental dismemberment and these benefits reimburse the entire amount insured with life insurance.

> **Non-payment of premiums**: Loan payments are overdue by more than 3 months, or premiums if they are not included in the payment.

IMPORTANT TO KNOW

Critical illness and accidental dismemberment insurance as well as disability insurance are automatically terminated when life insurance ends.

10. Cost of insurance and payment of premiums

10.1 The cost of your insurance depends on several factors.

Your premium rate is determined based on:

> your age when the insurance application was signed;

> the amount of your loan at enrolment.

Different rates apply for each type of coverage. You will find a detailed rate table in subsection 10.3.

A 10% discount is applied on insurance premiums when there is more than one insured for life insurance, critical illness and accidental dismemberment coverage.

This does not include tax on insurance depending on the Canadian province where you reside. Tax rates can be viewed on the website nbc.ca.

10.2 Your insurance premiums are collected separately from your personal loan payments

Insurance premiums are collected at the same frequency as payments. This means that 2 transactions will be carried out the same day.

IMPORTANT TO KNOW

Your total insurance premiums are made up of premiums for each coverage in which you are enrolled.

Life insurance as well as critical illness and accidental dismemberment insurance remain fixed for the entire term of the loan.

Disability insurance premiums can change if you change your payment amount.

10.3 Monthly premium rates for personal loans

Note: We reserve the right to modify the premium pricing schedule at any time. The new schedule will then apply to all insureds.

The rates set out in this certificate are monthly rates.

SPECIMEN

	LIFE (per $1,000 of the insured balance)	CRITICAL ILLNESS AND ACCIDENTAL DISMEMBERMENT (per $1,000 of the insured balance)	DISABILITY (per $10 of the insured payment)
Age 18-25	$0.26	$0.29	$0.34
Age 26-30	$0.26	$0.40	$0.39
Age 31-35	$0.26	$0.40	$0.42
Age 36-40	$0.32	$0.49	$0.46
Age 41-45	$0.41	$0.54	$0.52
Age 46-50	$0.52	$0.80	$0.67
Age 51-55	$0.69	$1.34	$0.89
Age 56-60	$0.92	$1.73	$1.24
Age 61-64	$1.18	$2.31	$1.64
Age 65-69	$1.18	$2.31	$1.64

*Applies to renewals only.

10.3.1 Sample premium calculation

Anne is 28 years old and wants to buy furniture for her first apartment.
She takes out a $18,000 personal loan and signs up for life insurance and disability insurance coverage.
The monthly payment will be $315. Her apartment is in Quebec where tax on insurance is 9%.

Here's how her insurance premiums will be calculated.

Life insurance
(Amount/1,000) X Premium rate X Tax
($18,000/1,000) X $0.26 X 9% =**$5.10**

Disability insurance
(Payment/10) X Premium rate X Tax
($315/10) X $0.39 X 9% =**$13.39**

Anne's total insurance premium will be $18.49 per month.

10.4 We reimburse the premiums collected in certain situations

In addition to the specific situations set out in this certificate, we will reimburse any excess premiums collected.

You can request your premiums be reimbursed by phone or in writing. We will analyze your request and if we have indeed collected excess premiums, we will reimburse you for these premiums.

11. You must sign a new insurance application for a refinancing

Refinancing a loan means increasing the amount.

When you refinance your loan, you must sign a new insurance application to enable us to assess if we are still able to insure you for this new amount. The insurance for your current loan is then terminated, and the conditions of the new application apply:

- Premiums are calculated based on your age at the time of refinancing and the new loan amount.
- Restrictions and exclusions that involve a duration (e.g., suicide and pre-existing conditions) are reset to zero.

11.1 During a refinancing, we may recognize your previous insurance if you are not insurable or not eligible

If you are over 64 at the time of the refinancing, you are not eligible for insurance. If you are 64 or younger, you are eligible. However, a change in your health may prevent us from insuring you again.

Fortunately, there is a solution!

If the new application is refused because of your health, or if you are not eligible because of your age, we will insure you with the conditions of the insurance certificate in effect at the time of the new application (age, premium rate, exclusions, etc.) for the insured loan balance **before the refinancing**. We call this: recognition of previous insurance.

There are no steps to take. When we receive your new insurance application, we will review it and notify you in writing if we are able to recognize your previous insurance.

SPECIMEN

11.1.1 Recognized insurance amount

For life insurance as well as critical illness and accidental dismemberment insurance, the recognized insurance amount is the ratio (%) obtained by dividing the loan amount insured with life insurance before the refinancing by the total amount of the new loan.

For disability insurance, the insured payment is obtained by applying the same ratio (%) to the insured loan payment after the refinancing.

The recognized insurance amount cannot be higher than the maximum amount set out for each type of coverage.

Ronaldo and Anastasia refinance their loan to make new renovations to their cottage.

When we receive Ronaldo's insurance application, we notice that his health status has changed since his previous application and we therefore cannot grant him insurance on his new loan.

However, we can recognize the insurance on the previous loan.

Here's how the recognized insurance amount is determined

	Before the refinancing	After the refinancing
Insured loan amount	$17,500	$25,000
Ratio of insurance recognized for life insurance	$17,500/$25,000 = 70%	

Ronaldo will therefore be insured for 70% of the amount of the new loan (or the loan payment, for disability insurance), calculated on the date of the event.

Recognition of previous insurance remains conditional on the accuracy of the information you provided when you submitted the first insurance application (on the previous loan). If certain details lead us to believe that the first insurance was granted with incorrect information, we could retroactively cancel the insurance and refuse a claim.

IMPORTANT TO KNOW

If you refinance a loan from another institution with the Bank, you must meet our eligibility and insurability criteria, and complete an insurance application. In case of refusal, we do not recognize the insurance held with another institution or another insurer.

12. You have the right to terminate your loan insurance at any time

12.1 You can call or write to us

To terminate your insurance:

- Call our customer service at 1-877-871-7500; or
- Write to us at:
  National Bank Life Insurance
  800 Saint-Jacques Street, office 16701
  Montreal, Quebec H3C 1A3

12.2 We will not reimburse any premiums if you terminate your insurance more than 30 days after enrolment

Your insurance will be cancelled on the later of the following dates:

- the date on which you indicate to us your intention to terminate the insurance;
- the date on which we receive your written request;
- the date on which you ask to have the insurance terminated, if you request it in advance.

We will not reimburse any premiums if you terminate your insurance, except for the reasons set out in this certificate.

13. How do I make a claim and what happens then?

13.1 Timeframe to make a claim

You must notify us quickly if you receive a diagnosis of critical illness or accidental dismemberment, or if you are in a disabled state for a period of more than 60 days. If you die, your estate will need to contact us.

We will send you forms to complete to make your claim. You must return them to us, completed and signed, along with the required supporting documents, if applicable, within the following timeframes:

SPECIMEN

Deadlines for providing all claims documents and supporting documents

Critical illness, accidental dismemberment, disability	1 year from the diagnosis of critical illness, or accidental dismemberment, or the start of the disability. If you exceed this timeframe, you will no longer be entitled to receive benefits.
Life insurance	As soon as it is reasonably possible to do so.

To find out about the procedure, call our customer service at 1-877-871-7500. You can also consult our website at www.nbc-insurance.ca/claims.html.

13.2 We process and pay the benefits to National Bank within 30 days

We will process your request within 30 days of receiving the completed form and all required supporting documents.

If all the certificate conditions are met and we accept your claim, we will pay the benefits to the Bank within the same timeframe of 30 days.

13.3 We pay one set of benefits at a time

- For life insurance and critical illness insurance, we pay the amount once for the entire term of the loan.
- If 2 insureds are on disability at the same time, we will first pay the benefits for the disability leave expected to be the longest. If the first disability ends and the second insured is also entitled to benefits, we will continue the payment of the insured loan installments.
- If an accidental dismemberment occurs simultaneously for more than one insured without it being possible to determine which of the insureds suffered the loss first, we will first pay the higher amount. If there is still an insured balance to reimburse on the loan, we will pay the following amounts, if applicable, until the balance insured with life insurance is refunded in full or the maximum insurable amount of $150,000 has been reached.

13.4 We adjust the premium rate in cases of incorrect declaration of age

If your age has been incorrectly declared, we will adjust premiums based on the set rate for your age when the insurance application was signed. If excess funds have been collected, we will reimburse you; if it is a shortfall, the amount will be deducted from the amount to be paid for your claim.

If your actual age exceeds the age at which your insurance ends, we will not pay any benefits and we will reimburse you all the excess premiums you paid after having turned the maximum age.

13.5 What you can do if you disagree with our decision about a claim

To contest a decision that we made as part of your claim request, you must contact us. You can also send us any document that could justify any review of our decision.

If we have not responded to your complaint, or if you are still not satisfied and want to continue with the process, you may at your discretion and at the same time:

- request a review of your file; or
- consult your legal advisor; or
- contact one of the following organizations:

Residents of the province of Quebec

Contact the Autorité des marchés financiers (AMF).

The contact information for the AMF is available in the Autorité des marchés financiers - contact information below.

Residents of other provinces

Contact:

OmbudService for Life & Health Insurance (OLHI)

Toll-free: 1-888-295-8112

(Across Canada) or 416-777-9002 (in Toronto)

Website: olhi.ca

SPECIMEN

14. Additional information

14.1 You or the Bank can obtain a copy of the documents that make up your insurance file

Upon request, you or the Bank can obtain a copy of the policy, certificate, insurance proposal as well as any statement or document sent as evidence of insurability. Contact our customer service; one of our representatives will be happy to help you.

14.2 No dividends from surplus or profits

This insurance does not entitle you to receive any dividends from the surplus or profits we may declare.

14.3 Designation of beneficiary

This insurance certificate includes provisions revoking or restricting the right of the person covered by life insurance to designate beneficiaries to whom or for whose benefit insurance money is to be payable.

14.4 Limitation of actions– Specifics based on your province of residence

Residents of Alberta, British Columbia and Manitoba

Every action or proceeding against the insurer for the recovery of insurance money payable under the agreement is absolutely barred unless commenced within the timeframe set out in the Insurance Act.

Residents of Ontario

Every action or proceeding against an insurer for the recovery of insurance amounts payable under the agreement must be commenced within the timeframe set out in the Limitations Act, 2002 and its amendments.

Residents of New Brunswick

No action or procedure for recovery of a claim under the terms of this agreement can be brought against the insurermore than one year after the date on which the insured amounts became payable or would have become payable if the claim had been valid.

Residents of the province of Quebec

Every action or proceeding against the insurer for the recovery of insurance amounts payable under the terms of the agreement must be commenced within 3 years.

Residents of other provinces

For applicable limitation periods, consult your provincial regulatory body or your legal advisor.

14.5 Notice concerning the MIB, LLC.

Your insurability information will be treated in a confidential manner.

However, the insurer or its reinsurer may make a brief report thereon to MIB, LLC a non-profit membership corporation of life insurance companies, which operates an information exchange on behalf of its members.

Upon request by a member insurance company to which you have applied for life or critical illness insurance coverage, or to which a claim is submitted, the MIB, LLC will supply such company with the information on its file. Upon receipt of a request from you, the MIB, LLC will arrange disclosure of any information it may have on file.

If the information in the MIB, LLC's files seems incorrect, you can ask for it to be corrected by writing to them at MIB, LLC, 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, United States. Phone: 1-866-692-6901.

The insurer may also disclose information from its files to other life insurance companies to which you may apply for life or health insurance or to which a claim for benefits may have been submitted.

For more information on the MIB, LLC, consult the mib.com website.

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14.6 Collection, use and disclosure of your personal information

The insurer collects, uses and discloses your personal information to:

- Confirm your identity
- Provide the loan insurance requested
- Prevent fraud, manage risk and comply with laws
- Help the insurer improve and develop its products and services and better understand its clients
- Enable the insurer, National Bank of Canada or its subsidiaries, to present offers and other promotional material from business partners, unless you choose not to receive them
- Any other purpose set out in the Privacy Policy of National Bank and its subsidiaries available at https://www.nbc.ca/privacy-policy.html. The policy mentions, among others, which information the Insurer collects, to whom it is communicated, and how it is used and stored, what your options and rights are, and how to manage your consent.

In order to verify your insurability for loan insurance, the Insurer may also collect information from any doctor, hospital, clinic, paramedical firm, service provider, agent, insurance company, or any other organization that holds information on you or your health status, including MIB, LLC, an organization that maintains a database of applicant information that insurers may consult as part of their underwriting insurance or a claim (see Notice concerning MIB, LLC).

In addition, the Insurer may also disclose any information about your health or other relevant information about you to MIB, LLC or its reinsurers.

Your personal information will be kept by the Insurer and its subsidiaries for a reasonable period of time following the end of the business relationship to comply with their legal obligations.

National Bank Life Insurance has implemented a series of measures to preserve the confidentiality of personal information.

We have put together an insurance file containing any personal information obtained in connection with your insurance application as well as information about any insurance claim under this insurance. Only employees or agents responsible for underwriting, administration, investigations and claims or the reinsurer, where applicable, have access to this file. All files are kept at our offices.

All persons authorized to do so (such as yourself or any person you authorize) may consult the personal information contained in the file and, if need be, request corrections by writing to:

National Bank Life Insurance Company, Access to Personal Information Officer, 800 Saint-Jacques Street, office 16701

Montreal, Quebec H3C 1A3.

For more information, consult our privacy policy nbc-insurance.ca/confidentiality.html.

15. Complaint handling

The client experience is our top priority.

No matter what you have to say, we're here to listen and provide assistance.

If the service you received didn't live up to your expectations, go to our website at www.nbc-insurance.ca/your-opinion.html to find out about our complaint handling process, file a complaint and obtain our complaint handling procedure or contact our customer service department:

Montreal: 514-871-7500

Toll-free: 1-877-871-7500

16. Autorité des marchés financiers contact information (province of Quebec only)

For any additional information about the obligations of the insurer and distributor toward you, contact the Autorité des marchés financiers (AMF):

Autorité des marchés financiers

Place de la Cité, Cominar Tower
2640 Laurier, 4th Floor
Quebec City, Quebec G1V 5C1
Quebec City: 418-525-0337
Montreal: 514-395-0337
Elsewhere in the province of Quebec: 1-877-525-0337
Fax: 1-877-285-4378
lautorite.qc.ca

No one may amend this certificate of insurance. All amended forms will be considered null and void. National Bank of Canada employees may at no time act as authorized agents of National Bank Life Insurance for the administration of these group insurance policies.

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