

**IMPORTANT: SEND TO TRANSIT 1670-1 or  
email to [NBsupport@nbc.ca](mailto:NBsupport@nbc.ca)  
Incomplete forms will be sent back to the Private Banker**

## 1. ELIGIBILITY

Eligibility conditions for **SECURIZONE Alert Individual Plan**:

- > **Be enrolled in a Private Banking 1859 banking offer (080, 021)**
- > Be 18 years of age or older
- > Reside in Canada

## 2. APPLICATION

**SECURIZONE Alert** \_\_\_\_\_  
Date (YYYY MM DD)

Individual plan  No monthly fee

No monthly fees apply for the SECURIZONE Alert Individual Plan as long as you benefit from a Private Banking 1859 banking offer and meet the other eligibility criteria. If you no longer benefit from a Private Banking 1859 banking offer, the regular monthly fees for the Individual Plan of \$9.95 plus taxes will apply. In this case, you must consent to the applicable fees to continue benefiting from the SECURIZONE Alert Individual Plan.

At any time, NBC Assistance Inc. and National Bank can terminate or amend the offer and duration of the SECURIZONE Alert Individual Plan reserved for clients who benefit from a Private Banking 1859 offer by sending you a notice 30 days before the amendment comes into effect. This notice will contain the new or amended clause, the old version of the amended clause, if applicable, and the date the amendment takes effect. If you refuse to accept the amendment, you can terminate the program with no penalty by sending us a notice no later than 30 days after the amendment takes effect.

## 3. PERSONAL INFORMATION

**Reserved for the Bank: CHECK and CONFIRM THE CLIENT'S ADDRESS AND PHONE NUMBER AGAINST THE ONES IN CRM**

Please tick this box if you have amended/corrected the address in CRM. We will process the form within 48 hours of receiving it.

\_\_\_\_\_  
CIS No.                      Date of birth (YYYY MM DD)                      Email address

Mr.     Ms.                      \_\_\_\_\_  
Last name    First name

## 4. CONSENT – SIGNATURE REQUIRED

To open and administer your assistance program and provide the services you have signed up for, NBC Assistance Inc. and the Service Provider may collect, use and disclose personal information about you, such as your name, contact information and date of birth, to each other or to their respective agents and service providers, as well as to third parties such as credit reporting and assessment agencies. My consent is valid from the date this document is signed and will remain valid for the duration of my business relationship with NBC Assistance Inc. and the Service Provider or for a longer period of time if required or permitted by law, subject to my right of withdrawal referred to below. If I am required to provide personal information about my spouse or dependent children, I agree to obtain their prior consent to the collection use and disclosure of personal information as set out in the contract.

I agree that some of my personal information may be used by NBC Assistance Inc. to offer me products and services that may interest me, or shared with its affiliates for the same purpose. Such offers may be communicated to me by various means, including by mail, by phone and electronically, at the addresses and numbers provided by me. I acknowledge that I may withdraw my consent to the use and disclosure of personal information for solicitation purposes at any time by calling NBC Assistance Inc. at 1-888-535-0510 or 514-871-8360 (collect calls accepted) or by writing to the address set out in the contract.

**X**  
\_\_\_\_\_  
Date (YYYY MM DD)                      Applicant's signature  
\_\_\_\_\_  
Applicant's first and last name

## 5. RESERVED FOR THE BANK

\_\_\_\_\_  
Advisor's employee No.                      Advisor's first and last name                      Transit

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