NATIONAL BANK INSURANCE

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

INSURANCE APPLICATION FOR CONSUMER LOAN – PERSONAL LOAN WITH MORTGAGE SECURITY

Life, disability
No. 70004-06 (2019-12-09)

❒ New request
❒ Adding a protection
❒ Refinancing: Previous Loan No.: _____
❒ Adding an insured

LOAN INFORMATION

Client 1 No.

Client 2 No.

Transit

Loan No.

$ _____
Authorized amount or loan balance as at insurance application date

Disbursement date (YYYY MM DD)

IDENTIFICATION

Client 1

Last name

First name

Sex:
❒ M
❒ F

Date of birth (YYYY MM DD)

E-mail

Address (No., street, apt., city, province and postal code)

Client 2

Last name

First name

Sex:
❒ M
❒ F

Date of birth (YYYY MM DD)

E-mail

Address (No., street, apt., city, province and postal code)

ELIGIBILITY

When applying for insurance, you must, at the time of application:

Life insurance

- Be between 18 and 64 years old **and**
- Be a resident of Canada or the United States **and**
- Be a borrower, co-borrower, guarantor or endorser.

Disability insurance

- Have signed up for life insurance **and**
- In the past four (4) weeks, have completed at least 60 hours of remunerated work, or, if you are self-employed, have generated a gross income of at least $10,000 during the fiscal year prior to signing the application.

  If you are receiving or expecting to receive income replacement payments, you are not eligible for disability insurance.

Client 1

Present employer's name

Employed since (YYYY MM DD)

Client 2

Present employer's name

Employed since (YYYY MM DD)

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APPLICATION - WAIVER - INELIGIBILITY

Client 1	I request	I waive	I am not eligible for
Life insurance	❒	❒	❒
Disability insurance	❒	❒	❒

Date (YYYY MM DD) _____ X _____ Client 1 signature

Client 2	I request	I waive	I am not eligible for
Life insurance	❒	❒	❒
Disability insurance	❒	❒	❒

Date (YYYY MM DD) _____ X _____ Client 2 signature

No representative of National Bank of Canada nor any other person may amend this insurance application.
All amended forms shall be considered null and void.

If the total of insured loans of the same type is $200,000 and more, complete **ADDITIONAL INFORMATION** only. If the total of insured loans of the same type is $25,000 and more and less than $200,000 or if the person insured is aged 55 or older, complete **HEALTH DECLARATION.**
If the total of insured loans of the same type is less than $25,000 and you are under 55 years of age, you are automatically insured, complete **ADDITIONAL INFORMATION.**

HEALTH DECLARATION

	Client 1		Client 2	
	Yes	No	Yes	No
a) In the past three (3) years:				
• Have you, for any of the following health problems, consulted a health care professional, undergone a medical exam or follow-up, suffered or been diagnosed or are you currently being tested or treated for:	❒	❒	❒	❒
- heart disease or circulatory disorders - chest pains or angina - blood disorders including cholesterol - blood pressure disorders - tumours or cancer - muscular dystrophy - multiple sclerosis - Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or any other disease or disorder of the immune system - lung disease or respiratory problems - digestive problems - liver disorders - intestinal disorders - kidney disease - urinary tract disorders - genital or breast disorders - neurological disorders (including the carpal tunnel) - diabetes or glucose intolerance - psychiatric or psychological disorders (such as depression, anxiety, overwork, professional burnout, etc.)				
and for any of the following problems only if I am applying for disability insurance: - fibromyalgia or chronic fatigue syndrome - muscle, joint or bone problems (such as sprains, tendonitis, bursitis, capsulitis, etc.) - neck, back or spinal column disorders				
• **Have you ever used drugs without a medical prescription, or have you received treatment or joined a rehabilitation program because of your alcohol consumption or have you been advised by a health care professional to reduce your consumption of alcohol?**				
b) In the past three (3) years, have you been confined to a hospital due to an accident or illness for more than 48 consecutive hours?	❒	❒	❒	❒
c) In the past three (3) years, have you applied for life or health insurance that was subject to an additional premium or refused or issued with a restriction?	❒	❒	❒	❒

If the total of all insured loans is $25,000 and more but under $200,000 and you answered *No* to all the questions in the *Health Declaration*, your application will be automatically approved, subject to the accuracy of the information provided.

ADDITIONAL INFORMATION (To be completed by all clients)

A representative of the Insurer might contact you. Please indicate the best time and telephone number at which to reach you.
If a detailed questionnaire is required, you may choose the desired language. Please indicate your preference:

Client 1 Choice of language: _____

❒ Day _____ Telephone No. _____ Ext.

❒ Evening _____ Telephone No. _____ Ext.

Client 2 Choice of language: _____

❒ Day _____ Telephone No. _____ Ext.

❒ Evening _____ Telephone No. _____ Ext.

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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 the Access to Personal Information Officer by writing to 800 St-Jacques Street, Suite 16701, Montreal, Quebec H3C 1A3.

DECLARATION AND AUTHORIZATION

I CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING THE HEALTH DECLARATION, IS TRUE. I UNDERSTAND that any ommission or false declaration concerning this application will automatically result in the cancellation of my insurance.

I AGREE to be bound by all the provisions of the group insurance policy and I AUTHORIZE the Insurer and National Bank of Canada to use my Social Insurance Number for administrative purposes.

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 with mortgage security 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 avec garantie hypothécaire. JE CONFIRME avoir reçu cette version.

I UNDERSTAND that any insurance benefits payable under said group insurance policy shall be paid to National Bank of Canada to be applied against the insured portion of my outstanding debt.

I UNDERSTAND that during the period in which evidence of insurability must be provided to the Insurer and **before receipt by the Insurer of all tests or medical forms required by it, benefits shall be payable only if the death or disability results from an accident and occurs within the first 120 days of the date on which premium payments start. This time period is 90 days if any evidence of insurability was never submitted.**

I AUTHORIZE National Bank of Canada to collect the insurance premium amount using the method applicable to the type of loan covered by this application.

I HEREBY AUTHORIZE any physician, medical practitioner, hospital, clinic, paramedical firm, service provider, agent, insurance company, the MIB, LLC or other organization or institution that has any information about me or health status, to exchange information with the National Bank Life Insurance Company or its reinsurers. I AUTHORIZE the Insurer or its reinsurers to disclose any information regarding my health status or other relevant information pertaining to me to the MIB, LLC.

I AUTHORIZE National Bank Life Insurance Company to use any information it has on my account, including information from closed files. This authorization is valid for the period required to achieve the ends for which it was requested. A photographic copy of this authorization shall be as valid as the original.

I AUTHORIZE the Insurer and National Bank of Canada to use my social insurance number for tax purposes and to process my claims.

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 CERTIFY that 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 CONFIRM that 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 my personal information to MIB, LLC.

I UNDERSTAND THAT THIS INSURANCE IS OPTIONAL. I ACKNOWLEDGE HAVING RECEIVED AND READ ALL THE PROVISIONS OF THIS INSURANCE APPLICATION AND THE CERTIFICATE OF INSURANCE, INCLUDING THE RESTRICTIONS AND EXCLUSIONS. I ACKNOWLEDGE HAVING RECEIVED THE SUMMARY, AND IN QUEBEC ONLY, THE FACT SHEET. I CHOOSE THE COVERAGE(S) UNDER THIS INSURANCE THAT BEST SUITS MY SITUATION AND FINANCIAL NEEDS.

PRE-AUTHORIZED DEBIT APPLICATION – PAYOR PAD AGREEMENT

☒ Personal ☐ Business

Withdrawal authorization (frequency and amount of debits): I, the undersigned, authorize the Insurer, its successors, potential transferees or assigns, to carry out, effective immediately, personal pre-authorized debits (PADs) on my account held at the financial institution designated below, at the same time as loan payments, as determined by the undersigned.

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

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

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

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

Reimbursement: I have certain recourse rights if a debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Personal PAD Agreement. For more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Consent to the disclosure of information: I agree and understand that the information contained in my pre-authorized debit application will be disclosed to the financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of regulations related to pre-authorized debits.

PAYMENT AUTHORIZATION AND INFORMATION ABOUT THE ACCOUNT

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

Account No. | Transit | Institution No.

Payee of pre-authorized debit
National Bank Life Insurance Company
800 Saint-Jacques Street, office 16701, Montreal, Quebec H3C 1A3
Telephone: 1-877-871-7500 Fax: 514-394-6604

Date (YYYY MM DD) | X Client 1 signature | Date (YYYY MM DD) | X Client 2 signature

DECLARATION OF WITNESS

I declare that I was present at the completion of this application, and witnessed all signatures, and that I have given the Certificate of Insurance to the Insured and, in Quebec only, I have given a copy of the Summary.

Date (YYYY MM DD) | X Employee's signature | Employee's first and last name

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Your Certificate of Insurance

Life Insurance, Disability Insurance

PERSONAL LOAN WITH MORTGAGE SECURITY

This certificate attests that all persons who meet the eligibility conditions are insured in accordance with the terms, conditions and provisions of the applicable group insurance Policy, subject to:

- the accuracy of the information provided on the application form;
- the payment of premiums;
- the Insurer's approval of the evidence of insurability, when required.

Any concealment or false declaration on the part of the Insured could result in the cancellation of the insurance.

The Insurer reserves the right to amend the premium pricing schedule at any time. If applicable, the new schedule will apply to all Insureds of this group insurance Policy.

Enrolment in the insurance is optional and the insurance can be cancelled at any time. If the Insured requests to cancel the insurance within 30 days of the date on which the Application was signed, the Insurer will reimburse any premiums paid, if applicable, and the insurance will have never come into effect.

SECTION 1. DEFINITIONS

Accident: Bodily injury, certified by a physician, resulting solely and directly from sudden, external, violent and involuntary causes.

Bank: National Bank of Canada.

Disability: A state of incapacity which prevents the Insured from carrying out the normal duties of his occupation. The Disability must be certified by a physician, result from a Sickness or an Accident suffered while the person was insured and require continuing medical care. During the Disability, the Insured must not engage in any activity for which he receives monetary compensation. For any Insured who is unemployed at the start of his Disability, the state of incapacity is defined as one which prevents him from carrying out activities considered normal for a person of the same age.

Hospitalization: Any period of confinement of at least 48 consecutive hours, following admission to an institution recognized as a hospital in Canada or the United States.

Insurance Application: The Insurance Application form of the Insurer duly completed and signed by the applicant.

Insured: Anyone who has signed an Insurance Application, has applied for insurance, is eligible and has received an insurance certificate.

Insured Amount: The amount chosen by the Insured on applying for coverage as indicated in the Insurance Application, or the Loan balance at the time of the Insured Event if it is lesser while still not exceeding the maximum insurable amount based on the insurance coverage requested in the Insurance Application.

Insured Event: Death or Disability in accordance with the applicable group insurance Policy.

Insured Payment: The amount payable, including principal, interest and any applicable loan insurance premium. The Insured Payment under no circumstances includes principal, interest or premiums past due at any given date.

Insurer: National Bank Life Insurance Company.

Loan: Personal Loan with Mortgage Security.

Policy: The group insurance Policy applied for in the attached Insurance Application, depending on the type of Loan insured.

Refinancing: Any change made to the Loan that results in a higher Loan balance.

Relapse: In the 90 days following the end of a Disability period covered by this Certificate of Insurance, any Disability which is due to the same cause and which persists at least 7 consecutive days is considered to be a continuation of the same Disability. Otherwise, any subsequent Disability is considered to be a new injury or illness and is subject to a Waiting Period.

Resident: Anyone who resides and is domiciled in Canada or the United States and who has lived there for 183 consecutive days during the 12 months prior to signing the Insurance Application.

Sickness: A deterioration in health requiring regular, continuing and curative medical care effectively provided by a physician or other professional belonging to a professional health care corporation. Such care must be considered satisfactory by the Insurer.

Waiting Period: The period following an Insured Event during which no benefit is payable.

SECTION 2. ELIGIBILITY

The applicant must satisfy the conditions listed in the "Eligibility" section of the Application and satisfy the Insurer's requirement with respect to his health. The Insurer may request, if necessary, that a physical examination, electrocardiogram, X-rays, blood tests, urine tests or any other tests, including the test to detect HIV (AIDS) and certain drugs or medication be conducted to assess the risk related to this application. Any fees incurred for a medical examination not required by the Insurer are payable by the Insured.

SECTION 3. EFFECTIVE DATE OF INSURANCE

The insurance will take effect on the later of the following dates: the date on which the Insurance Application is signed, or the date of the disbursement of the Loan.

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When evidence of insurability must be submitted to the Insurer and before all the tests or medical forms required by the Insurer are received, benefits are payable only if death or Disability results from an Accident and occurs within 120 days of the date on which premium payments start. This time period is 90 days if any evidence of insurability was never submitted. However, if the death occurs during the application study period and the applicant's application would have been accepted, the benefit will be paid. If the evidence of insurability submitted by an applicant is deemed unsatisfactory by the Insurer, no insurance will be granted to him. If the Insurer refuses to grant insurance coverage, any premiums paid by the applicant shall be reimbursed.

SECTION 4. MISSTATEMENT OF AGE

Age is determined according to the age of the Insured on his last birthday. If the age of an Insured is incorrectly stated, the benefit payable will be adjusted to the amount that would have been paid for the Insured's actual age according to the premiums effectively paid, without exceeding the benefits payable. If the age of the Insured exceeds the maximum age covered by the insurance, no benefit will be payable under said insurance. In such cases, the amount of premiums paid in excess, if applicable, shall be reimbursed.

SECTION 5. REFINANCING OF A LOAN

For the Refinancing of a Loan by the Bank, a new Application must be completed and submitted to the Insurer. The terms and conditions of the new insurance application, including all restrictions and exclusions, apply, i.e., premium rates, client's age and amount of the loan as at the date the new application is signed. However, if the Application is refused, the Insurer may, on receipt of a written request from the client within 90 days of the notice of refusal, maintain the insurance under the terms and conditions of the new Application (further to an analysis of the file and subject to the veracity of the information provided). The insurance amount maintained will be equivalent to the insured balance of the former Loan. For the Refinancing while the Insured is on Disability, the Insurer will pay the Disability benefits provided for before the Refinancing without however exceeding the amount of the new payment further to the Refinancing or the expiry/amortization period when the Disability began.

SECTION 6. LIFE INSURANCE BENEFITS

In case of death, the Insurer will pay the Bank the death benefit according to the following rules:

Personal Loan with Mortgage Security: Balance of Loan calculated at time of death, plus all accrued interest since the date of death. The balance does not include any past due principal, interest or premiums as at the date of death. If, on the Insurance Application date, the insured initial balance was less than the Loan amount, the life insurance benefit shall be calculated according to the same ratio.

SECTION 7. TABLE OF MONTHLY PREMIUM RATES - PERSONAL LOAN WITH MORTGAGE SECURITY

The Insurer reserves the right to amend the premium pricing schedule at any time. If applicable, the new schedule will apply to all Insureds under the Policy.

Age [1]	**LIFE** Per $1,000 of Initial Amount Insured of the Loan **$0 to $1,000,000**	**DISABILITY** Per $10 of Insured Payment **$0 to $5,000 per month**
	All	All
18 to 25 years	$0.12	$0.16
26 to 30 years	$0.12	$0.16
31 to 35 years	$0.13	$0.22
36 to 40 years	$0.20	$0.27
41 to 45 years	$0.29	$0.35
46 to 50 years	$0.44	$0.43
51 to 55 years	$0.55	$0.54
56 to 60 years	$0.70	$0.69
61 to 64 years	$0.90	$0.87

[1] At the time of signing the Application.

Factor based on number of insureds:

Multiply the premium of the oldest Insured by protection by a variable corresponding to the number of insureds:

Life		**Disability**	
1 Insured	100%	1 Insured	100%
2 Insureds	180%	2 Insureds	190%
3 Insureds	270%	3 Insureds	280%
4 Insureds	360%	4 Insureds	370%
5 Insureds	450%	5 Insureds	460%

Add the applicable tax to the premiums: The applicable tax rates are available on www.nbc.ca.

Factor based on payment frequency:

FOR LIFE INSURANCE ONLY:

Multiply the monthly life insurance premium by the factor corresponding to the payment frequency.

weekly	0.2301
every two weeks	0.4603
monthly	1
quarterly	3
semi-annually	6
annually	12

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PERSONAL LOAN WITH MORTGAGE SECURITY – CALCULATION OF PREMIUM

		Life	Disability
Age of the oldest insured		Years	Years
Monthly premium rate		(1)	(3)
Initial Amount Insured _____ / 1,000		(2)	
Insured payment _____ / 10			(4)
Premium amount (1) x (2) or (3) x (4)			
Discount factor (for multiple insureds)	X	%	%
Factor based on payment frequency	X		
Taxes, where applicable	X		
Life premium		(5)	
Disability premium			(6)
Total premium (5) + (6)			

SECTION 8. DISABILITY BENEFITS

In case of Disability that persists after the applicable Waiting Period, the Insurer will pay the Bank the Disability Benefit corresponding to the Payment according to the following rules.

The benefit will be prorated for each day of Disability that is not a full period covered by one Payment.

The Insured must continue to make his Payments at all times during Disability, while the Insurer is evaluating or re-evaluating the application for benefits.

Maximum benefit period: Subject to the rules related to Relapse contained in the "Definitions" section of this certificate, a maximum of twenty-four (24) months of consecutive Insured Payments is payable for a same Disability even if the Insured's Disability persists beyond this period.

In addition, the Insured(s) may only benefit collectively from a maximum of forty-eight (48) months of Insured Payments for all the Disabilities occurring throughout the entire duration of the Loan.

The Insured must return to work between each separate Disability period or, if the Insured is unemployed, return to normal activity for a person of his age.

Waiting Period: 60 consecutive days.

Loan renewal
If the Insured is disabled when the Loan is to be renewed, the Disability insurance benefits are adjusted to cover the new Payment calculated on the renewal date, keeping the original Loan expiry date, and must not exceed 120% of the Payment payable when the Disability began.

The expiry period of the Disability insurance benefits cannot, under any circumstances, exceed the period initially provided for.

Termination of benefits
Insurance benefits will terminate on the first of the following events:

- **End of Disability:** the date the Insured is no longer disabled according to the definition of Disability in this Certificate of Insurance;
- **Return to work:** the date the Insured returns to work part-time, full-time or progressively, or on a temporary assignment, whether to carry out his normal duties, or any other duties;
- **Evidence of insurability not provided:** the Insured fails to present satisfactory evidence to the Insurer or refuses to undergo a medical examination or assessment by a rehabilitation consultant required by the Insurer;
- **Loan expiry:** the Loan is repaid in full, the amortization period has ended or the closing date of the Loan;
- **Maximum Benefit Period:** at the expiration of the Maximum benefit period;
- **Maximum age:** the last day of the month in which the Insured attains age 70;
- **Death:** the death of the Insured or co-insured, if a life insurance benefit repaying the Loan is payable;
- **Compensated or paid activities:** as soon as the Insured engages in a compensated or paid activity.

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SECTION 9. MAXIMUM BENEFITS

The benefits payable cannot, under any circumstances, exceed the maximum amount provided for all Insured loans of the same type.

Life: $1,000,000 Disability: $5,000 per month

If the premiums have been paid for benefits exceeding the maximum amount of benefits payable, the difference in premiums shall be reimbursed.

SECTION 10. TWO OR MORE INSUREDS

Two or more Insureds can be covered under the same Loan. For life insurance, the benefit is payable for the first Event only. For Disability Insurance, the benefit payable may not, under any circumstances, exceed the amount of the Payment of the Loan and the maximum benefit period for all Insureds.

SECTION 11. CLAIMS

All claims for benefits for an Insured Event that persists after the Waiting Period, if applicable, has expired must be brought to the attention of the Insurer. The documents needed to evaluate the application for benefits shall then be sent to the Insured. These documents, accompanied by proof of claim and all other relevant information, must be submitted to the Insurer no later than 1 year from the date of the Insured Event. If the Insurer does not receive the documents and all relevant information within 1 year, the Insured shall lose the right to any disability benefits.

For life insurance benefits, the documents must be sent to the Insurer as soon as it is reasonably possible.

SECTION 12. RESTRICTIONS AND EXCLUSIONS

Concerning life insurance and Disability insurance:

No benefits shall be paid for death or Disability resulting directly or indirectly from any of the following causes:

- **War:** war or act of war, whether or not the Insured was involved therein;
- **Riot:** active participation in an uprising, riot or insurrection;
- **Drugs:** use of drugs without a medical prescription;
- **Aircraft:** active participation in a flight in an aircraft, be it as a pilot, a member of the crew, an instructor or student;
- **Military duty:** military acts or manoeuvres carried out by the Insured in defending or protecting any country while a full-time or part-time employee of the Armed Forces;
- **Suicide:** suicide within a period of two years of uninterrupted coverage following the effective date of the insurance, whether or not the Insured was of sound mind;
- **Attempted suicide or self-inflicted injury:** attempted suicide or self-inflicted injury whether or not the Insured was of sound mind;
- **Pre-existing conditions:** the effects of a Sickness and/or symptoms or Accident when Death or Disability occurs during the 12 months following the effective date of the insurance and for which Sickness and/or symptoms, injury or any related cause, resulting directly or indirectly from the Accident or Sickness, the Insured, during the 12 months that preceded the effective date of the insurance, had consulted or received treatment from a physician or other health care professional, underwent tests, took medication or was hospitalized.
- **Exclusions specific to the Insured:** any and all exclusions specific to the Insured as stipulated in the Insurer's exclusion rider as conditions for accepting the file (if applicable).

Concerning disability insurance only:

No benefits shall be paid for Disability resulting directly or indirectly from any of the following causes:

- **Cosmetic care:** cosmetic treatment or surgery;
- **Nervous disorders, psychological, mental or emotional disorders including anxiety, depression, overwork or professional burnout:** if the Insured is not receiving therapy supervised by a physician specializing in this field;
- **Back problems:** back pain, neck pain, dorsalgia or lumbago which is only evidenced by the pain felt by the Insured and where no diagnosis is possible, other than of normal osteoarthritis due to the Insured's age;
- **Pregnancy:** normal pregnancy;
- **Alcohol or drug dependency:** dependency on alcohol or drugs, other than the period during which these conditions are treated on an inpatient basis.

SECTION 13. TERMINATION OF INSURANCE

The insurance automatically terminates on the first of the following events:

- **Non-payment of premiums:** when more than three monthly Payments of the Loan and insurance premiums are past due;
- **Cancellation:** the date the Insured voluntarily cancels his insurance provided the Insurer receives notice thereof in writing before that date, or the date the Insurer receives such written notice or the date the group insurance Policy is cancelled;

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- **Loan expiry:** the date the Loan is repaid in full, whatever the reason, the end of the Loan amortization period, the Loan expiry date, or the closing date of the Loan;
- **Assumption:** the date the Loan is taken over by another creditor or all or part of this Loan is assumed by another debtor who is not insured under a Certificate of Insurance in connection with said Loan;
- **Transfer:** the transfer by the Insured of all his rights in the property securing the Loan;
- **Maximum age:** the last day of the month in which the Insured reaches age 70;
- **Death:** the death of an Insured, if a life insurance benefit repaying the Loan is payable;
- **For Disability insurance:** the date on which the life insurance coverage terminates.

ADDITIONAL INFORMATION

GENERAL PROVISION: On request, any Insured or the Bank has the right to obtain, if applicable, a copy of the insurance Application, any statement or document submitted as evidence of insurability and the Policy.

NON-PARTICIPATING POLICY: This is a non-participating policy and awards no rights to a share in any profits and earnings surplus that may be declared or distributed by the Insurer.

LIMITATION OF ACTIONS (LIMITATION PERIOD)

Residents of Alberta, British Columbia and Manitoba

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in *The Insurance Act*.

Residents of Ontario

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract must be commenced within the time set out in the *Limitations Act, 2002*.

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.

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.

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® The NATIONAL BANK INSURANCE and logo is a registered trademark of National Bank of Canada, used under license by some of its subsidiaries.

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.

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For more information contact us at:

Montreal	514-871-7500
Toll free	1-877-871-7500

The masculine gender designates individuals of both sexes with no discrimination intended and is used only to facilitate reading.

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 the Insurer for the administration of these group insurance policies.

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