| ENROLLMENT FORM   |                                       |  | BANK  |
|---|---------------------------------------|--|---|
| <b>Credit Card Payment Protection</b>   | Plan (CCPPP)                          |  | INSURANCE                                     |
| Please complete in block letters and in black ink   | ,<br>,                                | Correspondence:  | 🗌 English 🛛 🗌 French                          |
| 1. Personal Information of Primary Cardholder   |                                       |  |   |
| Primary cardholder's National Bank Mastercard credit c<br>(Insurance is not available for business credit cards)  | ard number: 5                         | 258  |   |
| Mr. Mrs.  |                                       |  |   |
| Last name   | First name                            |  | Date of birth (YYYY MM DD)                    |
| PLEASE CHECK THE CLIENT'S ADDRESS IN CI   | IS/CRM                                |  |   |
| Please check this box if you need to modify / correct t<br>receiving the form.  | the address in CIS/CRM. V             | Ve will proceed to send                                      | I the certificate 48h after                   |
| 2. Eligibility  |                                       |  |   |
| I am eligible for CCPPP if, at the time the policy takes effect, I at   | m:                                    |  |   |
| <ul> <li>Distinction, Regular and Autonomy Plans:</li> <li>between 18 and 64 years of age; and</li> <li>living in Canada; and</li> <li>a primary cardholder of a credit card account in good stand</li> </ul> | - living in Can                       | age or older; and<br>ada; and<br>rdholder of a credit card a | account in good standing.                     |
| 3. Enrollment   |                                       |  |   |
| I select the following insurance plan (check a plan):   |                                       |  |   |
| Protections for each plan are detailed on page 2.   |                                       |  |   |
| Plans for clients between 18 and 64 years of age:         Distinction Plan       Regular Plan         \$1.20 per \$100       \$0.99 per \$100   | Autonomy Plan<br>\$0.79 per \$100     | Plans for clien<br>65 + Plan<br>\$0.69 per \$                | <b>ts of 65 years of age or older:</b><br>100 |
| If this CCPPP enrollment form is signed but no plan is chosen, t  | he Regular plan or the 65 + pl        | an will apply.   |   |
| 4. General Conditions   |                                       |  |   |
| 4.1 Insurance coverage<br>I apply to enroll in the CCPPP coverage plan selected in section 3.<br>owing on the credit card account or the account balance, depending   |                                       |  |   |
| The CCPPP is optional. The insurance coverage under the CCPPP is<br>I understand that I am the group person insured under this insurance  | is described in detail in the insurar |  | 0.1 0   |
| The insurance coverage is provided by the insurer: National Bank Lif  | e Insurance Company. Premiums         | are imposed by the insurer.                                  |   |
| 4.2 Information shared with the insurer   |                                       |  |   |
| I authorize the Bank to share with the insurer the information it has al<br>- this application,<br>- my insurance coverage, and<br>- the administration of my insurance coverage.                             | bout me that is relevant to:          | >  |   |

#### 4.3 Effective date of the insurance and payment of the premium

The CCPPP will be effective on the first day of the month following enrollment. The first premium will be charged on the monthly credit card statement that follows the effective date and calculated according to the terms and conditions of the selected plan.

I authorize the insurer to charge the amount of my insurance premium to my credit card account each month. If I have no account balance, my insurance coverage will remain active but no premium will be payable.

## 4.4 Cancellation of CCPPP

4.4.1 Within 30 days of enrollment

If I cancel the CCPPP within 30 days of signing this enrollment form, any premium charged to my account will be reimbursed. The insurance will then be considered never to have been in effect.

## 4.4.2 At any time

The events that may end my insurance coverage are described in the summary and in the insurance certificate.

I may also cancel the CCPPP at any time by contacting the insurer at 1-877-871-7500 or by sending the insurer a cancellation request as described in the summary and in the insurance certificate. Cancellation will take effect on the first day of the month following the receipt of my cancellation request, but no premium will be charged for the statement period during which I requested cancellation.

For example: I have enrolled to the CCPPP and my first premium was charged to my statement for the period of January 10th to February 9th. If I request the cancellation of the CCPPP on the 15th of May, I will be covered until the 31st of May, but no premium will be charged to my statement for the period of the month of May.

#### 4.5 Additional information

For more information or to file a claim, I can contact the insurer at 1-877-871-7500. The CCPPP is subject to restrictions and exclusions provided in the insurance certificate. Full terms and conditions of the insurance coverage are described in the certificate of insurance which will be sent to me for review and is available at all times at <a href="https://www.nbc.ca/personal/mastercard-credit-cards/insurance.html">https://www.nbc.ca/personal/mastercard-credit-cards/insurance.html</a>.

Important: I The AMF fact sheet (Qc only) and the summary, must be handed to me at the same time as I'm offered CCPPP coverage, and is available at all times at <a href="https://www.nbc.ca/personal/mastercard-credit-cards/insurance.html">https://www.nbc.ca/personal/mastercard-credit-cards/insurance.html</a>. I will also receive a copy by mail.

### 5. Signature

By signing this form, I:

- declare that I wish to enroll in the CCPPP insurance plan selected in section 3;
- acknowledge having read and understood the information set out in this enrollment form, in the summary that corresponds to the coverage plan I selected and in the AMF fact sheet (if I am in the province of Quebec) that I was handed out;
- confirm it is my wish that this enrollment form, the insurance certificate, and all related documents be drawn up in English. Je confirme ma volonté que cette demande d'adhésion, le certificat d'assurance et tous les documents s'y rattachant soient rédigés en anglais.
- (Quebec only as of June 1st, 2023) confirm having received the French version of this enrollment form and the insurance certificate available here: <u>assurances-bnc.ca/documentation.html</u> under the "Assurance paiement carte de credit" section. (Québec seulement - à partir du 1er juin 2023) Je confirme avoir reçu la version française de cette demande d'adhésion et du certificat d'assurance disponible ici : <u>assurances-bnc.ca/documentation.html</u> sous la section « Assurance paiement carte de crédit ».
- choose the CCPPP that best meets my situation and financial needs;
- confirm that all information I have provided is true and correct.

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Primary Cardholder signature

Date (YYYY MM DD)

# IMPORTANT: SEND BY EMAIL AT NBISUPPORT@NBC.CA or TO TRANSIT 1670-1

#### 6. Plans Details

|  |  |                            |  |                            | 1  |                            |                                    |
|--|--|----------------------------|--|----------------------------|--|----------------------------|------------------------------------|
|  | Distinction Plan   |                            | Regular Plan   |                            | Autonomy Plan  |                            | 65 + Plan                          |
| Age - Eligibility at enrollment  | 18 to 64 years old   |                            | 18 to 64 years old   |                            | 18 to 64 years old   |                            | 65 years old<br>and older          |
| Premium rate for every \$100 of outstanding<br>balance on the account, as at the monthly<br>statement date | \$1.20<br>plus applicable taxes  |                            | \$0.99<br>plus applicable taxes  |                            | \$0.79<br>plus applicable taxes  |                            | \$0.69<br>plus applicable<br>taxes |
| Protections and benefits payable   |  |                            |  |                            |  |                            |                                    |
| Death  | Max \$25,000   | Max. \$10,000              | Max. \$10,000  | Max. \$10,000              | Max. \$10,000  | Max. \$10,000              | Max. \$10,000                      |
| End of protection according to age   | Up to 71 years<br>old  | From 71 to<br>80 years old | Up to 71 years<br>old  | From 71 to<br>80 years old | Up to 71 years<br>old  | From 71 to<br>80 years old | 80 years old                       |
| Accidental death   | Max. the lesser<br>of \$50,000 or<br>the authorized<br>credit card limit | Max. \$10,000              | Max. the lesser<br>of \$50,000 or<br>the authorized<br>credit card limit | Max. \$10,000              | Max. the lesser<br>of \$50,000 or<br>the authorized<br>credit card limit | Max. \$10,000              | Max. \$10,000                      |
| End of protection according to age   | Up to 71 years<br>old  | Regardless<br>of age       | Up to 71 years<br>old  | Regardless<br>of age       | Up to 71 years<br>old  | Regardless<br>of age       | Regardless of age                  |
| Critical illness diagnosis<br>End of protection according to age   | Max. \$25,000<br>71 years old  |                            | Not covered  |                            | Not covered  |                            | Not covered                        |
| 1st diagnosis of cancer<br>End of protection according to age  | Not covered  |                            | Max. \$10,000<br>71 years old  |                            | Max. \$10,000<br>71 years old  |                            | Not covered                        |
| Accidental dismemberment<br>End of protection according to age   | Max. \$25,000<br>71 years old  |                            | Max. \$10,000<br>71 years old  |                            | Max. \$10,000<br>71 years old  |                            | Not covered                        |
| Disability<br>Monthly payment: the greater of \$10 or:<br>End of protection according to age               | 20% of sum insured<br>Max. \$25,000<br>71 years old                      |                            | 10% of sum insured<br>Max. \$10,000<br>71 years old                      |                            | 10% of sum insured<br>Max. \$10,000<br>71 years old                      |                            | Not covered                        |
| Involuntary job loss<br>Monthly payment: the greater of \$10 or:<br>End of protection according to age     | 20% of sum insured<br>Max. \$25,000<br>65 years old                      |                            | 10% of sum insured<br>Max. \$10,000<br>65 years old                      |                            | Not covered  |                            | Not covered                        |
| Life events<br>End of protection according to age  | \$100 by event<br>Max. 1 event / year<br>71 years old                    |                            | Not covered  |                            | Not covered  |                            | Not covered                        |

#### 7. Reserved for the Bank

I certify that I have given the client the summary according to their province of residence and the AMF fact sheet (Quebec only), in accordance with the choice of coverage.

Employee number

Advisor's name

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