

REASON FOR INSURANCE APPLICATION

- New loan application Refinancing a National Bank loan: Indicate the refinanced loan No.: _____
- New construction Adding new coverage (You already have life insurance) Adding an insured

YOUR PERSONAL INFORMATION

Applicant 1 _____ Sex M F
Client No. _____ Date of birth (YYYY MM DD) _____

Last name _____ First name _____

Adresse complète, incluant le code postal

E-mail

Applicant 2 _____ Sex M F
Client No. _____ Date of birth (YYYY MM DD) _____

Last name _____ First name _____

Adresse complète, incluant le code postal

E-mail

LOAN INFORMATION

Loan No. _____ Transit _____ Authorized loan amount (or loan balance at enrolment) _____

Multi-choice* _____
Loan No. _____ Loan No. _____ Loan No. _____

* Portions disbursed on the same date must have same coverage.

Approval date (YYYY MM DD) _____ Disbursement date (YYYY MM DD) _____

CHOICE OF INSURED PERCENTAGE

Loans of \$300,000 or less – 100% insured only

Loans greater than \$300,000 - Choose one (If not checked, 100% of the loan amount will be insured).

The percentage chosen applies to all coverage you signed up for. Applicant 1 and Applicant 2 may choose different percentages.

Applicant 1 I choose to insure 100% of the total loan amount I choose to insure 50% of the total loan amount

Applicant 2 I choose to insure 100% of the total loan amount I choose to insure 50% of the total loan amount

INSURED PAYMENT

The insured payment is the amount of the scheduled payment to repay your mortgage loan. If you have selected an insured percentage, it also applies to the insured payment.

CHOICE OF THE INSURANCE START DATE

Choose one. If not checked, the approval date will be applied by default.

Approval date Disbursement date (We will collect premiums no later than 6 months after the approval date)

New construction with lump sum disbursement only:

Check this box if you want insurance and premium collection to start on the final disbursement date. See the certificate, article 2.2.3.

ELIGIBILITY

You can apply for life insurance if:

- You are between the ages of 18 and 64; and
- You are living in Canada or the United States; and
- You are a borrower, co-borrower, guarantor or endorser of the National Bank loan.

You can apply for critical illness and accidental dismemberment insurance if:

- You have signed up for life insurance.

You can apply for disability insurance if:

- You have signed up for life insurance; and
- You have worked 60 or more remunerated hours over the past 4 weeks or, if you are self-employed, you generated a gross employment income of \$10,000 or more over the last fiscal year; and
- You can confirm that **you are not** on unemployment, a leave of absence or unemployed and that **you are not receiving** income replacement benefits (e.g., benefits as a result of a work-related accident or parental leave).

Applicant 1

_____ Employed since (YYYY MM DD)

Current employer's name

Applicant 2

_____ Employed since (YYYY MM DD)

Current employer's name

APPLICATION – WAIVER – INELIGIBILITY

Applicant 1	I request	I waive	I am not eligible for
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical illness and accidental dismemberment insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ **X**
 Date (YYYY MM DD) Signature Applicant 1

Applicant 2	I request	I waive	I am not eligible for
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical illness and accidental dismemberment insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ **X**
 Date (YYYY MM DD) Signature Applicant 2

TOBACCO USE OVER THE PAST 12 MONTHS

Please answer this question honestly and accurately. Otherwise, your insurance will be cancelled.

Applicant 1		Applicant 2	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you used tobacco or a nicotine replacement product, including electronic cigarettes, at least once over the past 12 months?

INSURABILITY

IMPORTANT

Answer honestly and accurately

Answering "Yes" to one of the questions does not mean coverage will be automatically declined.

Any false statement, whether intentional or not, could result in the denial of a claim or cancellation of your insurance.

If in doubt about the answer you need to provide, it is preferable to answer "Yes". One of our representatives will then contact you to complete a detailed questionnaire in order to clarify the information.

Identify the category to which you belong using this table:

AMOUNT	AGE	PROCESS
From \$0 to \$150,000	Age 18 to 54	Answer the questions in section A) SIMPLIFIED QUESTION . If at least one of the situations applies to you or in case of doubt: > answer "Yes," and > complete the C) ADDITIONAL INFORMATION section. One of our representatives will contact you to complete a detailed questionnaire. If you answered "No" to all the questions in the HEALTH DECLARATION, YOU ARE INSURED based on the accuracy of the information you have provided.
From \$0 to \$500,000	Age 55 or older	Answer the questions in section B) HEALTH DECLARATION . In case of doubt: > tick "Yes," and > complete the C) ADDITIONAL INFORMATION section. One of our representatives will contact you to complete a detailed questionnaire.
From \$150,001 to \$500,000	Age 18 to 54	
From \$500,001 to \$1,000,000	Age 18 to 44	If you answered "No" to all the questions in the HEALTH DECLARATION, YOU ARE INSURED based on the accuracy of the information you have provided. You do not need to provide additional proof of insurability.
From \$500,001 to \$1,000,000	Age 45 or older	Go directly to section C) ADDITIONAL INFORMATION . One of our representatives will contact you to complete a detailed questionnaire.

Applicant 2 If a detailed questionnaire is required, you may choose the desired language.

Please indicate your preference: _____

Day _____ Evening _____
Phone No. Ext. Phone No. Ext.

YOUR DECLARATION AND AUTHORIZATION

Information that you must read and understand

- I can cancel the insurance within 30 days of signing the application. If I do so, the insurer will refund all the premiums paid, if any, and the insurance will be considered void.
- Insurance is optional and I can cancel it at any time.
- I am bound by all the provisions of the group insurance policy.
- 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 – as of June 1st, 2023) The French version of this insurance application and the insurance certificate is available here: assurances-bnc.ca/documentation.html, under the Mortgage Loan Insurance section. I confirm having received this version. (Québec seulement - à partir du 1er juin 2023) 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 hypothécaire. Je confirme avoir reçu cette version.**

Authorization for your personal information

- I hereby authorize the insurer to use any information it has about me.
- I authorize the insurer and National Bank of Canada to use my social insurance number for administrative purposes. I may revoke my authorization at any time by contacting the insurer.
- 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 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 to exchange information with the insurer or its reinsurers.
- I authorize the insurer or its reinsurers to disclose any information about me to the Medical Information Bureau (MIB LLC.).
- I authorize the insurer to disclose my contact information and any changes to it that I may subsequently provide, as well as my personal and financial information to National Bank of Canada and its subsidiaries so that they may send me offers, information or invitations likely to be of interest to me.
- I authorize the insurer to disclose my information to its service providers when insurance-related services are available.

Pre-authorized debit application (PADA)

Personal Business

Frequency and amount of debits

- I authorize the insurer to debit the insurance premiums from the bank account used for the loan payments at the same frequency as the loan payment.
- Each debit corresponds to a fixed amount, except if you make changes to the loan conditions.

Waiver, changes and recourse

- I waive any other confirmation before the first payment**
- I waive my right to receive notification should the amount of the debit change.**
- I will notify the insurer at least 5 days before the next scheduled debit, of any changes to the bank account information or to the date of the debit.
- I may revoke my authorization at any time, subject to providing 30 days' notice. If I need additional information on the cancellation process, I may contact National Bank, the insurer or go to www.payments.ca.
- I have certain recourse rights if a debit does not comply with this agreement. For example, I am entitled to reimbursement of any debit that is not authorized or is not consistent with this current agreement. If I need additional information on my recourse rights, I may contact National Bank, the insurer or go to www.payments.ca.

YOUR COMMITMENT TO ACCURACY OF INFORMATION - MANDATORY SIGNATURE

- I confirm that the answers and information provided in this application, including the sections on "Tobacco use over the past 12 months" and "Insurability" are accurate and complete.**
- I understand that any omission or misrepresentation may result in the cancellation of my insurance.**
- I have received details on the coverage and the procedure to be followed to submit a claim.
- I read all the information in this insurance application and the certificate of insurance.
- I confirm that I have received the summary and, in Quebec only, the fact sheet.
- I understand that this insurance is optional. I choose the coverage(s) under this insurance that best suits my situation and my financial needs.

Date (YYYY MM DD) Signature Applicant 1

Date (YYYY MM DD) Signature Applicant 2

DECLARATION OF WITNESS

I declare that I was present when this application was completed and witnessed all signatures thereon. For enrolment via phone or using an electronic signature: I have provided clear instructions on how to complete and sign this application.

I have submitted the certificate of insurance and the summary, and - only in Quebec - the fact sheet.

Date (YYYY MM DD)

Employee's first and last name (in block letters)

Transit

No employee of National Bank of Canada or 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.

SPECIMEN