

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: assurances-bnc.ca/documentation.html 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 : assurances-bnc.ca/documentation.html 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.

X

Primary Cardholder signature

Date (YYYY MM DD)

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

6. Plans Details

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

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

Transit