



Canadian Premie described in cert		ce Company (Secu r:	rian Cai	nada), here	inafter "	we", p	rovides	the insura	nce	STC	Q -			Effective	Date of Ins	surance	
Financing Ag	Financing Agreement:  Purchase (loan)  Lease Financing agreement information																
Term (in months)	-	months	Interest	Rate			%	Monthly Pa \$	ayment (excl	uding	insuran	ce premium)	Total A \$	mount Finan	ced (exclud	ing insurai	nce premium)
B) Applicant 1	Information																
Last Name	mormation		First Na	me					Phone N	umber	r	Date of Birth		f Birth	:		Sex
Number	Street				Apt.		City	,				rovince			Postal Co	de	
C) Applicant 2	Information													( m)			<i>c</i>
Last Name			First Na	ime					Phone N	umber	r		Date o	f Birth			Sex
Number	Street		1		Apt.		City	1			P	Province	1		Postal Co	de	
D) Distributor I	nformation														ļ		
	D) Distributor Information Name																
Number	Number         Street         Suite         City         Province         Postal Code																
E) Einanging Agreement Creditor Information																	
	E) Financing Agreement Creditor Information																
Name																	
Number         Street         Suite         City         Province         Postal Code																	
F) Insurance Co		ad is not required for	the fina	ncing agroop	oont Tho	incuranc	o can ba	torminatod	at any time	with a	writtor	notico					
NOTE. THIS INSURAIN	NOTE: This insurance is optional and is not required for the financing agreement. The insurance can be terminated at any time with a written notice.																
								licant 1	Applica	nt2	Ins	urance Prem	ium	Coverage E	nd Date		age Term Ionths)
Life Insurance Co	overage*	Initial Benefit Residual Value					\$ \$		\$ \$		\$						months
	-	Monthly Benefit					s s		\$ \$								
		Waiting Perio	d	Selected	Ontion		Bene	fit Period	Selected C	Option	ı						
Disability Insura	nce Coverage				option	and		nonths**			\$						months
		30 days (non-retroa 30 days (retroact				-		nonths** ance term			-						
* Accidental disme	emberment insu	rance is automatically			purchase	life insu			U		Subt	otal \$			l		
		limited to this total									Ta	ixes \$					
	sabilities, ii appi	icable. Also, <b>12 and</b>	10-111011		ire not av	allable o	II COIILIA		by Fold Cle	un.	T	otal \$					
G) Effective Da																	
Your insurance tak	es effect on the	latest of the followir the loan is disbursed	ng dates:	1) the date	on which	this insu	irance ap	plication is	signed, 2) if	a medi	lical que	estionnaire is r	equired	, the date on	which we a	pprove yo	ur insurance
application, 3) the	e submitted.	ine ioan is dispursed	in whole	or in part, a	s long as	the disp	ursemen	it is made in	the 90 days	aiter t	une insu	rance applica	LION IS SI	gned. After tr	lis time, a r	iew insura	nce
		estionnaire (see sect					<b>aire</b> of th	his insurance	e application	), you	will be	temporarily co	overed f	or the period	during whi	ch we anal	yze your
		iis time, a new insura riteria, insurance will					l will be i	reimbursed	to the credite	or.							
H) Required Me	edical Questi	onnaire															
Applicants have to	complete a me	dical questionnaire ir															
1. For life insuran	ce coverage:			n the initial n the initial								years of age					
2. When the insura	nce application	is submitted after the						-				5					
		estions carefully. Subj ied, the denial will a					her terms	s and condit	ions, insuran	ice will	l not tal	ke effect until	we hav	e analyzed an	d approved	l your insu	rance ap-
	•	(applicable to all insu			j-(-/			K) Ad	ditional o	liaihil	lity cri	teria applic	able t	a tha <b>dica</b> h	ility inc	uranco	ovorago
-	-	ered in this application		-	ditions m	ust be m	et:			-		stipulated in					-
1. Be a natural per				5				condi	tions must l	be me	et:				5 ,		5
2. Be a Canadian r												nce, you must n term require				mum age,	maximum
3. Be the lessee(s) agreement) or the		the lease agreement	) or the l	oorrower(s) (	as indicat	ted in the	e loan		Age			· ·		ble Amount	1	laximum	Term
		ria applicable to	the life	e insuran	ce cove	rage		i 🗀	Age 16 and		r			ability insuran	ce is not av		-
In addition to the	e conditions st	ipulated in section	I) Gener	al eligibility	criteria, <b>t</b>	he follo		1	Age 17 to				\$2,000	* ability insuran	co is not a	108 mont	ths
		effective date of insu e amount, and maxin						* For s	Age 65 and easonal wor			imum insurab					
maximum age, ma	- I	e amount, and maxin Maximum Insurab		<u>``</u>	Maximi							ents stipulated					this
Age 16 and				nce is not av				insura	nce applicati	on.		-					
Age 17 t		\$125,000				nonths		_									
Age 60 t	070	\$75.000		1	84 m	onths		1									

Age 71 and over

Life insurance is not available.

-	ner eligibility criteria (applicable to the disability insurance coverage)								
1. If y	ou are on maternity, paternity or parental leave or pregnant (or breastfeeding) on preventive leave, the following conditions must be met:								
i)	In the 12 months prior to the start of your leave or preventive leave, you satisfied the definition of actively at work; and								
ii)	Were it not for your leave or preventive leave, you would have been apt to carry out the normal tasks of the occupation you had prior to your leave or preventive insurance application.	,	•						
2. If y	ou are a seasonal worker, the following conditions must be met:	Definition o							
i)	For the last 24 months, you have worked in the same industry; and	Actively at \	Nork						
ii)	Over the last 12 months, you have worked more than 10 consecutive weeks during which you worked at least 25 hours per week; and		ent requires you						
iii)	Over the last 12 months, you received regular Employment Insurance (EI) benefits or EI fishing benefits; and	to work a mini	mum of:						
iv)	When completing this insurance application, you were apt to carry out the normal tasks of your occupation.	• 25 hours per	week; and						
3. If y	ou are <b>self-employed or an entrepreneur</b> , the following conditions must be met:	• 25 wooks (cr	onsecutive or not)						
i)	For the last 12 months, you satisfied the definition of actively at work; and		uding all periods						
ii)	For the last 12 months, you have worked for the same company; and		you are not at						
iii)	Over the last completed fiscal year, the annual income of your company is at least \$10,000, after deduction of all operating expenses; and		npaid leave, sick						
iv)	When completing this insurance application, you were apt to carry out the normal tasks of your occupation.	leave, disabil	ity leave).						
4. If s	ituations 1 to 3 do not apply to you, the following conditions must be met:								
i)	For the last 12 months, you satisfied the definition of actively at work; and								
ii)									
M) W	aivers								
۱h	ereby certify that I was presented with an insurance offer, but, after careful consideration, I have decided to refuse:	Applicant 1	Applicant 2						
i)	Life insurance coverage (including accidental dismemberment coverage)								
ii)	Disability insurance coverage								
N) De	clarations		-						
۱h	ereby declare the following:	Applicant 1	Applicant 2						
i)	The information provided here is factual and complete and any misrepresentation or incompleteness may void the insurance.								
ii)	I acknowledge receipt of a copy of the insurance application and insurance certificate.								
iii)	I have read and understood the provisions, definitions and exclusions in the insurance certificate.								
iv)	I understand that any benefits payable under this insurance are payable solely to the creditor to reimburse the financing agreement in whole or in part.								
v)	Upon receipt of the insurance offer, the distributor gave me a Summary and a Fact sheet.								
vi)	I authorize the distributor to pay the insurer the total premium on my behalf. If my insurance application is denied, the insurer's responsibility is limited to reimbursing the premium.								
vii)	This insurance application, medical questionnaire (if applicable) and all forms submitted make up the insurance certificate.								
viii	) I have read, understand and agree with the contents of the section File and Personal Information below:								
	File and Personal Information: Respecting your privacy is a priority for Canadian Premier Life Insurance Company. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your edigibility or need for insurance and/or financial products your projects administration and servicing: adjudication: protecting aquaint fraud errors or misrepresentations: and meeting legal regulatory or								

	provide to us or our distribution partners in connection with insurance and/or financial products offered by us. W information for purposes that include: confirming your identity, underwriting, including determining your eligibil products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misre contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering yo other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-96 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6. We will give access to your personal information only contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party ser reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you whom we have a contractual relationship are required to protect your personal information may be st Canada or in countries outside Canada, so your personal information may be subject to the laws of those other p information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit http://www.securiancanada.ca/privacy-statement.	ity or need for insurance and/or financial presentations; and meeting legal, regulatory or pu, or allowing select organizations to offer you, 8-4155 or by mail at: Privacy Office, 25 y to those of our employees and independent vice providers and outsourcers, along with our authorize. All of our service providers with his privacy statement and our privacy practices. ored on servers located in, other provinces in	
ix)	I authorize any healthcare or rehabilitation provider, other insurance or reinsurance companies, any person havir service providers to exchange personal information, when relevant and necessary for the purposes of processing assessing claims. I also authorize the exchange of personal information with the creditor for the purpose of man	my application, managing the insurance and	
x)	I confirm that a photocopy or electronic copy of this authorization is as valid as the original.		
xi)	I acknowledge that my benefit claim could be denied if it is related to a pre- existing medical condition, as defined below, if the event that is the subject of the benefit claim occurs in the 18 months following the effective date of insurance.	List of treatments: - a diagnosis - a medical opinion - a treatment	
	A <b>pre-existing medical condition</b> is any health problem that includes, but is not limited to, an illness, a critical illness, an injury or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the effective date of insurance: - You received a treatment stipulated in the <b>List of treatments</b> ; or - You had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or	<ul> <li>a service</li> <li>a prescription drug</li> <li>a consultation, including a consultation for investigation.</li> </ul>	

psychiatric disorder, for which, in the 12 months prior to the effective date of
Vou versional a two structures at inclusion in the List of two structures or

You received a treatment stipulated in the List of treatments; or
 You had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or treatment.

Date of signature

Signature - Applicant 2

Date of signature

Distributor's authorized signature

Signature - Applicant 1

Date of signature





Canadian Premie described in cert		ce Company (Securia r:	an Canada), he	einafter "	we", p	rovides	the insura	ance	S	TQ -			Effective	Date of Ins	surance	
Financing Ag	reement: 🗆	] Purchase (loan	n) 🗆 Lease													
A) Financing ac			,													
Term (in months)			nterest Rate			0/		ayment (exe	cludir	ng insura	ance premium)		mount Finan	ced (exclud	ing insuran	ice premium)
		months				%	\$					\$				
B) Applicant 1 I Last Name	nformation	F	First Name					Phone I	Num	ber		Date of	Birth			Sex
						1			-				1			
Number	Street			Apt.		Cit	у				Province			Postal Code		
C) Applicant 2	Information	-														
Last Name		F	First Name					Phone	Numl	ber		Date of	Birth	3irth		Sex
Number	Street	I		Apt.		Cit	у				Province			Postal Co	de	
	D) Distributor Information															
Number	Street			Suite		City					Province			Postal Coo	de	
E) Financing Ag Name	E) Financing Agreement Creditor Information															
Hume																
Number         Street         Suite         City         Province         Postal Code																
F) Insurance Coverages																
		nd is not required for th	he financing agree	ement. The i	insuranc	e can b	e terminated	at any time	e witl	h a writt	en notice.					
	NOTE: This insurance is optional and is not required for the financing agreement. The insurance can be terminated at any time with a written notice.           Applicant 1         Applicant2         Insurance Premium         Coverage End Date         Coverage Term															
		Initial Benefit				S API		s Applic	.antz			Coverage		(in m	onths)	
Life Insurance Co	overage*	Residual Value				\$		\$		\$						months
		Monthly Benefit	1		1	\$		\$		_						
Disability Insurar	ice Coverage	Waiting Period	Selected	Option			efit Period	Selected	<u> </u>	ion \$						months
		30 days (non-retroac	tive) C	]	and		nonths**									inoritiis
* Accidental disma	mhormontingu	30 days (retroactiv rance is automatically i	·		life incu		rance term		I	<b>C</b> k	Subtotal \$					
** The number of	benefits paid is	limited to this total du	iration, whether o	r not benef	its were	consec				. —	Taxes \$					
to all your total dis	sabilities, if appli	icable. Also, <b>12 and 18</b>	3-month options	are not ava	ailable o	n contra	acts finance	d by Ford Cr	edit.		Total \$					
G) Effective Da																
Your insurance tak	es effect on the date on which t	latest of the following he loan is disbursed in	dates: 1) the date	e on which	this insu the dish	rance a	pplication is	signed, 2) i the 90 day	if a m /s afte	nedical q er the in	uestionnaire is r	equired,	the date on	which we a	approve you new insurar	ur insurance
application must b	e submitted.															
		estionnaire (see sectio is time, a new insuran				aire of t	inis insuranc	e applicatio	on), yo	ou will b	e temporarily co	overed to	or the period	during whi	ch we analy	yze your
	, <u>,</u>	riteria, insurance will r	not be granted an	d all premiu	ıms paid	will be	reimbursed	to the credi	itor.							
H) Required Me Applicants have to	-	onnaire dical questionnaire in t	the following situ	ations:												
1. For life insuran	·	<u> </u>	When the initia		nount ex	ceeds \$	100,000 an	d the applic	ant is	s 17 to 5	9 years of age					
	5	is submitted after the	When the initia								, 0					
Please read and an	swer all the que	estions carefully. Subject	ct to the tempora	y insurance	e and oth							we have	analyzed ar	nd approved	l your insur	ance ap-
plication. If your ap	oplication is den	ied, the denial will app	oly to the denied of	overage(s)	only.											
	-	(applicable to all insura	-	- Itation		- 4-					riteria applic					-
1. Be a natural per		ered in this application	i, the following co	naitions mi	ust be m	et:		itions must			s stipulated in	section	i I) General e	eligibility cri	teria, the f	ollowing
2. Be a Canadian r	esident; and										rance, you must				mum age, r	maximum
3. Be the lessee(s) agreement) or the		the lease agreement) of	or the borrower(s	(as indicat	ed in the	e loan	IIISUIG	Ag	-	IIIdXIIII	um term require Maximum		ole Amount		/laximum T	Term
		ria applicable to th	ne <b>life insura</b>	nce cove	rage			Age 16 an					ability insurar	nce is not av		
In addition to the	e conditions st	ipulated in section I)	General eligibilit	y criteria, <b>tl</b>	he follo		┓	Age 17 Age 65 ai				\$2,000* Disa	ability insurar	 nce is not av	108 mont ailable.	hs
		effective date of insur- e amount, and maximu					* For				aximum insurab					
Age		Maximum Insurable	e Amount	Maximu				i must satisf ince applica		e require	ments stipulated	d in secti	on <b>L) Other</b>	eligibility	<b>criteria</b> in	this
Age 16 and Age 17 t		Life \$125,000	e insurance is not a	available. 108 m	nonthe		Insula	ince applied	nuun.							
Age 17 t		\$75,000		84 m												
Age 71 an	d over	Life	e insurance is not a	available.												

Initials Distributor

L) O	ther eligibility criteria (applicable to the disability insurance coverage)									
1. If	you are on maternity, paternity or parental leave or pregnant (or breastfeeding) on preventive leave, the following conditions must be met:									
i)	In the 12 months prior to the start of your leave or preventive leave, you satisfied the definition of actively at work; and									
ii)	Were it not for your leave or preventive leave, you would have been apt to carry out the normal tasks of the occupation you had prior to your leave or preventive insurance application.	leave when you cor	npleted this							
2. If	you are a <b>seasonal worker</b> , the following conditions must be met:	Definition o								
i)		Actively at V	Nork							
ii)	ii) Over the last 12 months, you have worked more than 10 consecutive weeks during which you worked at least 25 hours per week; and Your employment requires you									
	iii) Over the last 12 months, you received regular Employment Insurance (EI) benefits or EI fishing benefits; and to work a minimum of:									
iv) When completing this insurance application, you were apt to carry out the normal tasks of your occupation. • 25 hours per week; and										
	you are <b>self-employed or an entrepreneur</b> , the following conditions must be met:	- '								
i)			nsecutive or not) uding all periods							
ii)			you are not at							
iii			npaid leave, sick							
iv		leave, disabil	ity leave).							
	situations 1 to 3 do not apply to you, the following conditions must be met:									
i)	For the last 12 months, you satisfied the <b>definition of actively at work</b> ; and									
ii)										
<i>,</i>										
M) V	Vaivers									
11	nereby certify that I was presented with an insurance offer, but, after careful consideration, I have decided to refuse:	Applicant 1	Applicant 2							
i)	Life insurance coverage (including accidental dismemberment coverage)									
ii)	Disability insurance coverage									
N) D	eclarations									
11	nereby declare the following:	Applicant 1	Applicant 2							
i)	The information provided here is factual and complete and any misrepresentation or incompleteness may void the insurance.									
ii)	I acknowledge receipt of a copy of the insurance application and insurance certificate.									
iii	) I have read and understood the provisions, definitions and exclusions in the insurance certificate.									
iv	) I understand that any benefits payable under this insurance are payable solely to the creditor to reimburse the financing agreement in whole or in part.									
v)	Upon receipt of the insurance offer, the distributor gave me a Summary and a Fact sheet.									
vi	) I authorize the distributor to pay the insurer the total premium on my behalf. If my insurance application is denied, the insurer's responsibility is limited to reimbursing the premium.									
vi	i) This insurance application, medical questionnaire (if applicable) and all forms submitted make up the insurance certificate.									
vi	ii) I have read, understand and agree with the contents of the section File and Personal Information below:									
	File and Personal Information: Respecting your privacy is a priority for Canadian Premier Life Insurance Company. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and products and configure and and the purpose of offering you, or allowing select organizations to offer you,									

	Sheppard Avenue West, Suite 1400 Toronto, ON M2N 656. We will give access to your personal information only contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party serv reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you a whom we have a contractual relationship are required to protect your personal information in accordance with th Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be sto Canada or in countries outside Canada, so your personal information may be subject to the laws of those other p information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit http://www.securiancanada.ca/privacy-statement.	to those of our employees and independent ice providers and outsourcers, along with our uthorize. All of our service providers with is privacy statement and our privacy practices. red on servers located in, other provinces in	
ix)	I authorize any healthcare or rehabilitation provider, other insurance or reinsurance companies, any person having service providers to exchange personal information, when relevant and necessary for the purposes of processing assessing claims. I also authorize the exchange of personal information with the creditor for the purpose of mana	my application, managing the insurance and	
x)	I confirm that a photocopy or electronic copy of this authorization is as valid as the original.		
xi)	I acknowledge that my benefit claim could be denied if it is related to a pre- existing medical condition, as defined below, if the event that is the subject of the benefit claim occurs in the 18 months following the effective date of insurance.	List of treatments: - a diagnosis - a medical opinion - a treatment	
	A <b>pre-existing medical condition</b> is any health problem that includes, but is not limited to, an illness, a critical illness, an injury or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the effective date of insurance: - You received a treatment stipulated in the <b>List of treatments</b> ; or - You had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or treatment	<ul> <li>a service</li> <li>a prescription drug</li> <li>a consultation, including a consultation for investigation.</li> </ul>	

treatment.

Signature - Applicant 1

Date of signature

Signature - Applicant 2

Date of signature

Distributor's authorized signature

Date of signature





Canadian Premie described in cert		ce Company (Secur r:	ian Canac	a), herei	nafter "	we", p	rovide	es the insura	nce	ST	Q -			Effective	Date of Ins	surance	
		 □ Purchase (loai	n) □Le	ase													
A) Financing ag		•	,														
Term (in months)		months	Interest Ra	te			%	Monthly P \$	ayment (exc	luding	g insura	ince premium)	Total An \$	nount Finano	ced (exclud	ling insurai	nce premium)
B) Applicant 1	Information																
Last Name			First Name						Phone Number			Date of Birth			S		Sex
Number	Street	Į			Apt.		С	ity					Province			de	
					-			-									
C) Applicant 2 Last Name	Information		First Name						Phone N	lumbo	or		Date of	Rirth			Sex
			TIISt Name						FIONEN	unne	ei			Dirtii			JEX
Number	Street				Apt.		C	ity				Province			Postal Co	de	
D) Distributor I	Information	· · · · · · · · · · · · · · · · · · ·															
Name																	
												1					
Number	Number Street Suite City Province Postal Code																
E) Financing Agreement Creditor Information																	
Name	<u></u>																
Number         Street         Suite         City         Province         Postal Code																	
	F) Insurance Coverages NOTE: This insurance is optional and is not required for the financing agreement. The insurance can be terminated at any time with a written notice.																
	Coverage Term																
		1					A	pplicant 1	Applica	ant2	11	surance Prem	ium	Coverage E	nd Date		ionths)
Life Insurance Co	overage*	Initial Benefit					\$ \$		\$ \$		\$						months
	-	Residual Value Monthly Benefit					\$		\$								
		Waiting Period	4 C	elected C	Intion		Ber	nefit Period	Selected (	Optio	n						
Disability Insura	nce Coverage				μιοπ	and		months**			\$						months
		30 days (non-retroa 30 days (retroacti				-		months** urance term			_						
* Accidental disme	emberment insu	rance is automatically			ourchase	life insu					Sub	total \$					
		limited to this total d icable. Also, 12 and 1									/	Taxes \$					
	sabilities, ii appi	ICable. Also, 12 allu 1	8-111011111 0	puons a	ie not av		II COIII		i by fold Cle	un.		Total \$					
G) Effective Da																	
		latest of the following the loan is disbursed in															
application must b	oe submitted.																
		lestionnaire (see sectionis time, a new insurar					aire of	f this insuranc	e applicatior	ı), you	u will b	e temporarily c	overed for	the period	during whi	ch we anal	yze your
		riteria, insurance will					l will b	e reimbursed	to the credit	or.							
H) Required Me	-																
Applicants have to	o complete a me	dical questionnaire in		5				£100.000 em			17 to E	Ducana of ano					
1. For life insuran	ce coverage:							\$100,000 and \$50,000 and				9 years of age years of age					
2. When the insura	ance application	is submitted after the						-				, ,					
		estions carefully. Subje ied, the denial will ap					her ter	ms and condit	ions, insurar	nce wi	ill not t	ake effect until	we have	analyzed an	d approved	d your insu	rance ap-
I) General eligi	bility criteria	(applicable to all insur	rance covera	ges)				K) Ad	ditional e	ligib	oility c	riteria applio	able to	the <b>disab</b>	oility ins	urance	coverage
To be eligible for t	he insurance off	ered in this applicatio	n, the follo	wing cond	ditions m	ust be m	et:					s stipulated in	section	l) General e	ligibility cri	teria <b>, the</b>	following
1. Be a natural per									tions must			rance, you must	rocport +	ha minimum	1 200 m2vi	mum age	maximum
2. Be a Canadian r 3. Be the lessee(s)	•	the lease agreement)	or the hor	ower(s) (:	as indicat	ed in the	e loan	lincura				im term require				muni aye,	
agreement) or the		icase agreement/					541		Age			Maximum		le Amount		/laximum	Term
J) Additional e	ligibility crite	ria applicable to t	the <b>life i</b> i	nsurano	e cove	rage			Age 16 and Age 17 t		er		Disa. \$2,000*	bility insuran	ce is not av	ailable. 108 mont	thc
		tipulated in section effective date of insu							Age 65 an		er			bility insuran	i ce is not av		
		e amount, and maxim						* For s				ximum insurab		-			
Age	2	Maximum Insurabl	le Amount		Maximu						require	ments stipulate	d in sectio	on L) Other	eligibility	criteria in	ı this
Age 16 and			fe insurance	is not ava		onth-			nce applicat	.011.							
Age 17 t		\$125,000 \$75,000		1		nonths											

Age 71 and over

t 2 Initials Distributor

Life insurance is not available.

L) O1	ther eligibility criteria (applicable to the disability insurance coverage)									
1. If	you are on maternity, paternity or parental leave or pregnant (or breastfeeding) on preventive leave, the following conditions must be met:									
i)	In the 12 months prior to the start of your leave or preventive leave, you satisfied the definition of actively at work; and									
ii)	Were it not for your leave or preventive leave, you would have been apt to carry out the normal tasks of the occupation you had prior to your leave or preventive insurance application.	leave when you cor	npleted this							
2. If	you are a <b>seasonal worker</b> , the following conditions must be met:	Definition o								
i)	For the last 24 months, you have worked in the same industry; and	Actively at V	Nork							
ii)	ii) Over the last 12 months, you have worked more than 10 consecutive weeks during which you worked at least 25 hours per week; and Your employment requires you									
	iii) Over the last 12 months, you received regular Employment Insurance (EI) benefits or EI fishing benefits; and to work a minimum of:									
iv	• 25 hours per	week; and								
3. If	) When completing this insurance application, you were apt to carry out the normal tasks of your occupation. you are <b>self-employed or an entrepreneur</b> , the following conditions must be met:	- ·	onsecutive or not)							
i)	For the last 12 months, you satisfied the definition of actively at work; and		uding all periods							
ii)	For the last 12 months, you have worked for the same company; and		you are not at							
iii	Over the last completed fiscal year, the annual income of your company is at least \$10,000, after deduction of all operating expenses; and		npaid leave, sick							
iv	When completing this insurance application, you were apt to carry out the normal tasks of your occupation.	leave, disabil	ity leave).							
4. If	situations 1 to 3 do not apply to you, the following conditions must be met:	-								
i)	For the last 12 months, you satisfied the definition of actively at work; and									
ii)	When completing this insurance application, you were apt to carry out the normal tasks of your occupation.									
	Vaivers									
l I I	nereby certify that I was presented with an insurance offer, but, after careful consideration, I have decided to refuse:	Applicant 1	Applicant 2							
i)	Life insurance coverage (including accidental dismemberment coverage)									
ii)	Disability insurance coverage									
	eclarations									
l l	nereby declare the following:	Applicant 1	Applicant 2							
i)	The information provided here is factual and complete and any misrepresentation or incompleteness may void the insurance.									
ii)										
iii)										
iv)	, , , , , , , , , , , , , , , , , , , ,									
v)										
vi)	I authorize the distributor to pay the insurer the total premium on my behalf. If my insurance application is denied, the insurer's responsibility is limited to reimbursing the premium.									
vii	i) This insurance application, medical questionnaire (if applicable) and all forms submitted make up the insurance certificate.									
vii	ii) I have read, understand and agree with the contents of the section File and Personal Information below:									
	File and Personal Information: Respecting your privacy is a priority for Canadian Premier Life Insurance Company. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you,									

	other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 656. We will give access to your personal information only contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party servi reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you a whom we have a contractual relationship are required to protect your personal information in accordance with th Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be sto Canada or in countries outside Canada, so your personal information may be subject to the laws of those other p information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit http://www.securiancanada.ca/privacy-statement.	to those of our employees and independent ce providers and outsourcers, along with our uthorize. All of our service providers with is privacy statement and our privacy practices. red on servers located in, other provinces in						
ix)	I authorize any healthcare or rehabilitation provider, other insurance or reinsurance companies, any person having service providers to exchange personal information, when relevant and necessary for the purposes of processing assessing claims. I also authorize the exchange of personal information with the creditor for the purpose of mana	my application, managing the insurance and						
x)	I confirm that a photocopy or electronic copy of this authorization is as valid as the original.							
xi)	I acknowledge that my benefit claim could be denied if it is related to a pre- existing medical condition, as defined below, if the event that is the subject of the benefit claim occurs in the 18 months following the effective date of insurance.	List of treatments: - a diagnosis - a medical opinion - a treatment						
A pre-existing medical condition is any health problem that includes, but is not limited								

A pre-existing medical condition is any health problem that includes, but is not limited to, an illness, a critical illness, an injury or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the effective date of insurance: - You received a treatment stipulated in the List of treatments; or - You had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or

treatment.

# a treatment a service a prescription drug a consultation, including a consultation for investigation.

Signature - Applicant 1

Date of signature

Signature - Applicant 2

Date of signature

Distributor's authorized signature

Date of signature





Canadian Premie described in cert		ce Company (Secu r:	rian Canad	a), hereinaft	ter "we", p	rovides	s the insura	nce	STC	ζ-			Effective	Date of Ins	surance	
Financing Aq	Financing Agreement:  Purchase (loan)  Lease Financing agreement information															
A) Financing ag	greement inf	ormation														
Term (in months)		months	Interest Rat	e		%		ayment (excl	uding	insura	nce premium)		mount Financ	ed (exclud	ing insura	nce premium)
		montais				/0	\$					\$				
B) Applicant 1 Last Name	Information		First Name					Phone N	umber	r	Date of Bi			irth Sex		
									Thone Number			- Juice o				Jen .
Number	Street			Apt		Cit	у			1	Province			Postal Co	de	
C) Applicant 2	Information															
Last Name			First Name					Phone N	umber	r		Date o	f Birth			Sex
Number	Street			Apt		Cit	v				Province			Postal Co	de	
	Succe			, ipt	•		·)				Tovince			rostar co	ac	
D) Distributor	Information															
Name																
Number         Street         Suite         City         Province         Postal Code																
E) Financing Ag	E) Financing Agreement Creditor Information															
Name																
Number Street Suite City Province Postal Code																
Number         Street         Suite         City         Province         Postal Code																
F) Insurance Co	overages															
NOTE: This insuran	ice is optional a	nd is not required for	the financin	g agreement.	The insurance	e can b	e terminated	at any time	with a	a writte	n notice.					
	Applicant 1 Applicant2 Insurance Premium Coverage End Date Coverage Term (in months)															
	*	Initial Benefit				\$		\$		6					(1111	
Life Insurance Co	overage*	Residual Value				\$		\$		\$						months
		Monthly Benefit	[			\$ Rene	efit Period	\$ Selected (	Intion							
Disability Insura	nce Coverage	Waiting Perio	od Se	lected Optio		12 r	months**		ption	\$						months
		30 days (non-retro			and		months**									
* Accidental disme	emherment insu	30 days (retroact rance is automaticall		hen vou nurch	nase life insu		rance term			Subt	total \$					
** The number of	benefits paid is	limited to this total	duration, who	ether or not b	enefits were	consecu					axes \$					
to all your total dis	sabilities, if appl	icable. Also, <b>12 and</b>	18-month o	ptions are no	ot available o	n contra	acts financed	by Ford Cre	dit.	1	fotal \$					
G) Effective Da																
Your insurance tak	es effect on the	latest of the followir the loan is disbursed	ng dates: 1) t in whole or i	he date on wi	hich this insu	rance a	pplication is a	signed, 2) if	a medi	lical qu	estionnaire is r	required	, the date on v	which we a	approve yo	ur insurance
application must b	e submitted.															
		uestionnaire (see sect nis time, a new insura				aire of t	this insurance	e application	ı), you '	will be	temporarily co	overed f	or the period o	during whi	ch we anal	yze your
		criteria, insurance wil				will be	reimbursed t	to the credit	or.							
H) Required Me	-	onnaire dical questionnaire ir	the followin	a cituations:												
	·			e initial bene	fit amount ex	ceeds \$	5100,000 and	the applica	nt is 17	7 to 59	years of age					
1. For life insuran	5			e initial bene							5					
		is submitted after th estions carefully. Sub		<u> </u>	<u> </u>				· ·			wo how	a analyzod an	d approvo	l vour incu	ranco an
		nied, the denial will a				lei terri		ions, insulai			ike effect until	we have	e allalyzeu all		i your insu	rance ap-
I) General eligi	bility criteria	(applicable to all insu	irance coverag	ges)			K) Ad	ditional e	ligibil	lity cr	iteria applio	able to	o the <b>disab</b>	ility ins	urance	coverage
		fered in this application	on, the follov	ving condition	ns must be m	et:					stipulated in	sectio	n I) General el	ligibility cri	teria <b>, the</b> f	following
1. Be a natural per 2. Be a Canadian r								t <b>ions must</b> l			ance, you must	respect	the minimum	age, maxi	mum age	maximum
		the lease agreement	) or the borro	ower(s) (as in	dicated in th	e loan					n term require	ments s	tipulated belo	w:		
agreement) or the							_	Age 16 apr		r	Maximum		ble Amount		Maximum	Term
		eria applicable to						Age 16 and Age 17 t		r		\$2,000	ability insuran *	ce is not av	108 mon	ths
		tipulated in section						Age 65 an					ability insuran	ı ce is not av		
		effective date of insi e amount, and maxin					* For s				kimum insurab					
Age	•	Maximum Insurab	le Amount	Ma	ximum Term					equirem	ents stipulate	d in sect	ion L) Other	eligibility	criteria in	this
Age 16 and				is not availabl	e. 08 months			nce applicati	iUII.							
Age 17 t		\$125,000		1	08 months		-									

Age 71 and over

t 2 Initials Distributor

Life insurance is not available.

L) Other eligibility criteria (applicable to the						
1. If you are on maternity, paternity or parental leave or pregnant (or breastfeeding) on preventive leave, the following conditions must be met:						
i) In the 12 months prior to the start of your leave	i) In the 12 months prior to the start of your leave or preventive leave, you satisfied the <b>definition of actively at work</b> ; and					
ii) Were it not for your leave or preventive leave, insurance application.						
2. If you are a seasonal worker, the following condition	ions must be met:	Definition of				
i) For the last 24 months, you have worked in the same industry; and		Actively at	Nork			
ii) Over the last 12 months, you have worked mo						
iii) Over the last 12 months, you received regular	r the last 12 months, you received regular Employment Insurance (EI) benefits or EI fishing benefits; and to work a minimum of:		mum of:			
iv) When completing this insurance application, you were apt to carry out the normal tasks of your occupation.		• 25 hours per week; and				
3. If you are self-employed or an entrepreneur, the	following conditions must be met:	• 2E wooks (cr	ncocutivo or not)			
i) For the last 12 months, you satisfied the <b>defin</b>		<ul> <li>35 weeks (consecutive or not) per year, excluding all periods</li> </ul>				
ii) For the last 12 months, you have worked for th			you are not at			
iii) Over the last completed fiscal year, the annual	income of your company is at least \$10,000, after deduction of all operating expenses; and		npaid leave, sick			
iv) When completing this insurance application, y	ou were apt to carry out the normal tasks of your occupation.	leave, disabi	ity leave).			
4. If situations 1 to 3 do not apply to you, the followin	g conditions must be met:					
i) For the last 12 months, you satisfied the <b>definition of actively at work</b> ; and						
ii) When completing this insurance application, y	ou were apt to carry out the normal tasks of your occupation.					
M) Waivers						
I hereby certify that I was presented with an insurar	nce offer, but, after careful consideration, I have decided to refuse:	Applicant 1	Applicant 2			
i) Life insurance coverage (including accidental c	lismemberment coverage)					
ii) Disability insurance coverage						
N) Declarations						
I hereby declare the following:		Applicant 1	Applicant 2			
<ul> <li>The information provided here is factual and control</li> </ul>	omplete and any misrepresentation or incompleteness may void the insurance.					
<li>ii) I acknowledge receipt of a copy of the insuran</li>	ce application and insurance certificate.					
iii) I have read and understood the provisions, def	initions and exclusions in the insurance certificate.					
iv) I understand that any benefits payable under t	his insurance are payable solely to the creditor to reimburse the financing agreement in whole or in part.					
v) Upon receipt of the insurance offer, the distribution	utor gave me a Summary and a Fact sheet.					
reimbursing the premium.	e total premium on my behalf. If my insurance application is denied, the insurer's responsibility is limited to					
vii) This insurance application, medical questionna	ire (if applicable) and all forms submitted make up the insurance certificate.					
viii) I have read, understand and agree with the co	ntents of the section File and Personal Information below:					
provide to us or our distribution partners in con information for purposes that include: confirmi	an Premier Life Insurance Company. We collect information from application forms and other information you nnection with insurance and/or financial products offered by us. We collect, use and disclose your personal ing your identity, underwriting, including determining your eligibility or need for insurance and/or financial ciner claims adjudication; protection against fraud errors or misrenresentations; and meeting legal regulatory or					

	provide to us or our distribution partners in connection with insurance and/or financial products offered by us. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 656. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and out sourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit http://www.securiancanada.ca/privacy-statement.			
ix)	ix) I authorize any healthcare or rehabilitation provider, other insurance or reinsurance companies, any person having knowledge of me or my health and our service providers to exchange personal information, when relevant and necessary for the purposes of processing my application, managing the insurance and assessing claims. I also authorize the exchange of personal information with the creditor for the purpose of managing this insurance.			
x)	I confirm that a photocopy or electronic copy of this authorization is as valid as the original.			
xi)	I acknowledge that my benefit claim could be denied if it is related to a pre- existing medical condition, as defined below, if the event that is the subject of the benefit claim occurs in the 18 months following the effective date of insurance. A pre-existing medical condition is any health problem that includes, but is not limited to, an illness, a critical illness, an injury or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the effective date of insurance: - You received a treatment stipulated in the List of treatments; or - You had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or	List of treatments: - a diagnosis - a medical opinion - a treatment - a service - a prescription drug - a consultation, including a consultation for investigation.		

A **pre-existing medical condition** is any health problem that includes, but is not limited to, an illness, a critical illness, an injury or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the effective date of insurance: - You received a treatment stipulated in the **List of treatments**; or - You had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or

treatment.

Signature - Applicant 2

Date of signature

Distributor's authorized signature

Signature - Applicant 1

Date of signature

Date of signature

#### Insurance Certificate Group Credit Insurance - Plan STQ252

This document is a standard contract for *our* group credit insurance product. Some insurance coverages may not apply to *your* situation. To know the coverages and amounts applicable to the insurance *you* purchased, refer to *your Insurance Application*.

#### For the purposes of this contract:

- "We", "our(s)" and "us": refers to the insurer of this policy, namely, Canadian Premier Life Insurance Company (Securian Canada), a company whose head office is located at 25 Sheppard Ave Ave West, Suite 1400, Toronto, Ontario, M2N 6S6;
- "You", "your" and "yours": refers, whether individually or collectively, to the insured person(s) named in the *Insurance Application*.

Moreover, the definitions of terms, words and expressions appear in the **Definitions** section under **PART 5 - GENERAL PROVISIONS**, as well as in the **Definitions** sections of each insurance coverage.

These terms, words or expressions are *italicized*.

We only insure you for the coverage(s) described in this certificate if:

- A premium and insurance amount are stipulated in the Insurance Application; and
- The insurance premium was paid in full; and
- We accepted your Insurance Application, after analyzing your medical questionnaire, if applicable.

*Your* certificate is not assignable to whomever, for whatever reason.

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# **Eligibility criteria**

To be eligible for the coverages stipulated in this insurance certificate, *you* must satisfy the eligibility criteria in sections I) to L) of the *Insurance Application*.

# Part 1 – Life insurance coverage\*

\* Accidental dismemberment insurance is automatically included when *you* purchased life insurance.

#### Section 1 – Purpose of coverage

Subject to the other provisions of this certificate, *we* agree to pay an insurance benefit if *you* die while this insurance coverage is in effect.

#### Section 2 – Amount of insurance benefits

The benefit is payable to the *creditor* named in *your Insurance Application*, upon receipt of satisfactory proof of death.

The amount of the benefit is equal to the lesser of the following amounts:

- 1. **For a loan agreement**, the balance of the contract owed on the date of *your* death as stipulated in the notice issued by the *creditor*;
- 2. **For a lease agreement**, the present value of future payments remaining upon the date of *your* death and, if *you* opted for this option, the *residual value* indicated in *your Insurance Application*;
- 3. The initial benefit stipulated in section F) Insurance Coverages of your Insurance Application;
- 4. The maximum insurable amount stipulated in section **J**) **Additional eligibility criteria applicable to the life insurance coverage** in *your Insurance Application*.

In all cases, the amount of the benefit includes the insurance premium.

#### Section 3 – Restrictions

- 1. When more than one person is insured by this insurance coverage, no more than one benefit is payable, to whomever submitted the benefit claims form first.
- 2. The insurance benefit in no way covers payments in arrears under the *financing agreement* or any accrued interest thereon.

#### Section 4 – Exclusion

In addition to the exclusions stipulated in **Section 2 – Exclusions** under **PART 5 – GENERAL PROVISIONS** herein, no benefit is payable if the cause of death is suicide in the two years following the *effective date of insurance*.

# Part 2 – Disability insurance coverage

#### Section 1 – Purpose of coverage

Subject to the provisions of this certificate, we agree to pay benefits if you become totally disabled while insured under this coverage and your total disability continues after the waiting period.

#### Section 2 – Definitions specific to disability insurance coverage

"Benefit Period" means the period during which insurance benefits under this insurance coverage are paid. The benefit period begins on the day following the end of the waiting period and continues until the dates stipulated under Section – 8 - Termination of benefit payments herein. (In the event of a retroactive waiting period, this period begins on the first day of total disability.)

*Your benefit period* is stipulated in the "Waiting Period and Benefit Period" paragraph in section **F) Insurance Coverages** of *your Insurance Application*.

- "Recurring Total Disability" means:
  - 1. Successive periods of *total disability* as a result of the **same causes** and separated by less than 3 complete and consecutive months during which:
    - a) you returned to work on a daily schedule equivalent to the one you had prior to the total disability; or
    - b) *you* would have been able to return to work.
  - Successive periods of *total disability* as a result of <u>entirely different causes</u> and separated by less than 7 complete and consecutive days during which:
    - a) you returned to work on a daily schedule equivalent to the one you had prior to the total disability; or
    - b) you would have been able to return to work.
- "Replacement Occupation" means occupation for which *you* are reasonably qualified, specifically in terms of *your* training and experience, regardless of its availability.
- "Total Disability" (or "totally disabled"):
  - 1. If *you* were gainfully employed prior to *total disability*:
    - a) In the first 12 months following the start of *total disability*, *you* are considered *totally disabled*, if as a result of *illness* or *accident*:
      - i. you are incapable of carrying out the most important tasks of your usual occupation; and
      - ii. you are not carrying out any other gainful occupation; and
      - iii. *you* are receiving constant medical care from a *physician*.
    - b) After 12 months of total disability, you continue to satisfy the definition of total disability if:
      - i. *you* are incapable of carrying out a *replacement occupation*; and
      - ii. you are not carrying out any other gainful occupation; and
      - iii. *you* are still receiving constant medical care from a *physician*.
  - 2. If at the time of *total disability you* are not gainfully employed or on maternity, paternity or parental leave, or on unpaid leave as agreed with *your* employer, *you* are considered *totally disabled*, if as a result of *illness* or *accident*:
    - a) you are incapable of carrying out a replacement occupation because of your total disability; and
    - b) you are not carrying out any other gainful occupation; and
    - c) *you* are still receiving constant medical care from a *physician*.

Uncomplicated pregnancy or uncomplicated childbirth are not considered as a *total disability*.

"Usual occupation" means the occupation you were carrying out immediately before your total disability.

"Waiting period" means the number of consecutive days during which no benefit is paid and that starts when *your total disability* is diagnosed by a *physician*.

No waiting period applies in the event of a recurring total disability.

*Your waiting period* is stipulated in the "Waiting Period and Benefit Period" paragraph in section **F) Insurance Coverages** of *your Insurance Application*.

#### Section 3 – Conditions for benefit payments

Benefits will be paid to the *creditor* named in *your Insurance Application* the day after the end of the *waiting period*, if applicable, provided the following conditions are met:

- 1. you are totally disabled; and
- 2. *your total disability* began while this disability insurance coverage was in effect and continued beyond the *waiting period*.

To make it easier to process *your* benefit claim, *we* ask that *you* provide satisfactory proof of *total disability* by no later than 90 days following the onset of *total disability*, as well as any satisfactory medical proof.

#### Section 4 – Amount of insurance benefits

For each month of *total disability*, a benefit amount is equal to the lesser of the following amounts:

- 1. the monthly benefit stipulated in section F) Insurance Coverages of your Insurance Application; or
- 2. the amount of the monthly payments payable to the *creditor* named in *your Insurance Application* based on *your financing agreement*, excluding any lump sum or *residual value* payment; or
- 3. the maximum insurable amount stipulated in section **K**) Additional eligibility criteria applicable to the disability insurance coverage of *your Insurance Application*.

In all cases, the amount of the benefit includes the insurance premium.

Furthermore, in the event of *recurring total disability*, the 12 month period stipulated in paragraph a) of the definition of *total disability* above does not start over, but is the continuation of the previous *total disability(ies)*, when applicable.

Benefits are paid monthly to the *creditor* named in *your Insurance Application* at every payment date stipulated in *your financing agreement*, throughout *your total disability*, without exceeding the *benefit period*.

Benefits paid over a period of less than 30 days are calculated at a daily rate corresponding to one-thirtieth (1/30) of the monthly benefit.

#### Section 5 – Presumptive disability

If, as a result of *illness* or *accident*, *you* suffer:

- two losses from the following:
  - Loss of use of a hand
  - Loss of use of a foot
  - Loss of a hand and wrist joint after amputation
  - Loss of foot and ankle joint after amputation;

OR

- one loss from the following:
  - Loss of vision in both eyes (a visual acuity of 20/200 or less, or field of vision of less than 20 degrees)
  - Loss of speech for a period of at least 6 consecutive months
  - Loss of hearing in both ears, with a hearing threshold of more than 90 decibels;

*you* will be considered *totally disabled,* regardless of whether *you* were employed at the time of the loss and whether or not *you* were receiving constant medical care.

By "loss" we mean complete, permanent, incurable and irreversible loss.

#### Section 6 – Restrictions

- 1. When more than one person is insured by this insurance coverage, the benefit cannot exceed the lesser of the amounts stipulated under **Section 4 Amount of insurance benefits** herein.
- 2. The benefits in no way cover the *residual value* of the *consumer good*.
- 3. The benefits in no way cover payments in arrears under the *financing agreement* or any accrued interest thereon.

#### Section 7 – Exclusions

In addition to exclusions stipulated in the **Section 2 – Exclusions** under the **PART 5 – GENERAL PROVISIONS** herein, no benefit is payable if the *total disability* is the direct or indirect result of:

- 1. uncomplicated pregnancy or uncomplicated childbirth; or
- 2. cosmetic or non-medically required surgery; or
- 3. attempted suicide or intentional self-inflicted injury, regardless of your state of mind; or
- 4. chronic or excessive consumption of alcohol or drugs, use of illicit drugs or substances, or misuse of medication obtained with or without a prescription, unless participating in a rehabilitation program that is approved and monitored by a *physician*.

#### Section 8 – Termination of benefit payments

Benefit payments terminate on the earliest of the following dates:

- 1. The date on which *we* ask for proof that *you* are still *totally disabled* and if, after 31 days, *we* did not receive the requested documents or are dissatisfied with the documents received;
- 2. The date on which we asked you to go for a check-up with the physician of our choice, but you did not go;
- 3. The date on which *you* are no longer considered *totally disabled*;
- 4. The date on which you carry out gainful occupation;
- 5. The date on which you reached the end of the maximum benefit period stipulated in the "Waiting Period and Benefit Period" paragraph in section F) Insurance Coverages in your Insurance Application. If the maximum period is determined in months, it is cumulated for all your total disability leaves, whether benefits were paid consecutively or not;
- 6. The end date of the coverage stipulated in section **F) Insurance Coverages** in *your Insurance Application*.

# Part 3 – Accidental dismemberment insurance coverage

#### Section 1 – Purpose of coverage

Subject to the other provisions of this certificate, *we* agree to pay an insurance benefit if, while *you* have life insurance coverage, *you* suffer an *accident* that causes losses stipulated in **Section 3 – Conditions for benefit payments.** 

#### Section 2 – Amount of insurance benefits

# If *you* opted for life insurance coverage, *you* are automatically covered by this insurance coverage, subject to other provisions herein.

In the event of accidental dismemberment, the benefit is payable to the *creditor* named in the *Insurance Application* upon receipt of medical proof *we* consider satisfactory.

The amount of the benefit is equal to the lesser of the following amounts:

- 1. **For a loan agreement**, the balance of the contract owed on the date on which *you* suffer the losses as stipulated in the notice issued by the *creditor*;
- 2. **For a lease agreement**, the present value of future payments remaining upon the date on which *you* suffer the losses and, if *you* opted for this option, the *residual value* of the life insurance coverage indicated in *your Insurance Application*;
- 3. The initial benefit of the life insurance coverage stipulated in section **F) Insurance Coverages** of *your Insurance Application*;
- 4. The maximum insurable amount stipulated in section **J**) **Additional eligibility criteria applicable to the life insurance coverage** in *your Insurance Application*.

#### Section 3 – Conditions for benefit payments

To be eligible for the insurance benefit, *you* must satisfy the following conditions:

- 1. as result of *injury*, *you* suffer:
  - two losses among the following:
    - loss of use of a hand
    - loss of use of a foot
    - loss of a hand and wrist joint after amputation
    - loss of a foot and ankle joint after amputation;

OR

- one loss among the following:
  - loss of vision in both eyes (a visual acuity of 20/200 or less, or field of vision of less than 20 degrees)
  - loss of speech for a period of at least 6 consecutive months
  - loss of hearing in both ears, with a hearing threshold of more than 90 decibels.
- 2. these losses occur in the 365 days following the date on which *you* suffer the *accident* and while *your* life insurance coverage was in effect; and
- 3. these losses did not lead to your death.

By "loss" we mean complete, permanent, incurable and irreversible loss.

#### Section 4 – Restrictions

- 1. When more than one person is insured by this insurance coverage, no more than one benefit is payable, to whomever submitted the benefit claims form first.
- 2. The accidental dismemberment insurance benefit in no way covers payments in arrears under the *financing agreement* or any accrued interest thereon.

#### Section 5 – Exclusions

In addition to exclusions stipulated in **Section 2 – Exclusions** under **PART 5 – GENERAL PROVISIONS** herein, no benefit is payable if accidental dismemberment results directly or indirectly from:

- 1. Attempted suicide or intentional self-inflicted *injury*, regardless of *your* state of mind; or
- 2. *Your* chronic or excessive consumption of alcohol or drugs, use of illicit drugs or substances, or misuse of medication obtained with or without a prescription, unless participating in a rehabilitation program that is approved and monitored by a *physician*.

# Part 4 – Temporary insurance agreement during the risk selection process

If *you* must complete a medical questionnaire, in compliance with section **H**) **Required Medical Questionnaire** in *your Insurance Application, you* will be temporarily covered under the life insurance coverage (including accidental dismemberment insurance) if you purchased this coverage and for the period during which *we* analyze *your application* as per the terms and conditions herein and:

- 1. A maximum coverage amount of:
  - i. \$100,000 if you are between 17 and 59 years of age
  - ii. \$50,000 if you are between 60 and 70 years of age
- 2. The temporary insurance terminates on the earliest of the following dates:
  - a. the 90<sup>th</sup> day following the date on which *you* signed the *Insurance Application*;
  - b. the date on which we accept or deny your Insurance Application.

**Exclusion**: Temporary insurance does not apply if *you* complete the *Insurance Application* after the date on which *you* signed the *financing agreement*.

## Part 5 – General provisions

(applicable to all insurance coverages)

#### Section 1 – Definitions

"Accident" means an unintentional, sudden, unforeseen and unpredictable event:

- that is attributable to a violent external cause; and
- that, directly and independently of any other cause, causes one or more bodily *injuries*.

"Consumer good" means an item that *you* have purchased or leased and for which *you* have signed a *financing* agreement.

"Creditor" means the financing company that grants the loan or lease agreement for your consumer good.

"Distributor" refers to the company that sold *you* this insurance.

"Effective date of insurance" means the date on which the insurance takes effect, as stipulated in the *Insurance Application*.

"Family member" means *your* spouse, father, father-in-law, mother, mother-in-law, legal guardian, *your* children and *your* spouse's children, brothers and sisters, half-brothers and half-sisters, grandchildren, grandparents, father's spouse, mother's spouse, sons-in-law, daughters-in-law, uncles and aunts, nephews and nieces.

"Financing agreement" means the loan or lease contract for your consumer good.

"Illness" means a deterioration in health or a physical disorder diagnosed by a *physician* and requiring medical treatment.

"Injury" means bodily injury:

- that results directly and solely from an *accident*; and
- that leads to your total disability; and
- that is diagnosed by a *physician*.

What is not considered an *injury* is any bodily *injury* resulting from:

- an intentional act; or
- an *illness*; or
- any cause other than an *accident*.

"Insurance Application" means the insurance application you signed.

"Physician" means a person other than *yourself* or *family member* or *your* business partner who is licensed to practice medicine in Canada.

"Pre-existing medical condition" means any health problem that includes, but is not limited to, an *illness*, a *critical illness*, an *injury* or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the *effective date of insurance*:

- you received a treatment stipulated in the List of treatments; or
- *you* had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or treatment.

#### List of treatments:

- i. A diagnosis
- ii. A medical opinion
- iii. A treatment
- iv. A service
- v. A prescription drug
- vi. A consultation, including a consultation for investigation.

"Residual value" means the predetermined value of the *consumer good* at the end of the lease agreement, as stipulated in this contract.

#### Section 2 – Exclusions

No benefit is payable if the death, total disability or accidental dismemberment results directly or indirectly from:

- 1. a *pre-existing medical condition* (however, this exclusion is voided if the event that is the subject of the claim occurs more than 18 months after the *effective date of insurance*);
- 2. participating in a criminal act or attempting to commit a criminal offence;
- 3. assaults that you committed;
- 4. war, whether declared or undeclared, insurrection, rebellion or your participation in a riot or popular uprising;
- 5. travelling or flying in, or descending from any kind of aircraft, other than as a fare-paying passenger, if the aircraft is only used to transport passengers or passengers and cargo;
- 6. *your* operating of a motor vehicle, vessel, aircraft or railway equipment if:
  - a) your blood alcohol level is 80 mg or higher per 100 ml of blood;
  - b) the concentration of a drug in *your* blood is equal to or higher than 5 ng of THC per ml of blood;
  - c) the concentration of a drug in *your* blood is equal to or higher than 2.5 ng of THC per ml of blood, combined with a blood alcohol level that is equal to or higher than 50 mg or higher per 100 ml of blood;
  - d) the presence of any illicit substance in your blood;
  - e) *you* are taking medication whose prescription includes a warning against driving a motor vehicle.

#### Section 3 – End of insurance

#### <u>All the insurance coverages</u> under this certificate will end on the earliest of the following dates:

- 1. the date on which the *financing agreement* is modified, refinanced, or declared expired by the *creditor* named in *your Insurance Application*;
- 2. the date on which the *consumer good* is repossessed, sold or is the subject of a court ruling;
- 3. the date stipulated in *your financing agreement* on which all payments were paid in full, excluding all arrears and interest thereon;
- 4. for life insurance and accidental dismemberment insurance: the date on which the benefit becomes payable, in compliance with this certificate.

# Life, disability and accidental dismemberment insurance coverages will terminate, <u>independently of each</u> <u>other</u>, on the earliest of the following dates:

- 1. the end date of insurance, for each coverage, as stipulated in your Insurance Application;
- 2. the date on which we receive a written notice of termination from you;

If more than one person is insured, you can terminate:

- a) your insurance only; or
- b) the entire contract. For the latter, the signature of all insured persons is required;
- 3. the date on which you reach the age at which the insurance is set to terminate, as stated below:
  - a) For life and accidental dismemberment coverages: the date of your 74th birthday;
  - b) For **disability coverage**: the date of *your* 72<sup>th</sup> birthday.

If the insurance covers more than one person, only the portion applicable to the person who reached the age mentioned above ends.

4. the date on which the maximum term, specific for each insurance coverage, is reached, as stipulated in *your Insurance Application*;

**Disability insurance ends** upon *your* retirement. When more than one person is insured by this insurance coverage, the coverage continues to apply to the person who is not retired.

#### Section 4 – Rescission right

Upon receipt of a copy of the *Insurance Application*, you have **20 days** to cancel this insurance, without penalty.

If that is the case, return this certificate to *us* at the following address by recommended mail or any other method that requires a signature at Reinsurance Management Associates, Inc., 170 University Ave, Suite 500, Toronto, Ontario, M5H 3B3.

Upon receipt, *we* will cancel *your* insurance retroactively to the *effective date of insurance* and reimburse the premium paid.

#### Section 5 – Premium reimbursement

If your insurance is terminated or cancelled during the term, we will reimburse the premium as follows:

1. The entirety of *your* premium is reimbursed if:

a) your Insurance Application is denied; or

b) you are considered not eligible on the effective date of insurance; or

c) your insurance is cancelled in the 20 days following receipt of a copy of the Insurance Application.

2. In all other cases, *your* reimbursement is calculated using one of the two calculation methods below, pending receipt of *your* notice of termination:

**Method 1**: The reimbursement is calculated according to **Rule of 78**, reduced by:

- all benefits paid under this insurance certificate; and
- a \$125 termination fee (this fee is applied only once per application).

**Rule of 78** is a standard mathematical formula used in the industry to calculate the unused portion of a premium. It is defined as follows:

$$(Premium - Policy fee) \times ((A - B) \times (A - B + 1)) / (A \times (A + 1))$$

where:

A = Term of insurance (in months)

B = Number of months during which the insurance was in effect Policy fee = \$100

#### OR

**Method 2**: The reimbursement is calculated prorated to the number of months during which the insurance was in effect. The reimbursement of the premium will not be reduced by any benefit paid or any termination fee. Moreover, the policy fee will not be deducted from the premium when calculating the premium reimbursement.

Method 2 applies to the following *creditors*: Ford Credit Canada, Lincoln Automotive Financial Services, Volkswagen Credit Canada, Toyota Credit Canada, Financial Services Nissan Canada and Honda Canada Finance. To find out *your* reimbursement amount, please call *us* at 1-888-307-7443.

If *you* send *us* proof that all *your financing agreement* payments have been made, the premium reimbursement will be made directly to *you*. In all other cases, the reimbursement of premiums is made to the *creditor* to reimburse *your financing agreement*, whether in whole or in part.

**Restriction**: In all cases, the reimbursement amount must be at least \$5 to be reimbursed.

A cancellation retroactively ends a policy, as though it never existed.

**A termination (end of insurance)** ends a policy on a given date (after it has taken effect). The policy is no longer in effect, but it doesn't erase the past.

#### Section 6 – Benefit claims

For the purposes of this section, the words *you*, *your* or *yours* can also refer to *your* estate in the event of *your* death. *You* must call 1-888-307-7443 (toll free) to obtain a benefit claims form.

In addition to the benefit claims form, please provide all corroborating documents.

To make it easier to process *your* claim, please provide the following documents to *us* by their respective deadlines:

- 1. For life and accidental dismemberment insurance, by **no later than one year** after the date of death or loss;
- 2. For <u>disability insurance</u>, by **no later than 90 days** after the start of *total disability*.

If proof is required to process a benefit claim and it is not provided to *us*, the claim could be denied.

*We* will examine the benefit claim upon receipt and send a response within 30 days, provided all the necessary documents have been received.

If *we* consider the benefits to be payable based on the information provided, *we* will issue a cheque payable to the *creditor* in the 30 days following receipt of the benefit claim and send *you* a confirmation of benefit payment.

If the benefit claim is denied, you (or your creditor) can request a review of your file. To do so, you must:

- 1. explain why you want the claim to be reviewed; and
- 2. append all additional corroborating documents to *your* request for review.

If *you* are still unsatisfied with the decision rendered after review, *you* may also submit an official complaint to *our* Complaint Handling Department. To find out how, please call 1-888-307-7443.

A summary of *our* complaint handling policy is available here: https://securiancanada.ca/complaints.

You can also contact the Autorité des marchés financiers (AMF).

# Section 7 – False declarations on important facts, *your* health or *your* medical information

The information you provide us must always be factual and complete.

This insurance certificate is based on the information provided in *your Insurance Application* or related to the latter (including the answers to the medical questionnaire, if any). When *you* complete the *Insurance Application* and answer the medical questionnaire, *your* answers must be factual and complete. In the case of a benefit claim, *we* audit this information. If one of *your* answers is not factual or incomplete:

- 1. *your* coverage could be cancelled;
- *2. your* benefit claim could be denied.

#### Section 8 – Notice of constitution of a file and personal information use

#### Notice of constitution of a file

Respecting *your* privacy is a priority for Canadian Premier Life Insurance Company. *We* collect information from application forms and other information *you* provide to *us* or *our* distribution partners in connection with insurance and/or financial products offered by *us*.

#### Collection and use of *your* personal information

*We* collect, use and disclose *your* personal information for purposes that include: confirming *your* identity, underwriting, including determining *your* eligibility or need for insurance and/or financial products *you* request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. *We*, and *our* affiliates, may use the personal information for the purpose of offering *you*, or allowing select organizations to offer *you*, other products and services.

*You* may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6. *We* will give access to *your* personal information only to those of *our* employees and independent contractors, affiliates within *our* corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with *our* reinsurers, who need *your* personal information to do their jobs. *We* will also provide access to anyone else *you* authorize.

All of *our* service providers with whom *we* have a contractual relationship are required to protect *your* personal information in accordance with this privacy statement and *our* privacy practices. Sometimes, unless *we* are otherwise prohibited, these people may be in, or *your* personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so *your* personal information may be subject to the laws of those other provinces or countries. *You* can ask for the information in our files about *you* and, if necessary, ask *us* in writing to correct it.

#### **Personal Information Protection Officer**

Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6.

To find out more about *our* privacy practices, visit: http://www.securiancanada.ca/privacy-statement.

## Notice of rescission of an insurance contract

#### NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

# THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

#### NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

То:	Reinsurance Management Associates, Inc. 170 University Ave, Suite 500, Toronto, Ontario, M5H 3B3		
Date:		(date of sending of notice)	
Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.:		(number of contract, if indicated)	
Entere	ed into on:	(date of signature of contract)	
in:		(place of signature of contract)	
		(name of client)	
		(signature of client)	

CPL 2023-07, Ann. 1.