

IMPORTANT: SEND by email to NBIsupport@nbc.ca OR TO TRANSIT 1670-1
Incomplete forms will be sent back to the Private Banker

1. ELIGIBILITY

Eligibility conditions for the SECURIZONE Assistance* program:

- > **Be the holder of a Private Banking 1859 offer (080, 021)**
- > Be 18 or older
- > Reside in Canada

Enrolled in the family plan:

- > Spouse: same criteria as for the enrolled client
- > Child: dependent child aged 23 or younger, residing at the same address as the enrolled client

*To benefit from all the services in the SECURIZONE Assistance programs, the enrolled client must have a credit file and an email address.

2. APPLICATION FORM

The first fee will be collected 30 days after enrolment.

Date (YYYY MM DD)

IMPORTANT: I choose the following SECURIZONE plan (tick a plan). The details of each plan are provided on page 3.

SECURIZONE Assistance

- Individual plan \$14.35 per month (plus tax) Family plan \$20.75 per month (plus tax)

The special rate for holders of a Private Banking 1859 banking offer will be in effect as long as you benefit from a Private Banking 1859 offer and meet the other eligibility criteria. If you no longer benefit from a Private Banking 1859 offer, the regular monthly rate of \$17.95 (individuals) or \$25.95 (family) plus tax for SECURIZONE Assistance will apply.

NBC Assistance Inc. and National Bank may at any time terminate or modify the term and price of the special rate on SECURIZONE products reserved for clients benefiting from National Bank exclusive offers by sending you a written notice 30 days before the effective date of the change. This notice will contain the new or amended clause, the old clause that was amended (if applicable), and the effective date of the amendment. If you do not agree to the changes, you can cancel the program with no penalty by sending us a notice no later than 30 days after the change comes into effect.

3. PERSONAL INFORMATION

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

- Please tick this box if you have amended/corrected the address in CIS. 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. PAYMENT METHOD

Select one of the two available payment methods (A - National Bank Mastercard account or B - Bank account).

Complete and sign the section corresponding to your choice.

A - NATIONAL BANK MASTERCARD ACCOUNT

Withdrawal authorization (frequency and amount of debits): I, the undersigned, authorize NBC Assistance Inc. and its successors, potential transferees or assigns to charge the monthly fees for my assistance program to the credit card account specified below.

- National Bank Mastercard account

5258

Expiry date:

MM

YYYY

X

Date (YYYY MM DD)

Signature

B - ENROLMENT IN PRE-AUTHORIZED DEBITS (PAD) – PAYER'S PAD AGREEMENT

PAD use Personal

Withdrawal authorization (frequency and amount of debits): I, the undersigned, authorize NBC Assistance Inc. and its successors, potential transferees or assigns to carry out, effective immediately, personal pre-authorized debits (PADs) from the account specified below to pay the monthly fees for my assistance program.

Each withdrawal corresponds to a fixed amount which may be modified, in particular should the withdrawal of the fee not be accepted.

Waiver: I WAIVE THE RIGHT to receive notice of debit amounts and due dates ten (10) days prior to the first debit being charged to my account. I also WAIVE THE RIGHT to receive notice of any change to the debit amount or date, notably when this change results from instructions that I have given to NBC Assistance Inc. to amend the debit terms and conditions.

Change or cancellation: I agree to notify NBC Assistance Inc., at least five (5) days before the next scheduled withdrawal, of any changes to the bank account information or payment date. I also authorize NBC Assistance Inc. to make withdrawals from another account, following my verbal or written instructions. In the case of a joint account, the word "I" used herein refers to all signatories.

This authorization will remain in effect until NBC Assistance Inc. receives notice from me of any changes or of its cancellation. I MAY CANCEL my authorization at any time by giving NBC Assistance Inc. thirty (30) days' written notice. To obtain a sample of the cancellation form or for more information on my right to cancel a PAD agreement, I may contact NBC Assistance Inc. or the financial institution where my account is held, or visit the Payments Canada website at www.payments.ca. I RELEASE the financial institution from any liability if the cancellation is not respected, except in the case of gross negligence on its part.

Non-compliant debits and reimbursement: I have certain rights of recourse if a debit is not compliant with my authorization. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with my authorization. For more information on my rights of recourse, I may call NBC Assistance Inc. at 1-888-535-0510 or the financial institution where my account is held, or visit www.payments.ca.

Personal information: I agree and understand that the personal information contained in my pre-authorized debit application will be disclosed to the financial institution and to NBC Assistance Inc., to the extent that such disclosure is directly related to and necessary for the proper application of regulations related to PADs. This agreement will remain in effect as long as my authorization is maintained.

PAYMENT AUTHORIZATION AND BANK ACCOUNT INFORMATION

Bank account

Transit _____ Institution No. _____ Account No. _____
Date (YYYY MM DD) _____ **X** _____
Signature

Contact information – NBC Assistance Inc. :
1100 Robert-Bourassa Blvd, 5th Floor, Montreal, QC H3B 2G7
Phone: 1-888-535-0510 Fax: 514-394-6604

5. CONSENT – SIGNATURE REQUIRED

Collection, use and disclosure of my personal information

As part of the services requested, NBC Assistance Inc. collects and uses my personal information for the following, among other reasons:

- To check my identity
- To open and administer my assistance program and manage related services
- To contact me by mail or email to provide the required instructions for our service providers to administer the assistance program, including (if applicable) to send an access code
- To present offers and other promotional communications or offers from their business partners (unless you have opted not to receive them)
- Any other reason provided for in our *Privacy Policy* at <https://www.nbc.ca/privacy-policy.html>

NBC Assistance Inc. and its service providers may also collect, use and disclose between them information about me including my name, contact information, recordings of phone calls I made to the service providers for purposes of quality control for the services offered, fraud prevention, regulatory compliance and complaint management.

Spouse and dependent children (if applicable)

If I am required to provide personal information about my spouse or dependent children, I confirm having obtained their consent to the collection, use and disclosure of personal information for the same purposes.

Duration of consent

My consent is valid from the date of signature of this document and will remain valid for the duration of my business relationship with NBC Assistance Inc. or for a longer period of time if required or permitted by law.

In addition, I agree to NBC Assistance Inc using some of my personal information to offer me products and services that may interest me, or sharing such information with its subsidiaries so that they may use it for the same purposes. 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 by writing to the address indicated in the contract.

By signing, I confirm that the following statements are correct:

- The information I have provided to the Bank in this application form is accurate.
- I have read the conditions set out in section 5 of this application and I accept these conditions.
- I have read the *Privacy Policy*.
- If I have provided personal information about another person, I confirm that I am authorized to do so.

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

6. RESERVED FOR THE BANK

Advisor's employee No. _____ Advisor's first and last name _____ Transit _____

IMPORTANT: SEND by email to NBIsupport@nbc.ca or TO TRANSIT 1670-1

SECURIZONE®

Keep your identity to yourself



The SECURIZONE program includes several services to help you take precautions against identity theft and fraud and react if an incident occurs.

SECURIZONE 2.0

The simplest plan

PREVENT

- › Identity theft and fraud risk assessment
- › Advice via telephone on preventing identity theft and fraud

REACT AND SUPPORT

- › Support with identity restoration
- › One hour of psychological support per event
- › Legal assistance
- › Help in the event of a lost or stolen wallet

SECURIZONE Alert

The intermediate plan

in partnership with Equifax¹

PREVENT

- › Identity theft and fraud risk assessment
- › Advice via telephone on preventing identity theft and fraud

MITIGATE

- › Equifax credit file monitoring and alerts
- › Access to your credit report and score
- › Online identity monitoring and alerts

REACT AND SUPPORT

- › Support with identity restoration
- › One hour of psychological support per event
- › Legal assistance
- › Help in the event of a lost or stolen wallet

SECURIZONE Assistance

in partnership with ID Assist^{TM,2}

The most comprehensive plan

PREVENT

- › Identity theft and fraud risk assessment
- › Advice via telephone on preventing identity theft and fraud
- › Notification of major violations (e.g., a confidentiality breach that affects several clients of the same company)

MITIGATE

- › Credit file monitoring by both Canadian credit bureaus and alerts
- › Access to your credit report and score
- › Online identity monitoring and alerts

REACT AND SUPPORT

- › Assistance in the event of identity theft and identity restoration assistance via limited power of attorney*
- › One hour of psychological support per event
- › Legal assistance
- › Help in the event of a lost or stolen wallet

* When you sign a limited power of attorney, an identity restoration expert can act on your behalf to deal with the companies involved in restoring your identity.

SECURIZONE

Take precautions against identity theft

3 good reasons to choose SECURIZONE

- ✓ Benefit from a risk assessment and get advice to help guard against the risk of identity theft and fraud.
- ✓ Receive an alert if there is a significant change to your credit report or if the information you've registered is found on a potentially fraudulent or black-market website (SECURIZONE Alert and SECURIZONE Assistance).
- ✓ Get fast access to personalized assistance in the event of identity theft and fraud.

1-2-3 Make the most of all your benefits



In order to benefit from the monitoring and alert services included with SECURIZONE Alert and SECURIZONE Assistance, you need to register on our partner's website.

- 1 Keep an eye on your mailbox! You'll receive a letter with your access code a few days after signing up.
- 2 Enter your access code at the address specified in the letter.
- 3 Customize your alerts to be notified quickly.



Need help activating your services?
Call 1-888-535-0510.

Would you like to sign up for SECURIZONE?



Visit a [branch](#)



Call [1-888-535-0510](tel:1-888-535-0510)

nbc.ca/securizone-assistance



**NATIONAL
BANK**

ASSISTANCE NETWORK

1 With SECURIZONE Alert you have access to Equifax Complete™ Monitor from Equifax, a partner of NBC Assistance Inc.

2 With SECURIZONE Assistance you have access to ID Assist from Sigma Loyalty, a partner of NBC Assistance Inc.

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