

IMPORTANT: SEND BY EMAIL TO
nbisupport@nbc.ca
Incomplete forms will be sent back

1. ELIGIBILITY

Conditions to enrol in **Securizone or Securizone 360**:

- > 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

ATTENTION: To benefit from all the services in the Securizone 360 program, you must have a credit file.

2. APPLICATION FORM

Date (YYYY MM DD)

IMPORTANT: I choose the following SECURIZONE plan (tick a plan).

Securizone 360

- Individual plan \$9.95 per month (plus tax) Family plan \$14.95 per month (plus tax)

Securizone

- Individual plan \$7.95 per month (plus tax) Family plan \$11.95 per month (plus tax)

3. PERSONAL INFORMATION

Reserved for the Bank:

IMPORTANT: Please ensure that the following information is accurate in the CRM so that the member can benefit from all their services:

- address
- e-mail address
- telephone number

- 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) _____ 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

Date (YYYY MM DD) _____ **X** _____
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. _____
X
Date (YYYY MM DD) _____ Signature _____

Contact information – NBC Assistance Inc. :
800 Saint-Jacques Street, Office 16701, Montreal, Quebec H3C 1A3
Phone: 1-888-535-0510 Fax: 514-394-6604

5. COLLECTION, USE AND COMMUNICATION OF YOUR PERSONAL INFORMATION

To provide the services you signed up for, NBC Assistance Inc. collects and uses your personal information for purposes that include:

- verifying your identity;
- creating and administering your assistance program and managing related services;
- getting in touch with you by mail or email to provide you with instructions to ensure the administration of the assistance program by our suppliers, including the service to send you an access code (when applicable);
- allowing NBC Assistance Inc., National Bank and its subsidiaries to present offers and other promotional communications or those of its business partners, unless you refuse; and
- carrying out any other purpose set out in the Privacy Policy of National Bank and its subsidiaries available at nbc.ca/privacy-policy.html

The Privacy policy indicates what information NBC Assistance Inc. collects, with whom it shares the information, how the information used and stored, your options and rights and how you can manage your consent.

NBC Assistance Inc. may share your personal information, including your name, address and certain call recordings, with suppliers to ensure the quality of the services that are offered, prevent fraud, ensure compliance with our regulatory obligations and handle complaints.

Following the end of the business relationship, NBC Assistance Inc. will retain your personal information for a reasonable period, in keeping with its legal obligations.

If you have any questions, please get in touch with your branch or the Chief Privacy Officer at confidentiality@nbc.ca.

6. CONSENT – SIGNATURE REQUIRED

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

- The information that I provided to NBC Assistance Inc. as part of this application are correct.
- I have read the conditions set out in the “Collection, use and disclosure of your personal information” section in this application and I accept them.
- I have read NBC Assistance’s *Privacy Policy*, available at nbc.ca/privacy-policy.html.
- I understand that signing up for NBC Assistance’s services means that I accept the conditions of this Policy.
- I understand that I can limit the collection, use and disclosure of my personal information as set out in this Policy.
- If I have provided personal information about another person, such as my spouse or dependant children, I confirm that I am authorized to do so.
- I confirm it is my wish that this application, the contract relating to the SECURIZONE Assistance Program for the plan selected and all related documents be drawn up in English. Je confirme ma volonté que cette demande d’adhésion, le contrat relatif au programme d’assistance SÉCURIZONE pour le plan choisi et tous les documents s’y rattachant soient rédigés en anglais.
- **(Quebec only)** The French version of this application and the contract described in the previous paragraph is available here: assurances-bnc.ca/documentation.html. I confirm having received this version. **(Québec seulement)** La version française de cette demande d’adhésion et du contrat décrit au paragraphe précédent est disponible ici : assurances-bnc.ca/documentation.html. Je confirme avoir reçu cette version.

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

7. RESERVED FOR THE BANK

Employee No. _____ Advisor’s first and last name _____ Transit _____

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