NATIONAL BANK INSURANCE

1100 Robert-Bourassa Blvd, 5th Floor, Montreal, Quebec H3B 2G7

INSURANCE APPLICATION FOR CONSUMER LOAN – PERSONAL LOAN

Life, critical illness and accidental dismemberment, disability
No 70003-17 (2019-12-09)

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

LOAN INFORMATION

Client 1 No. _____ Client 2 No. _____

Transit _____ Loan No. _____

$ _____
Authorized amount or loan balance as at insurance application date

Date of disbursement (YYYY MM DD) _____

IDENTIFICATION

Client 1

Last name _____ First name _____

Sex: ❒ M ❒ F

Date of birth (YYYY MM DD) _____ E-mail _____

Address (No., street, apt., city, province and postal code) _____

Client 2

Last name _____ First name _____

Sex: ❒ M ❒ F

Date of birth (YYYY MM DD) _____ E-mail _____

Address (No., street, apt., city, province and postal code) _____

ELIGIBILITY

To be eligible for insurance, you must, at the time you sign the 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.

Critical illness and accidental dismemberment insurance
- Have signed up for life insurance.

Disability insurance
- Have signed up for life insurance **and**
- In the past four (4) weeks, have completed at least 60 hours of remunerated work, or, if you are self-employed, have generated a gross income of at least $10,000 during the fiscal year prior to signing the application.

If you are receiving income replacement benefits or if you are on a leave of absence or unemployed, you are not eligible for disability insurance.

Client 1

Present employer's name _____ Employed since (YYYY MM DD) _____

Client 2

Present employer's name _____ Employed since (YYYY MM DD) _____

APPLICATION – WAIVER – INELIGIBILITY

Client 1	I request	I waive	I am not eligible for
Life insurance	❒	❒	❒
Critical Illness and Accidental Dismemberment insurance	❒	❒	❒
Disability insurance	❒	❒	❒

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

Client 2	I request	I waive	I am not eligible for
Life insurance	❒	❒	❒
Critical Illness and Accidental Dismemberment insurance	❒	❒	❒
Disability insurance	❒	❒	❒

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

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

HEALTH DECLARATION

Instructions:

If the sum of your insured loans of the same type is $50,000 or less and you are under 55 years of age, you are insured without having to complete a Health declaration, subject to the terms and conditions of the insurance certificate (see "Exclusions" section for pre-existing conditions). Go to the *ADDITIONAL INFORMATION* section.

If the sum of insured loans of the same type is more than $50,000 and less than $200,000, or if you are aged 55 years or over, fill out the *HEALTH DECLARATION*. If you answer "No" to all the questions in the Health declaration, you are insured, subject to the accuracy of the information provided and the terms and conditions of the insurance certificate.

If the sum of insured loans of the same type is $200,000 or more, go to the *ADDITIONAL INFORMATION* section. A representative of the Insurer will contact you.

Answering "Yes" to one of the questions does not mean coverage will be automatically declined. If in doubt, please check "Yes" and a representative of the Insurer will contact you to complete a detailed questionnaire.	Client 1		Client 2	
	Yes	No	Yes	No
a) In the past three (3) years: • Have you consulted, had a follow-up with or been treated by a physician or another health care professional, or have you taken medication for or had symptoms related to, or do you suffer from any of the following health problems: - heart disease or circulatory disorders - stroke - chest pains or angina - blood disorders including cholesterol - blood pressure disorders - muscular dystrophy - multiple sclerosis - Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or any other disease or disorder of the immune system - tumour or cancer - digestive problems - liver disorders - intestinal disorders - kidney disorders - urinary tract disorders - lung or respiratory disorders (including sleep apnea) - genital, prostate or breast disorders - neurological disorders - diabetes or glucose intolerance - psychological or psychiatric or disorders (including depression, anxiety, adjustment disorders, etc.) **and for any of the following problems only if you are applying for disability insurance:** - fibromyalgia or chronic fatigue syndrome - carpal tunnel - muscle, joint or bone disorders (including sprains, tendonitis, bursitis, capsulitis, etc.) - neck, back or spinal column problems • **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?**	❒	❒	❒	❒
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?	❒	❒	❒	❒
c) In the past three (3) years, have you applied for life, disability or critical illness insurance that was subject to an additional premium or refused or issued with a restriction?	❒	❒	❒	❒
d) Only if you are applying for critical illness insurance. Please also complete questions a), b) and c). Has one or more members of your biological family (father, mother, brothers or sisters) suffered from diabetes, cancer, a stroke or heart disease before the age of 60?	❒	❒	❒	❒

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:

Client 1 Choice of language: _____

❒ Day — Telephone No. _____ Ext. _____

❒ Evening — Telephone No. _____ Ext. _____

Client 2 Choice of language: _____

❒ Day — Telephone No. _____ Ext. _____

❒ Evening — Telephone No. _____ Ext. _____

DECLARATION AND AUTHORIZATION

I UNDERSTAND that insurance is optional and I can cancel it at any time. If I cancel the insurance within thirty (30) days from signing the application, the Insurer will refund all of the premiums paid, if any, and the insurance will never have been effective.

I CERTIFY that all the information provided in this application, including the health declaration, is complete and accurate. 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 Loan, Auto Loan Insurances 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 personnel et prêt auto. 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 the Insurer renders a decision regarding my insurability, benefits related to the coverage that I selected will be payable only if the death, disability or accidental dismemberment results from an accident that occurs after the effective date of insurance.**

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 AUTHORIZE the Insurer to include my name, address and telephone number in its list for commercial or philanthropic solicitation by it or by any other person to whom it agrees to give such list, while maintaining my right to cancel this authorization at any time by informing the Insurer accordingly either verbally or in writing.

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

I HEREBY AUTHORIZE any physician, medical practitioner, hospital, clinic, paramedical firm, service provider, agent, insurance company, the MIB Inc. (Medical Information Bureau) or other organization or institution that has any information about me or my health status, to exchange information with the Insurer 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 MIB Inc.

I AUTHORIZE the Insurer 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.

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

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

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(S) UNDER THIS INSURANCE THAT BEST SUITS MY SITUATION AND FINANCIAL NEEDS.

PRE-AUTHORIZED DEBIT APPLICATION (PAD) – PAYOR PAD AGREEMENT (PADA)

PAD category ☒ Personal ❒ 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, PADs in the same account as loan payments or, when specified, in the account designated below, to cover the insurance premiums 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.

WAIVER: I WAIVE THE RIGHT to receive notice indicating the amounts and due dates of debits 10 days prior to the first debit being charged to my account. I ALSO WAIVE THE RIGHT to receive prior written notice of any change to the amount or the debit date, notably when this change results from instructions that I have given to the Insurer to amend the debit terms and conditions.

Change or cancellation: I AGREE to notify the Insurer, at least 5 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 to the Insurer. I may obtain a sample cancellation form, or further information on my right to cancel a PADA at my financial institution where my account is held with the Insurer, or by visiting the Payments Canada website at www.payments.ca. **I RELEASE** the Institution from any liability if the cancellation is not respected, except in the case of gross negligence on its part.

Non-compliant debit and reimbursement: I have certain recourse rights if a debit does not comply 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 recourse rights, I may contact the Insurer, 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 the Insurer, to the extent that such disclosure is directly related to and necessary for the proper application of regulations related to PADs. This consent is valid as long as my authorization is maintained.

PAYMENT AUTHORIZATION AND INFORMATION ABOUT THE ACCOUNT

To be completed only if the premium has to be collected from another account than the loan payments.

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

Account No. _____ Transit _____ Institution No. _____

Payee of PAD (the Insurer)
National Bank Life Insurance Company
1100 Robert-Bourassa Blvd, 5th Floor, Montreal, Quebec H3B 2G7
Telephone: 1-877-871-7500 Fax: 514-394-6604

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