

800 Saint-Jacques Street, Office 16701, Montreal, Quebec H3C 1A3

New request Adding an insured Refinancing: Previous Loan No.: _____

LOAN INFORMATION

Client 1 No. _____ Client 2 No. _____
 Transit _____ Loan No. _____
 \$ _____
 Authorized amount or loan balance as at insurance application date _____
 Date of approval (YYYY MM DD) _____ Date of disbursement (YYYY MM DD) _____

IDENTIFICATION

Client 1

Last name _____ Sex: M F _____
 Date of birth (YYYY MM DD) _____ E-mail _____
 First name _____
 Address (No., street, apt., city, province and postal code) _____

Client 2

Last name _____ Sex: M F _____
 Date of birth (YYYY MM DD) _____ E-mail _____
 First name _____
 Address (No., street, apt., city, province and postal code) _____

ELIGIBILITY

When applying for insurance, you must, at the time of application:

Life insurance

- Be between 18 and 64 years old and
- Be a resident of Canada or the United States and
- Be a borrower, co-borrower, guarantor or endorser.

APPLICATION - WAIVER - INELIGIBILITY

Client 1	I request	I waive	I am not eligible for
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ **X** _____
 Date (YYYY MM DD) Client 1 signature

Client 2	I request	I waive	I am not eligible for
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ **X** _____
 Date (YYYY MM DD) Client 2 signature

No representative of National Bank of Canada nor any other person may amend this insurance application. All amended forms shall be considered null and void.

If the total of insured loans of the same type is \$200,000 and more, complete **ADDITIONAL INFORMATION** only. If the total of insured loans of the same type is \$25,000 and more and less than \$200,000 or if the person insured is aged 55 or older, complete **HEALTH DECLARATION**.
If the total of insured loans of the same type is less than \$25,000 and you are under 55 years of age, you are automatically insured, complete **ADDITIONAL INFORMATION**.

HEALTH DECLARATION	Client 1		Client 2				
	Yes	No	Yes	No			
<p>a) In the past three (3) years:</p> <ul style="list-style-type: none"> Have you, for any of the following health problems, consulted a health care professional, undergone a medical exam or follow-up, suffered or been diagnosed or are you currently being tested or treated for: <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> - heart disease or circulatory disorders - chest pains or angina - blood disorders including cholesterol - blood pressure disorders - tumours or cancer - muscular dystrophy - multiple sclerosis </td> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> - Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or any other disease or disorder of the immune system - lung disease or respiratory problems - digestive problems - liver disorders - intestinal disorders - kidney disease </td> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> - urinary tract disorders - genital or breast disorders - neurological disorders (including the carpal tunnel) - diabetes or glucose intolerance - psychiatric or psychological disorders (such as depression, anxiety, overwork, professional burnout, etc.) </td> </tr> </table> Have you ever used drugs without a medical prescription, or have you received treatment or joined a rehabilitation program because of your alcohol consumption or have you been advised by a health care professional to reduce your consumption of alcohol? 	<ul style="list-style-type: none"> - heart disease or circulatory disorders - chest pains or angina - blood disorders including cholesterol - blood pressure disorders - tumours or cancer - muscular dystrophy - multiple sclerosis 	<ul style="list-style-type: none"> - Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or any other disease or disorder of the immune system - lung disease or respiratory problems - digestive problems - liver disorders - intestinal disorders - kidney disease 	<ul style="list-style-type: none"> - urinary tract disorders - genital or breast disorders - neurological disorders (including the carpal tunnel) - diabetes or glucose intolerance - psychiatric or psychological disorders (such as depression, anxiety, overwork, professional burnout, etc.) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> - heart disease or circulatory disorders - chest pains or angina - blood disorders including cholesterol - blood pressure disorders - tumours or cancer - muscular dystrophy - multiple sclerosis 	<ul style="list-style-type: none"> - Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or any other disease or disorder of the immune system - lung disease or respiratory problems - digestive problems - liver disorders - intestinal disorders - kidney disease 	<ul style="list-style-type: none"> - urinary tract disorders - genital or breast disorders - neurological disorders (including the carpal tunnel) - diabetes or glucose intolerance - psychiatric or psychological disorders (such as depression, anxiety, overwork, professional burnout, etc.) 					
<p>b) In the past three (3) years, have you been confined to a hospital due to an accident or illness for more than 48 consecutive hours?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<p>c) In the past three (3) years, have you applied for life or health insurance that was subject to an additional premium or refused or issued with a restriction?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

If the total of all insured loans is \$25,000 and more but under \$200,000 and you answered *No* to all the questions in the *Health Declaration*, your application will be automatically approved, subject to the accuracy of the information provided.

ADDITIONAL INFORMATION (To be completed by all clients)

A representative of the Insurer might contact you. Please indicate the best time and telephone number at which to reach you. If a detailed questionnaire is required, you may choose the desired language. Please indicate your preference:

<p>Client 1 Choice of language: _____</p> <p><input type="checkbox"/> Day Telephone No. _____ Ext. _____</p> <p><input type="checkbox"/> Evening Telephone No. _____ Ext. _____</p>	<p>Client 2 Choice of language: _____</p> <p><input type="checkbox"/> Day Telephone No. _____ Ext. _____</p> <p><input type="checkbox"/> Evening Telephone No. _____ Ext. _____</p>
--	--

COLLECTION, USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION

The Insurer collects, uses and discloses your personal information to:

- Confirm your identity
- Provide the loan insurance requested
- Prevent fraud, manage risk and comply with laws
- Help the Insurer improve and develop its products and services and better understand its clients
- Enable the Insurer, National Bank of Canada or its subsidiaries, to present offers and other promotional material from business partners, unless you choose not to receive them
- Any other purpose set out in the Privacy Policy of National Bank and its subsidiaries available at <https://www.nbc.ca/privacy-policy.html>

The policy mentions, among others, which information the Insurer collects, to whom it is communicated, and how it is used and stored, what your options and rights are, and how to manage your consent.

In order to verify your insurability for loan insurance, the Insurer may also collect information from any doctor, hospital, clinic, paramedical firm, service provider, agent, insurance company, or any other organization that holds information on you or your health status, including MIB, LLC., an organization that maintains a database of applicant information that insurers may consult as part of their underwriting insurance or a claim (*see Notice concerning MIB, LLC.*).

In addition, the Insurer may also disclose any information about your health or other relevant information about you to MIB, LLC. or its reinsurers.

Your personal information will be kept by the Insurer and its subsidiaries for a reasonable period of time following the end of the business relationship to comply with their legal obligations.

If you have any questions, please contact the Access to Personal Information Officer by writing to 800 St-Jacques Street, Suite 16701, Montreal, Quebec H3C 1A3.

DECLARATION AND AUTHORIZATION

I CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING THE HEALTH DECLARATION, IS TRUE. I UNDERSTAND that any omission or false declaration concerning this application will automatically result in the cancellation of my insurance.

I AGREE to be bound by all the provisions of the group insurance policy and I AUTHORIZE the Insurer and National Bank of Canada to use my Social Insurance Number for administrative purposes.

I CONFIRM it is my wish that this insurance application and the insurance certificate as well as all related documents be drawn up in English. JE CONFIRME ma volonté que cette proposition d'assurance et le certificat d'assurance ainsi que tous les documents s'y rattachant soient rédigés en anglais.

(Quebec only) The French version of this insurance application and the insurance certificate is available here: assurances-bnc.ca/documentation.html, under the Personal Demand note section. I CONFIRM having received this version. (Québec seulement) La version française de cette proposition d'assurance et du certificat d'assurance est disponible ici : assurances-bnc.ca/documentation.html sous la section Assurance prêt billet à demande. JE CONFIRME avoir reçu cette version.

I UNDERSTAND that any insurance benefits payable under said group insurance policy shall be paid to National Bank of Canada to be applied against the insured portion of my outstanding debt.

I UNDERSTAND that during the period in which evidence of insurability must be provided to the Insurer and **before receipt by the Insurer of all tests or medical forms required by it, benefits shall be payable only if the death results from an accident and occurs within the first 120 days of the date on which premium payments start. This time period is 90 days if any evidence of insurability was never submitted.**

I AUTHORIZE National Bank of Canada to collect the insurance premium amount using the method applicable to the type of loan covered by this application.

I HEREBY AUTHORIZE any physician, medical practitioner, hospital, clinic, paramedical firm, service provider, agent, insurance company, the Medical Information Bureau (MIB, LLC.) or other organization or institution that has any information about me or health status, to exchange information with the National Bank Life Insurance Company or its reinsurers. I AUTHORIZE the Insurer or its reinsurers to disclose any information regarding my health status or other relevant information pertaining to me to the Medical Information Bureau (MIB, LLC.).

I AUTHORIZE National Bank Life Insurance Company to use any information it has on my account, including information from closed files. This authorization is valid for the period required to achieve the ends for which it was requested. A photographic copy of this authorization shall be as valid as the original.

I AUTHORIZE the Insurer and National Bank of Canada to use my social insurance number for tax purposes and to process my claims.

I HEREBY UNDERTAKE to advise the Insurer immediately in writing of any change in my personal information so that it can keep my file up to date.

I HEREBY CERTIFY that 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 CONFIRM that I have read the Insurer's Privacy Policy.

I UNDERSTAND that signing up for loan insurance 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, I confirm that I am authorized to do so.

I AUTHORIZE the Insurer and its reinsurers to collect information pertaining to me from any physician, hospital, clinic, paramedical firm, service provider, agent, insurance company, MIB, LLC. or any other organization or institution.

I AUTHORIZE the Insurer or its reinsurers to disclose my personal information to MIB, LLC.

I UNDERSTAND THAT THIS INSURANCE IS OPTIONAL. I ACKNOWLEDGE HAVING RECEIVED AND READ ALL THE PROVISIONS OF THIS INSURANCE APPLICATION AND THE CERTIFICATE OF INSURANCE, INCLUDING THE RESTRICTIONS AND EXCLUSIONS. I ACKNOWLEDGE HAVING RECEIVED THE SUMMARY, AND IN QUEBEC ONLY, THE FACT SHEET. I CHOOSE THE COVERAGE UNDER THIS INSURANCE THAT BEST SUITS MY SITUATION AND FINANCIAL NEEDS.

PRE-AUTHORIZED DEBIT APPLICATION – PAYOR PAD AGREEMENT

Personnel Business

Withdrawal authorization (frequency and amount of debits): I, the undersigned, authorize the Insurer, its successors, potential transferees or assigns, to carry out, effective immediately, personal pre-authorized debits (PADs) on my account held at the financial institution designated below, at the same time as loan payments, as determined by the undersigned.

Each withdrawal corresponds to a fixed amount which can be modified, in particular should the withdrawal of the initial premium not be accepted, provided the Insurer sends me a written notice at least 10 days before the deadline of the modified withdrawal or to a variable amount depending on the insurance product.

Waiver: I waive any other confirmation before the first payment and I waive my right to receive notification should the amount of the withdrawal change.

Change or cancellation: I agree to notify the Insurer, at least five days before the next scheduled withdrawal, of any changes to the bank account information or to the date of payment. I also authorize the Insurer to make withdrawals on another account, following my verbal or written instructions. In the case of a joint account, the expression "I" used in this agreement refers to all signatories.

This authorization remains in effect until the Insurer receives notification of any changes or cancellation by me. **I may revoke** my authorization at any time, subject to providing 30 days' notice. I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or by visiting the Canadian Payments Association website at www.cdnpay.ca. **I release** the Institution from any liability if the revocation is not respected, except in the case of gross negligence on its part.

Reimbursement: I have certain recourse rights if a debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Personal PAD Agreement. For more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Consent to the disclosure of information: I agree and understand that the information contained in my pre-authorized debit application will be disclosed to the financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of regulations related to pre-authorized debits.

PAYMENT AUTHORIZATION AND INFORMATION ABOUT THE ACCOUNT

Name and address of the financial institution where the account is held

Account No. Transit Institution No.

Payee of pre-authorized debit
National Bank Life Insurance Company
800 Saint-Jacques Street, office 16701, Montreal, Quebec H3C 1A3
Telephone: 1-877-871-7500 Fax: 514-394-6604

Date (YYYY MM DD) **X**
Client 1 signature

Date (YYYY MM DD) **X**
Client 2 signature

DECLARATION OF WITNESS

I declare that I was present at the completion of this application, and witnessed all signatures, and that I have given the Certificate of Insurance to the Insured and, in Quebec only, I have given a copy of the Summary.

Date (YYYY MM DD) **X**
Employee's signature

Employee's first and last name

Your Certificate of Insurance

Life Insurance DEMAND NOTE

This certificate attests that all persons who meet the eligibility conditions are insured in accordance with the terms, conditions and provisions of the applicable group insurance Policy, subject to:

- the accuracy of the information provided on the application form;
- the payment of premiums;
- the Insurer's approval of the evidence of insurability, when required.

Any concealment or false declaration on the part of the Insured could result in the cancellation of the insurance.

The Insurer reserves the right to amend the premium pricing schedule at any time. If applicable, the new schedule will apply to all Insureds of this group insurance Policy.

Enrolment in the insurance is optional and the insurance can be cancelled at any time. If the Insured requests to cancel the insurance within 30 days of the date on which the Application was signed, the Insurer will reimburse any premiums paid, if applicable, and the insurance will have never come into effect.

SECTION 1. DEFINITIONS

Accident: Bodily injury, certified by a physician, resulting solely and directly from sudden, external, violent and involuntary causes.

Bank: National Bank of Canada.

Hospitalization: Any period of confinement of at least 48 consecutive hours, following admission to an institution recognized as a hospital in Canada or the United States.

Insurance Application: The Insurance Application form of the Insurer duly completed and signed by the applicant.

Insured: Anyone who has signed an Insurance Application, has applied for insurance, is eligible and has received an insurance certificate.

Insured Amount: The amount chosen by the Insured on applying for coverage as indicated in the Insurance Application, or the Loan balance at the time of the Insured Event if it is lesser while still not exceeding the maximum insurable amount based on the insurance coverage requested in the Insurance Application.

Insured Event: Death, in accordance with the applicable group insurance Policy.

Insurer: National Bank Life Insurance Company.

Loan: Demand note.

Policy: The group insurance Policy applied for in the attached Insurance Application, depending on the type of Loan insured.

Refinancing: Any change made to the Loan that results in a higher Loan balance.

Resident: Anyone who resides and is domiciled in Canada or the United States and who has lived there for 183 consecutive days during the 12 months prior to signing the Insurance Application.

Sickness: A deterioration in health requiring regular, continuing and curative medical care effectively provided by a physician or other professional belonging to a professional health care corporation. Such care must be considered satisfactory by the Insurer.

SECTION 2. ELIGIBILITY

The applicant must satisfy the conditions listed in the "Eligibility" section of the Application and satisfy the Insurer's requirement with respect to his health. The Insurer may request, if necessary, that a physical examination, electrocardiogram, X-rays, blood tests, urine tests or any other tests, including the test to detect HIV (AIDS) and certain drugs or medication be conducted to assess the risk related to this application. Any fees incurred for a medical examination not required by the Insurer are payable by the Insured.

SECTION 3. EFFECTIVE DATE OF INSURANCE

The insurance will take effect on the later of the following dates: the date on which the Insurance Application is signed, or the date on which the Loan is approved.

When evidence of insurability must be submitted to the Insurer and before all the tests or medical forms required by the Insurer are received, benefits are payable only if death results from an Accident and occurs within 120 days of the date on which premium payments start. This time period is 90 days if any evidence of insurability was never submitted. However, if the death occurs during the application study period and the applicant's application would have been accepted, the benefit will be paid. If the evidence of insurability submitted by an applicant is deemed unsatisfactory by the Insurer, no insurance will be granted to him. If the Insurer refuses to grant insurance coverage, any premiums paid by the applicant shall be reimbursed.

SECTION 4. TABLE OF MONTHLY PREMIUM RATES – DEMAND NOTE

The Insurer reserves the right to amend the premium pricing schedule at any time. If applicable, the new schedule will apply to all Insureds under the Policy.

LIFE
Per \$1,000 of Initial Amount Insured of the Loan

\$0 to \$500,000

Age ⁽¹⁾	
18 to 25 years	\$0.30
26 to 30 years	\$0.30
31 to 35 years	\$0.30
36 to 40 years	\$0.30
41 to 45 years	\$0.30
46 to 50 years	\$0.41
51 to 55 years	\$0.59
56 to 60 years	\$0.82
61 to 64 years	\$1.15
65 to 70 years*	\$1.75

* Applies to renewals only.

⁽¹⁾ At the time of signing the Application.

Factor based on number of insureds:

Multiply the premium of the oldest Insured by a variable corresponding to the number of Insureds:

Life	
1 Insured	100%
2 Insureds	180%
3 Insureds	270%
4 Insureds	360%
5 Insureds	450%

Add the applicable tax to the premiums: The applicable tax rates are available on www.nbc.ca.

DEMAND NOTE – CALCULATION OF PREMIUM

Age of the oldest Insured	_____	Years
		Life
Monthly premium rate	(1) <input type="text"/>	
Initial Amount Insured: _____ / 1,000	(2) <input type="text"/>	
Premium amount (1) x (2)	<input type="text"/>	
Discount factor (for multiple Insureds)	X <input type="text"/> %	
Taxes, where applicable	X <input type="text"/>	
Life premium	<input type="text"/>	

SECTION 5. MISSTATEMENT OF AGE OR SEX

Age is determined according to the age of the Insured on his last birthday. If the age or sex of an Insured is incorrectly stated, the benefit payable will be adjusted to the amount that would have been paid for the Insured's actual age or sex according to the premiums effectively paid, without exceeding the benefits payable. If the age of the Insured exceeds the maximum age covered by the insurance, no benefit will be payable under said insurance. In such cases, the amount of premiums paid in excess, if applicable, shall be reimbursed.

SECTION 6. REFINANCING OF A LOAN

For the refinancing of a Loan by the Bank, a new Application must be completed and submitted to the Insurer. The terms and conditions of the new insurance application, including all restrictions and exclusions, apply, i.e., premium rates, client's age and amount of the loan as at the date the new application is signed. However, if the Application is refused, the Insurer may, on receipt of a written request from the client within 90 days of the notice of refusal, maintain the insurance under the terms and conditions of the new Application (further to an analysis of the file and subject to the veracity of the information provided). The insurance amount maintained will be equivalent to the insured balance of the former Loan.

SECTION 7. LIFE INSURANCE BENEFITS

In case of death, the Insurer will pay the Bank the death benefit according to the following rules:

Demand note: Unpaid balance calculated at time of death, plus all accrued interest since the date of death. The balance does not include any past due principal, interest or premiums as at the date of death.

SECTION 8. MAXIMUM BENEFITS

The benefits payable cannot, under any circumstances, exceed the maximum amount provided for all Insured loans of the same type.

Life: \$500,000

If the premiums have been paid for benefits exceeding the maximum amount of benefits payable, the difference in premiums shall be reimbursed.

SECTION 9. TWO OR MORE INSURED

Two or more Insureds can be covered under the same Loan. For life insurance, the benefit is payable for the first Event only.

SECTION 10. CLAIMS

All claims for benefits for an Insured Event must be brought to the attention of the Insurer. The documents must be sent to the Insurer as soon as it is reasonably possible.

SECTION 11. RESTRICTIONS AND EXCLUSIONS

Concerning life insurance:

No benefits shall be paid for death resulting directly or indirectly from any of the following causes:

- **War:** war or act of war, whether or not the Insured was involved therein;
- **Riot:** active participation in an uprising, riot or insurrection;
- **Drugs:** use of drugs without a medical prescription;
- **Aircraft:** active participation in a flight in an aircraft, be it as a pilot, a member of the crew, an instructor or student;
- **Military duty:** military acts or manoeuvres carried out by the Insured in defending or protecting any country while a full-time or part-time employee of the Armed Forces;
- **Suicide:** suicide within a period of two years of uninterrupted coverage following the effective date of the insurance, whether or not the Insured was of sound mind;
- **Pre-existing conditions:** the effects of a Sickness and/or symptoms or Accident when Death occurs during the 12 months following the effective date of the insurance and for which Sickness and/or symptoms, injury or any related cause, resulting directly or indirectly from the Accident or Sickness, the Insured, during the 12 months that preceded the effective date of the insurance, had consulted or received treatment from a physician or other health care professional, underwent tests, took medication or was hospitalized.

SECTION 12. TERMINATION OF INSURANCE

The insurance automatically terminates on the first of the following events:

- **Non-payment of premiums:** when more than three monthly Payments of the Loan and insurance premiums are past due;
- **Cancellation:** the date the Insured voluntarily cancels his insurance provided the Insurer receives notice thereof in writing before that date, or the date the Insurer receives such written notice or the date the group insurance Policy is cancelled;
- **Loan expiry:** the date the Loan is repaid in full, whatever the reason, the end of the Loan amortization period, the Loan expiry date, or the closing date of the Loan;
- **Assumption:** the date the Loan is taken over by another creditor or all or part of this Loan is assumed by another debtor who is not insured under a Certificate of Insurance in connection with said Loan;
- **Maximum age:** the last day of the month in which the Insured reaches age 70;
- **Death:** the death of an Insured, if a life insurance benefit repaying the Loan is payable;

ADDITIONAL INFORMATION

GENERAL PROVISION: On request, any Insured or the Bank has the right to obtain, if applicable, a copy of the insurance Application, any statement or document submitted as evidence of insurability and the Policy.

NON-PARTICIPATING POLICY: This is a non-participating policy and awards no rights to a share in any profits and earnings surplus that may be declared or distributed by the Insurer.

LIMITATION OF ACTIONS (LIMITATION PERIOD)

Residents of Alberta, British Columbia and Manitoba

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in *The Insurance Act*.

Residents of Ontario

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract must be commenced within the time set out in the *Limitations Act, 2002*.

NOTICE CONCERNING THE MIB LLC. (MEDICAL INFORMATION BUREAU)

Your insurability information will be treated in a confidential manner.

However, the insurer or its reinsurer may make a brief report thereon to MIB LLC. (Medical Information Bureau), a non-profit membership corporation of life insurance companies, which operates an information exchange on behalf of its members.

Upon request by a member insurance company to which you have applied for life or critical illness insurance coverage, or to which a claim is submitted, the MIB will supply such company with the information on its file. Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have on file.

If the information in the MIB's files seems incorrect, you can ask for it to be corrected by writing to them at MIB LLC., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, United States. Phone: 1-866-692-6901.

The insurer may also disclose information from its files to other life insurance companies to which you may apply for life or health insurance or to which a claim for benefits may have been submitted.

For more information on the MIB, consult the mib.com website.

COLLECTION, USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION

The insurer collects, uses and discloses your personal information to:

- Confirm your identity
- Provide the loan insurance requested
- Prevent fraud, manage risk and comply with laws
- Help the insurer improve and develop its products and services and better understand its clients
- Enable the insurer, National Bank of Canada or its subsidiaries, to present offers and other promotional material from business partners, unless you choose not to receive them
- Any other purpose set out in the Privacy Policy of National Bank and its subsidiaries available at <https://www.nbc.ca/privacy-policy.html>.

The policy mentions, among others, which information the Insurer collects, to whom it is communicated, and how it is used and stored, what your options and rights are, and how to manage your consent.

In order to verify your insurability for loan insurance, the Insurer may also collect information from any doctor, hospital, clinic, paramedical firm, service provider, agent, insurance company, or any other organization that holds information on you or your health status, including MIB, LLC., an organization that maintains a database of applicant information that insurers may consult as part of their underwriting insurance or a claim (see Notice concerning MIB, LLC.).

In addition, the Insurer may also disclose any information about your health or other relevant information about you to MIB, LLC. or its reinsurers.

Your personal information will be kept by the Insurer and its subsidiaries for a reasonable period of time following the end of the business relationship to comply with their legal obligations.

National Bank Life Insurance has implemented a series of measures to preserve the confidentiality of personal information.

We have put together an insurance file containing any personal information obtained in connection with your insurance application as well as information about any insurance claim under this insurance. Only employees or agents responsible for underwriting, administration, investigations and claims or the reinsurer, where applicable, have access to this file. All files are kept at our offices.

All persons authorized to do so (such as yourself or any person you authorize) may consult the personal information contained in the file and, if need be, request corrections by writing to: National Bank Life Insurance Company, Access to Personal Information Officer, 800 Saint-Jacques Street, office 16701 Montreal, Quebec H3C 1A3.

For more information, consult our privacy policy nbc-insurance.ca/confidentiality.html.

For more information contact us at:

Montreal

514-871-7500

Toll free

1-877-871-7500

The masculine gender designates individuals of both sexes with no discrimination intended and is used only to facilitate reading.

No one may amend this Certificate of Insurance. All amended forms will be considered null and void. National Bank of Canada employees may at no time act as authorized agents of the Insurer for the administration of these group insurance policies.